



MEDPERFORM PREMIER

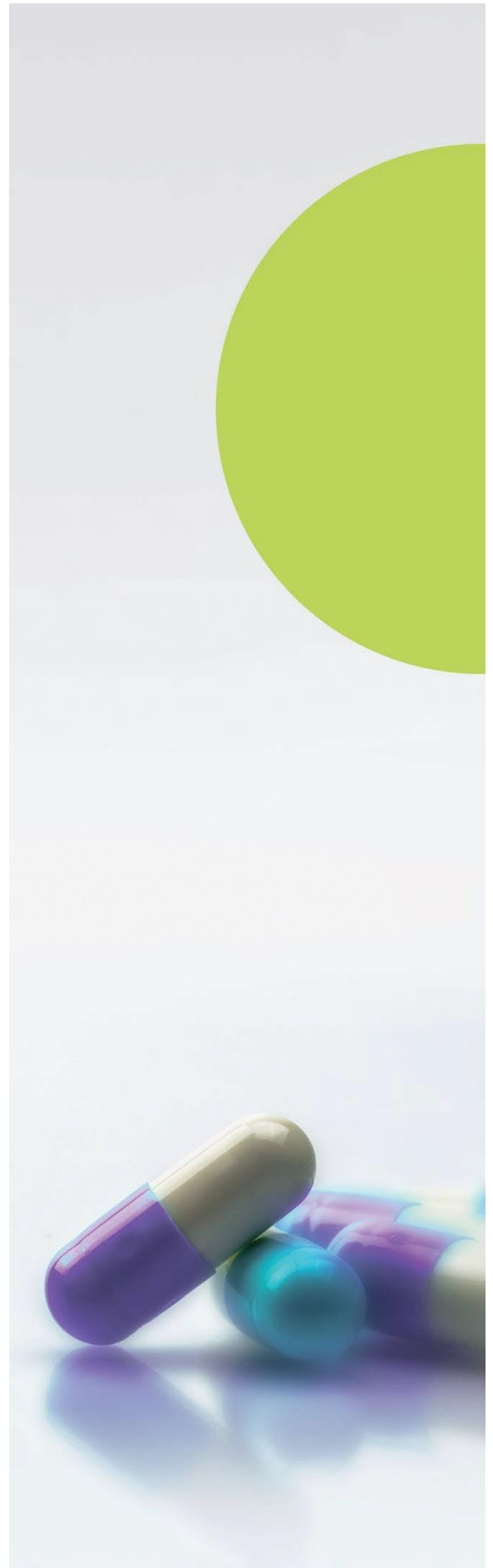
The following is a list of the most commonly prescribed brand medications. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription drug benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to drugs on this list, the majority of generic medications are covered under your plan and you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate. The formulary is reviewed and updated as new drugs or new prescribing information becomes available. Factors which affect decisions regarding the formulary include safe use, clinical efficacy, and therapeutic need. Only after those factors are assessed is cost considered. Compliance with the formulary is important for improving quality of care and restraining health care costs. Search complete formulary drug information at elixirsolutions.com.

PLEASE NOTE: Preferred brand drugs may move to non-preferred status if a generic version becomes available during the year. The list may be subject to change. Not all drugs listed are covered by all prescription-drug benefit programs. For specific questions about your coverage, please call the phone number printed on your member ID card or visit elixirsolutions.com



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CURRENT AS OF 7/1/2026

Notes Formulary Exclusion = Formulary Exclusion Insufficient Evidence = Insufficient Evidence Medical Only Exclusion = Medical Only Exclusion New to Market Exclusion = New to Market Exclusion Non Essential Drug Exclusion = Non Essential Drug Exclusion Non FDA Exclusion = Non FDA Exclusion PA = Prior Authorization PA messaging = PA messaging QL Criteria Applies = QL Criteria Applies Specialty = Specialty ST = Step Therapy Step Therapy Requirements = Step Therapy Requirements		
Tier 1 = Generic 2 = Preferred 3 = Non Preferred Non-Formulary = Non-Formulary		
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		
Drug Name	Tier	Notes
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
<i>clonidine hcl er</i>	1	
<i>guanfacine hcl er</i>	1	
INTUNIV	Non-Formulary	Formulary Exclusion
ONYDA XR	3	ST; Step Therapy Requirements (TRIAL OF CLONIDINE 0.1 MG ER IN THE PAST 120 DAYS); QL
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***		
<i>atomoxetine hcl</i>	1	

Drug Name	Tier	Notes
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/AMP HETAMINE IN THE PAST 120 DAYS); QL
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/AMP HETAMINE IN THE PAST 120 DAYS); QL
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF ATOMOXETINE, CLONIDINE ER, GUANFACINE ER, METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/AMP HETAMINE); QL
*Amphetamine Mixtures***		
ADDERALL	Non-Formulary	Formulary Exclusion; QL
ADDERALL XR	Non-Formulary	Formulary Exclusion; QL
<i>amphetamine-dextroamphet er</i>	1	QL
<i>amphetamine-dextroamphetamine</i>	1	QL
<i>amphet-dextroamphet 3-bead er</i>	1	QL
MYDAYIS	Non-Formulary	Formulary Exclusion; QL
*Amphetamines***		
ADZENYS XR-ODT	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS); QL
<i>amphetamine er</i>	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS); QL
<i>amphetamine sulfate</i>	1	QL

Drug Name	Tier	Notes
DEXEDRINE	Non-Formulary	Formulary Exclusion; QL
<i>dextroamphetamine sulfate</i>	1	QL
<i>dextroamphetamine sulfate er</i>	1	QL
DYANAVEL XR	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS); QL
EVEKEO	Non-Formulary	Formulary Exclusion; QL
<i>lisdexamfetamine dimesylate</i>	1	QL
<i>methamphetamine hcl</i>	1	QL
PROCENTRA	1	QL
VYVANSE	Non-Formulary	Formulary Exclusion; QL
XELSTRYM	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS); QL
ZENZEDI TABLET 10 MG ORAL	3	QL
ZENZEDI TABLET 15 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS); QL
ZENZEDI TABLET 2.5 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS); QL
ZENZEDI TABLET 20 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS); QL

Drug Name	Tier	Notes
ZENZEDI TABLET 30 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS); QL
ZENZEDI TABLET 5 MG ORAL	3	QL
ZENZEDI TABLET 7.5 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS); QL
*Analeptics***		
<i>caffeine citrate intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>caffeine citrate oral</i>	1	
<i>caffeine-sodium benzoate</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
DOPRAM	Non-Formulary	Medical Only Exclusion
*Anorexiant Combinations***		
<i>phentermine-topiramate er</i>	1	PA; QL
PLENITY	Non-Formulary	Non FDA Exclusion
PLENITY WELCOME KIT	Non-Formulary	Non FDA Exclusion
QSYMIA	Non-Formulary	PA; Formulary Exclusion; QL
*Anorexiants Non-Amphetamine***		
<i>benzphetamine hcl</i>	Non-Formulary	Formulary Exclusion; QL
<i>diethylpropion hcl oral</i>	Non-Formulary	Formulary Exclusion; QL
LOMAIRA	1	QL
<i>phendimetrazine tartrate</i>	Non-Formulary	Formulary Exclusion; QL
<i>phendimetrazine tartrate er</i>	Non-Formulary	Formulary Exclusion; QL
<i>phentermine hcl oral</i>	1	QL
*Anti-Obesity - Gip & Glp-1 Receptor Agonists***		
ZEPBOUND KWIKPEN	Non-Formulary	PA messaging (Rebateable Exclusion)
ZEPBOUND SOLUTION 10 MG/0.5ML SUBCUTANEOUS	Non-Formulary	PA messaging (Rebateable Exclusion)

Drug Name	Tier	Notes
ZEPBOUND SOLUTION 12.5 MG/0.5ML SUBCUTANEOUS	Non-Formulary	PA; PA messaging (Rebateable Exclusion)
ZEPBOUND SOLUTION 15 MG/0.5ML SUBCUTANEOUS	Non-Formulary	PA; PA messaging (Rebateable Exclusion)
ZEPBOUND SOLUTION 2.5 MG/0.5ML SUBCUTANEOUS	Non-Formulary	PA messaging (Rebateable Exclusion)
ZEPBOUND SOLUTION 5 MG/0.5ML SUBCUTANEOUS	Non-Formulary	PA messaging (Rebateable Exclusion)
ZEPBOUND SOLUTION 7.5 MG/0.5ML SUBCUTANEOUS	Non-Formulary	PA messaging (Rebateable Exclusion)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL
<i>*Anti-Obesity - Glp-1 Receptor Agonists***</i>		
<i>liraglutide -weight management</i>	1	PA; QL
SAXENDA	Non-Formulary	PA; Formulary Exclusion; QL
WEGOVY ORAL	Non-Formulary	New to Market Exclusion
WEGOVY SUBCUTANEOUS	2	PA; QL
<i>*Anti-Obesity Agent Combinations**</i>		
CONTRACE	Non-Formulary	PA; Formulary Exclusion; QL
<i>*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***</i>		
SUNOSI	2	PA; QL
<i>*Histamine H3-Receptor Antagonist/Inverse Agonists***</i>		
WAKIX	3	PA; Specialty; QL
<i>*Lipase Inhibitors***</i>		
<i>orlistat oral</i>	3	PA; QL
XENICAL	3	PA; QL
<i>*Stimulant Combinations***</i>		
AZSTARYS	2	ST; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMP HETAMINE XR/ER IN THE PAST 120 DAYS); QL

Drug Name	Tier	Notes
<i>*Stimulants - Misc.***</i>		
APTENSIO XR	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF ONE OF THE FOLLOWING GENERICS: CONCERTA, METADATE CD, RITALIN LA, METHYLIN ER OR RITALIN-SR IN THE PAST 120 DAYS); QL
<i>armodafinil</i>	1	QL
CONCERTA	Non-Formulary	Formulary Exclusion; QL
COTEMPLA XR-ODT	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF AZSTARYS OR JORNAY PM IN THE PAST 120 DAYS); QL
DAYTRANA	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHYLPHENIDATE SUSPENSION/SOLUTION IN THE PAST 120 DAYS); QL
<i>dexmethylphenidate hcl</i>	1	QL
<i>dexmethylphenidate hcl er</i>	1	QL
FOCALIN	Non-Formulary	Formulary Exclusion; QL
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	Non-Formulary	Formulary Exclusion; QL
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
JORNAY PM	2	ST; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMP HETAMINE XR/ER IN THE PAST 120 DAYS); QL
METADATE CD	Non-Formulary	Formulary Exclusion; QL
METHYLIN	Non-Formulary	Formulary Exclusion
<i>methylphenidate</i>	1	ST; Step Therapy Requirements (TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHYLPHENIDATE SUSPENSION/SOLUTION IN THE PAST 120 DAYS); QL
<i>methylphenidate hcl er (cd)</i>	1	QL
<i>methylphenidate hcl er (la)</i>	1	QL
<i>methylphenidate hcl er (osm) tablet extended release 18 mg oral</i>	1	QL
<i>methylphenidate hcl er (osm) tablet extended release 27 mg oral</i>	1	QL
<i>methylphenidate hcl er (osm) tablet extended release 36 mg oral</i>	1	QL
<i>methylphenidate hcl er (osm) tablet extended release 45 mg oral</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
<i>methylphenidate hcl er (osm) tablet extended release 54 mg oral</i>	1	QL
<i>methylphenidate hcl er (osm) tablet extended release 63 mg oral</i>	Non-Formulary	Formulary Exclusion; QL
<i>methylphenidate hcl er (osm) tablet extended release 72 mg oral</i>	1	Non Essential Drug Exclusion; QL
<i>methylphenidate hcl er (osm) tablet extended release 72 mg oral</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
<i>methylphenidate hcl er (xr)</i>	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF ONE OF THE FOLLOWING GENERICS: CONCERTA, METADATE CD, RITALIN LA, METHYLIN ER OR RITALIN-SR IN THE PAST 120 DAYS); QL
<i>methylphenidate hcl er oral tablet extended release</i>	1	QL

Drug Name	Tier	Notes
<i>methylphenidate hcl oral solution</i>	1	
<i>methylphenidate hcl oral tablet</i>	1	QL
<i>methylphenidate hcl oral tablet chewable</i>	1	QL
<i>modafinil oral</i>	1	QL
NUVIGIL	Non-Formulary	Formulary Exclusion; QL
PROVIGIL	Non-Formulary	Formulary Exclusion; QL
QUILLICHEW ER	3	ST; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMP HETAMINE XR/ER IN THE PAST 120 DAYS); QL
QUILLIVANT XR	3	ST; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMP HETAMINE XR/ER IN THE PAST 120 DAYS); QL
RELEXXII TABLET EXTENDED RELEASE 18 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
RELEXXII TABLET EXTENDED RELEASE 27 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
RELEXXII TABLET EXTENDED RELEASE 36 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
RELEXXII TABLET EXTENDED RELEASE 45 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
RELEXXII TABLET EXTENDED RELEASE 54 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
RELEXXII TABLET EXTENDED RELEASE 63 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
RITALIN LA	Non-Formulary	Formulary Exclusion; QL
RITALIN TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
RITALIN TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
<i>*Allergenic Extracts***</i>		
<i>acacia pollen</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>acacia subcutaneous</i>	Non-Formulary	Medical Only Exclusion
<i>alder</i>	Non-Formulary	Medical Only Exclusion
<i>alternaria alternata</i>	Non-Formulary	Medical Only Exclusion
<i>american beech</i>	Non-Formulary	Medical Only Exclusion
<i>american beech pollen</i>	Non-Formulary	Medical Only Exclusion
<i>american cockroach</i>	Non-Formulary	Medical Only Exclusion
<i>american elm</i>	Non-Formulary	Medical Only Exclusion
<i>american sycamore injection</i>	Non-Formulary	Medical Only Exclusion
<i>arizona cypress</i>	Non-Formulary	Medical Only Exclusion
<i>aspen pollen</i>	Non-Formulary	Medical Only Exclusion
<i>aspergillus fumigatus injection</i>	Non-Formulary	Medical Only Exclusion
<i>aureobasidium pullulans injection</i>	Non-Formulary	Medical Only Exclusion
<i>bahia</i>	Non-Formulary	Medical Only Exclusion
<i>bald cypress</i>	Non-Formulary	Medical Only Exclusion
<i>bayberry (wax myrtle)</i>	Non-Formulary	Medical Only Exclusion
<i>bermuda grass</i>	Non-Formulary	Medical Only Exclusion
<i>bipolaris sorokiniana</i>	Non-Formulary	Medical Only Exclusion
<i>black walnut pollen (1:10)</i>	Non-Formulary	Medical Only Exclusion
<i>black walnut pollen (1:20)</i>	Non-Formulary	Medical Only Exclusion
<i>black walnut pollen injection</i>	Non-Formulary	Medical Only Exclusion
<i>black willow</i>	Non-Formulary	Medical Only Exclusion
<i>black/sweet birch pollen</i>	Non-Formulary	Medical Only Exclusion
<i>botrytis cinerea</i>	Non-Formulary	Medical Only Exclusion
<i>box elder pollen</i>	Non-Formulary	Medical Only Exclusion
<i>brome</i>	Non-Formulary	Medical Only Exclusion
<i>california pepper tree</i>	Non-Formulary	Medical Only Exclusion
<i>candida albicans extract</i>	Non-Formulary	Medical Only Exclusion
<i>carelessweed</i>	Non-Formulary	Medical Only Exclusion
<i>cat hair extract</i>	Non-Formulary	Medical Only Exclusion
<i>cattle epithelium</i>	Non-Formulary	Medical Only Exclusion
<i>cedar elm</i>	Non-Formulary	Medical Only Exclusion
<i>cladosporium cladosporioides</i>	Non-Formulary	Medical Only Exclusion
<i>cladosporium sphaerospermum</i>	Non-Formulary	Medical Only Exclusion
<i>cocklebur</i>	Non-Formulary	Medical Only Exclusion
<i>corn pollen</i>	Non-Formulary	Medical Only Exclusion
<i>corn smut</i>	Non-Formulary	Medical Only Exclusion
<i>dandelion</i>	Non-Formulary	Medical Only Exclusion
<i>dog epithelium</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>dog fennel</i>	Non-Formulary	Medical Only Exclusion
<i>eastern cottonwood</i>	Non-Formulary	Medical Only Exclusion
<i>english plantain injection</i>	Non-Formulary	Medical Only Exclusion
<i>epicoccum nigrum</i>	Non-Formulary	Medical Only Exclusion
<i>fire ant</i>	Non-Formulary	Medical Only Exclusion
<i>german cockroach</i>	Non-Formulary	Medical Only Exclusion
<i>goldenrod</i>	Non-Formulary	Medical Only Exclusion
<i>grass pollen mixture of 6</i>	Non-Formulary	Medical Only Exclusion
<i>grass pollen(k-o-r-t-swt vern)</i>	Non-Formulary	Medical Only Exclusion
GRASTEK	2	PA
<i>green ash pollen</i>	Non-Formulary	Medical Only Exclusion
<i>guinea pig epithelium extract</i>	Non-Formulary	Medical Only Exclusion
<i>hackberry</i>	Non-Formulary	Medical Only Exclusion
HONEY BEE VENOM PROTEIN	Non-Formulary	Medical Only Exclusion
<i>horse epithelium</i>	Non-Formulary	Medical Only Exclusion
<i>johnson grass</i>	Non-Formulary	Medical Only Exclusion
<i>june grass pollen standardized</i>	Non-Formulary	Medical Only Exclusion
<i>kochia</i>	Non-Formulary	Medical Only Exclusion
<i>lenscale</i>	Non-Formulary	Medical Only Exclusion
<i>meadow fescue grass pollen</i>	Non-Formulary	Medical Only Exclusion
<i>melaleuca</i>	Non-Formulary	Medical Only Exclusion
<i>mesquite</i>	Non-Formulary	Medical Only Exclusion
<i>mite (d. farinae)</i>	Non-Formulary	Medical Only Exclusion
<i>mite (d. pteronyssinus)</i>	Non-Formulary	Medical Only Exclusion
<i>mixed ragweed</i>	Non-Formulary	Medical Only Exclusion
<i>mixed vespid venom protein</i>	Non-Formulary	Medical Only Exclusion
<i>mountain cedar</i>	Non-Formulary	Medical Only Exclusion
<i>mountain cedar pollen</i>	Non-Formulary	Medical Only Exclusion
<i>mouse epithelium</i>	Non-Formulary	Medical Only Exclusion
<i>mucor</i>	Non-Formulary	Medical Only Exclusion
<i>mugwort</i>	Non-Formulary	Medical Only Exclusion
<i>nettle</i>	Non-Formulary	Medical Only Exclusion
<i>olive tree</i>	Non-Formulary	Medical Only Exclusion
<i>orchard grass pollen</i>	Non-Formulary	Medical Only Exclusion
<i>oregon ash pollen</i>	Non-Formulary	Medical Only Exclusion
PALFORZIA (1 MG DAILY DOSE)	3	PA; Specialty
PALFORZIA (12 MG DAILY DOSE)	3	PA; Specialty
PALFORZIA (120 MG DAILY DOSE)	3	PA; Specialty

Drug Name	Tier	Notes
PALFORZIA (160 MG DAILY DOSE)	3	PA; Specialty
PALFORZIA (20 MG DAILY DOSE)	3	PA; Specialty
PALFORZIA (200 MG DAILY DOSE)	3	PA; Specialty
PALFORZIA (240 MG DAILY DOSE)	3	PA; Specialty
PALFORZIA (3 MG DAILY DOSE)	3	PA; Specialty
PALFORZIA (300 MG MAINTENANCE)	3	PA; Specialty; QL
PALFORZIA (300 MG TITRATION)	3	PA; Specialty
PALFORZIA (40 MG DAILY DOSE)	3	PA; Specialty
PALFORZIA (6 MG DAILY DOSE)	3	PA; Specialty
PALFORZIA (80 MG DAILY DOSE)	3	PA; Specialty
PALFORZIA INITIAL DOSE 1-3YRS	3	PA; Specialty
PALFORZIA INITIAL DOSE 4-17YRS	3	PA; Specialty
PALFORZIA INITIAL ESCALATION	3	PA; Specialty
<i>pecan pollen injection</i>	Non-Formulary	Medical Only Exclusion
<i>penicillium notatum</i>	Non-Formulary	Medical Only Exclusion
<i>perennial rye grass pollen injection</i>	Non-Formulary	Medical Only Exclusion
<i>privet</i>	Non-Formulary	Medical Only Exclusion
<i>quack grass</i>	Non-Formulary	Medical Only Exclusion
<i>queen palm</i>	Non-Formulary	Medical Only Exclusion
<i>rabbit epithelium</i>	Non-Formulary	Medical Only Exclusion
RAGWITEK	2	PA
<i>red alder pollen</i>	Non-Formulary	Medical Only Exclusion
<i>red cedar injection</i>	Non-Formulary	Medical Only Exclusion
<i>red maple</i>	Non-Formulary	Medical Only Exclusion
<i>red mulberry</i>	Non-Formulary	Medical Only Exclusion
<i>red oak</i>	Non-Formulary	Medical Only Exclusion
<i>red top grass pollen</i>	Non-Formulary	Medical Only Exclusion
<i>river birch pollen</i>	Non-Formulary	Medical Only Exclusion
<i>rough marsh elder</i>	Non-Formulary	Medical Only Exclusion
<i>rough pigweed</i>	Non-Formulary	Medical Only Exclusion
<i>russian thistle</i>	Non-Formulary	Medical Only Exclusion
<i>saccharomyces cerevisiae injection</i>	Non-Formulary	Medical Only Exclusion
<i>sagebrush injection</i>	Non-Formulary	Medical Only Exclusion
<i>sarocladium strictum</i>	Non-Formulary	Medical Only Exclusion
<i>shagbark hickory</i>	Non-Formulary	Medical Only Exclusion
<i>sheep sorrel</i>	Non-Formulary	Medical Only Exclusion
<i>short ragweed pollen ext</i>	Non-Formulary	Medical Only Exclusion
<i>spiny pigweed</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>spring birch pollen</i>	Non-Formulary	Medical Only Exclusion
<i>sweet gum</i>	Non-Formulary	Medical Only Exclusion
<i>sweet vernal grass pollen</i>	Non-Formulary	Medical Only Exclusion
<i>tall ragweed</i>	Non-Formulary	Medical Only Exclusion
<i>timothy grass pollen allergen</i>	Non-Formulary	Medical Only Exclusion
<i>tree mix 9</i>	Non-Formulary	Medical Only Exclusion
<i>trichophyton mentagrophytes</i>	Non-Formulary	Medical Only Exclusion
VENOMIL HONEY BEE VENOM	Non-Formulary	Medical Only Exclusion
VENOMIL MIXED VESPID VENOM	Non-Formulary	Medical Only Exclusion
VENOMIL WASP VENOM	Non-Formulary	Medical Only Exclusion
VENOMIL WHITE FACED HORNET	Non-Formulary	Medical Only Exclusion
VENOMIL YELLOW HORNET VENOM	Non-Formulary	Medical Only Exclusion
VENOMIL YELLOW JACKET VENOM	Non-Formulary	Medical Only Exclusion
<i>wasp venom</i>	Non-Formulary	Medical Only Exclusion
<i>wasp venom protein</i>	Non-Formulary	Medical Only Exclusion
<i>western juniper</i>	Non-Formulary	Medical Only Exclusion
<i>western ragweed</i>	Non-Formulary	Medical Only Exclusion
<i>white alder</i>	Non-Formulary	Medical Only Exclusion
<i>white ash pollen</i>	Non-Formulary	Medical Only Exclusion
<i>white birch</i>	Non-Formulary	Medical Only Exclusion
<i>white mulberry</i>	Non-Formulary	Medical Only Exclusion
<i>white oak</i>	Non-Formulary	Medical Only Exclusion
<i>white pine</i>	Non-Formulary	Medical Only Exclusion
WHITE-FACED HORNET VENOM	Non-Formulary	Medical Only Exclusion
<i>yellow dock</i>	Non-Formulary	Medical Only Exclusion
<i>yellow hornet venom protein</i>	Non-Formulary	Medical Only Exclusion
<i>yellow jacket venom protein</i>	Non-Formulary	Medical Only Exclusion
*Mixed Allergenic Extracts***		
<i>cockroach mixed allergen ext</i>	Non-Formulary	Medical Only Exclusion
<i>dust mite mixed allergen ext</i>	Non-Formulary	Medical Only Exclusion
<i>mixed feathers</i>	Non-Formulary	Medical Only Exclusion
ODACTRA	2	PA
ORALAIR	2	PA
<i>sheep sorrel-yellow dock</i>	Non-Formulary	Medical Only Exclusion
<i>short ragweed-giant ragweed</i>	Non-Formulary	Medical Only Exclusion
<i>sorrel/dock mix</i>	Non-Formulary	Medical Only Exclusion
<i>weed mixed allergen</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
ALTERNATIVE MEDICINES		
<i>*Alternative Medicine - Al's***</i>		
<i>alpha-lipoic acid injection</i>	Non-Formulary	Non FDA Exclusion
NEOKE RA LIPOIC	Non-Formulary	Non FDA Exclusion
<i>*Alternative Medicine - Pi's***</i>		
PYCNOGENOL	Non-Formulary	Non FDA Exclusion
<i>*Alternative Medicine - Pr's***</i>		
EC-RX DHEA	Non-Formulary	Non FDA Exclusion
<i>*Alternative Medicine - Ub***</i>		
<i>coenzyme q-10 injection</i>	Non-Formulary	Non FDA Exclusion
AMEBICIDES		
<i>*Amebicides***</i>		
SOLOSEC	2	ST; Step Therapy Requirements (TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE, ORAL CLINDAMYCIN, VAGINAL METRONIDAZOLE GEL, VAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS)
AMINOGLYCOSIDES		
<i>*Aminoglycosides***</i>		
<i>amikacin sulfate injection</i>	Non-Formulary	Medical Only Exclusion
ARIKAYCE	3	PA; Specialty
BETHKIS	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
<i>gentamicin in saline</i>	Non-Formulary	Medical Only Exclusion
<i>gentamicin sulfate injection</i>	Non-Formulary	Medical Only Exclusion
HUMATIN	2	
KITABIS PAK (W/ NEBULIZER)	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
<i>neomycin sulfate oral</i>	1	
<i>streptomycin sulfate intramuscular</i>	Non-Formulary	Medical Only Exclusion
TOBI	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
TOBI PODHALER	2	PA; Specialty; QL
<i>tobramycin inhalation</i>	1	PA; Specialty; QL
<i>tobramycin sulfate injection</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
ZEMDRI	Non-Formulary	Medical Only Exclusion
ANALGESICS - ANTI-INFLAMMATORY		
<i>*Antirheumatic - Janus Kinase (Jak) Inhibitors***</i>		
OLUMIANT	3	PA; Specialty; QL
RINVOQ	2	PA; Specialty
RINVOQ LQ	2	PA; Specialty
XELJANZ	2	PA; Specialty; QL
XELJANZ XR	2	PA; Specialty; QL
<i>*Antirheumatic Antimetabolites***</i>		
RASUVO	2	
<i>*Anti-Tnf-Alpha - Monoclonal Antibodies***</i>		
ABRILADA (1 PEN)	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
ABRILADA (2 PEN)	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
ABRILADA (2 SYRINGE)	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
<i>adalimumab-aacf (2 pen)</i>	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
<i>adalimumab-aacf (2 syringe)</i>	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
<i>adalimumab-aacf(cd/uc/hs strt)</i>	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
<i>adalimumab-aacf(ps/uv starter)</i>	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
<i>adalimumab-aaty (1 pen)</i>	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
<i>adalimumab-aaty (2 pen)</i>	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
<i>adalimumab-aaty (2 syringe)</i>	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
<i>adalimumab-aaty cd/uc/hs start</i>	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
<i>adalimumab-adaz</i>	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
<i>adalimumab-adbm (2 pen)</i>	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
<i>adalimumab-adbm (2 syringe)</i>	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)

Drug Name	Tier	Notes
<i>adalimumab-bwwd</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>adalimumab-fkjp (2 pen)</i>	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
<i>adalimumab-fkjp (2 syringe)</i>	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
<i>adalimumab-ryvk (1 pen)</i>	2	PA; Specialty
<i>adalimumab-ryvk (2 pen)</i>	2	PA; Specialty
<i>adalimumab-ryvk (2 syringe)</i>	2	PA; Specialty
AMJEVITA	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
AMJEVITA-PED 10KG TO <15KG	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
AMJEVITA-PED 15KG TO <30KG	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
CYLTEZO (2 PEN)	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
CYLTEZO (2 SYRINGE)	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
HADLIMA	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
HADLIMA PUSHTOUCH	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
HULIO (2 PEN)	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
HULIO (2 SYRINGE)	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
HUMIRA (2 PEN)	Non-Formulary	PA; Specialty; Step Therapy Requirements (PA requires trial of preferred ADALIMUMAB biosimilar for new patients); PA messaging (Rebateable Exclusion)
HUMIRA (2 SYRINGE)	Non-Formulary	PA; Specialty; Step Therapy Requirements (PA requires trial of preferred ADALIMUMAB biosimilar for new patients); PA messaging (Rebateable Exclusion)
HUMIRA-CD/UC/HS STARTER	Non-Formulary	PA; Specialty; Step Therapy Requirements (PA requires trial of preferred ADALIMUMAB biosimilar for new patients); PA messaging (Rebateable Exclusion)

Drug Name	Tier	Notes
HUMIRA-PSORIASIS/VEIT STARTER	Non-Formulary	PA; Specialty; Step Therapy Requirements (PA requires trial of preferred ADALIMUMAB biosimilar for new patients); PA messaging (Rebateable Exclusion)
HYRIMOZ	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
HYRIMOZ-CROHNS/UC STARTER	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
HYRIMOZ-PED<40KG CROHN STARTER	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
HYRIMOZ-PED>=40KG CROHN START	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
HYRIMOZ-PLAQ PSOR/VEIT START	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
SIMLANDI (1 PEN)	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
SIMLANDI (2 PEN)	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
SIMLANDI (2 SYRINGE)	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
SIMPONI	3	PA; Specialty
SIMPONI ARIA	3	PA; Specialty
YUFLYMA (1 PEN)	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
YUFLYMA (2 PEN)	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
YUFLYMA (2 SYRINGE)	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
YUFLYMA-CD/UC/HS STARTER	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
YUSIMRY	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
CELEBREX	Non-Formulary	Formulary Exclusion
<i>celecoxib oral</i>	1	
VYSCOX	3	ST; Step Therapy Requirements (TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER IN THE PAST 120 DAYS); QL
*Gold Compounds***		
RIDAURA	3	

Drug Name	Tier	Notes
<i>*Interleukin-1 Blockers***</i>		
ARCALYST	3	PA; Specialty
<i>*Interleukin-1 Receptor Antagonist (IL-1Ra)***</i>		
KINERET	3	PA; Specialty
<i>*Interleukin-1Beta Blockers***</i>		
ILARIS	2	PA; Specialty
<i>*Interleukin-6 Receptor Inhibitors***</i>		
ACTEMRA ACTPEN	Non-Formulary	PA; Specialty; Formulary Exclusion
ACTEMRA INTRAVENOUS	3	PA; Specialty
ACTEMRA SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
AVTOZMA INTRAVENOUS	Non-Formulary	Medical Only Exclusion
AVTOZMA SUBCUTANEOUS	Non-Formulary	PA; New to Market Exclusion; Specialty
KEVZARA	3	PA; Specialty; QL
TOFIDENCE	Non-Formulary	Medical Only Exclusion
TYENNE	3	PA; Specialty
<i>*Nonsteroidal Anti-Inflammatory Agent Combinations***</i>		
ARTHROTEC	Non-Formulary	Formulary Exclusion
COMBOGESIC INTRAVENOUS	Non-Formulary	Medical Only Exclusion
COMBOGESIC ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
<i>diclofenac-misoprostol</i>	1	
<i>ibuprofen-famotidine</i>	1	Non Essential Drug Exclusion
INFLAMMACIN	Non-Formulary	Non FDA Exclusion
INFLATHERM	Non-Formulary	Non FDA Exclusion
KETOROCAINE-L	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
KETOROCAINE-LM	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ketorolac-bupiv-ketamine</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ketorolac-ropiv-ketamine</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
NAPROTIN	Non-Formulary	Non FDA Exclusion
<i>naproxen-esomeprazole mg</i>	1	Non Essential Drug Exclusion
PREVIDOLRX ANALGESIC	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
<i>previdorlx plus analgesic</i>	Non-Formulary	Non FDA Exclusion
TORONOVA II SUIK	Non-Formulary	Non FDA Exclusion
TORONOVA SUIK	Non-Formulary	Non FDA Exclusion
ZYNRELEF	Non-Formulary	Medical Only Exclusion
<i>*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***</i>		
CALDOLOR	Non-Formulary	Medical Only Exclusion
COXANTO	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>diclofenac potassium oral capsule</i>	1	Non Essential Drug Exclusion
<i>diclofenac potassium oral tablet</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
FENOPRON	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>flurbiprofen tablet 100 mg oral</i>	1	
<i>flurbiprofen tablet 50 mg oral</i>	3	
IBU	1	
IBUPAK	Non-Formulary	Non FDA Exclusion
<i>ibuprofen lysine</i>	Non-Formulary	Medical Only Exclusion
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen tablet 300 mg oral</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>ibuprofen tablet 400 mg oral</i>	1	
<i>ibuprofen tablet 600 mg oral</i>	1	
<i>ibuprofen tablet 800 mg oral</i>	1	
INDOCIN ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
INDOCIN RECTAL	1	Non Essential Drug Exclusion
<i>indomethacin er</i>	1	
<i>indomethacin oral capsule</i>	1	
<i>indomethacin oral suspension</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>indomethacin sodium</i>	Non-Formulary	Medical Only Exclusion
<i>indomethacin suppository 100 mg rectal</i>	Non-Formulary	Non FDA Exclusion
<i>indomethacin suppository 50 mg rectal</i>	1	Non Essential Drug Exclusion
<i>ketoprofen capsule 50 mg oral</i>	3	

Drug Name	Tier	Notes
<i>ketorolac tromethamine +rfd</i>	1	
<i>ketorolac tromethamine oral</i>	1	QL
<i>ketorolac tromethamine solution 15 mg/ml injection</i>	1	
<i>ketorolac tromethamine solution 30 mg/ml injection</i>	Non-Formulary	Non FDA Exclusion
<i>ketorolac tromethamine solution 30 mg/ml injection</i>	1	
<i>ketorolac tromethamine solution 30 mg/ml intramuscular</i>	Non-Formulary	Non FDA Exclusion
<i>ketorolac tromethamine solution 60 mg/2ml intramuscular</i>	1	
LODINE	Non-Formulary	Formulary Exclusion
LOFENA	1	
LURBIRO	3	
<i>meclofenamate sodium oral</i>	3	
<i>mefenamic acid oral</i>	1	
<i>meloxicam oral capsule</i>	1	Non Essential Drug Exclusion
<i>meloxicam oral suspension</i>	3	Non Essential Drug Exclusion
<i>meloxicam oral tablet</i>	1	
<i>nabumetone oral</i>	1	
NAPRELAN	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>naproxen dr</i>	1	
<i>naproxen oral suspension</i>	1	Non Essential Drug Exclusion
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet delayed release</i>	1	
<i>naproxen sodium er</i>	1	Non Essential Drug Exclusion
<i>naproxen sodium tablet 275 mg oral</i>	1	
<i>naproxen sodium tablet 550 mg oral</i>	1	
NEOPROFEN	Non-Formulary	Medical Only Exclusion
<i>orudis</i>	3	Non Essential Drug Exclusion
<i>oxaprozin oral capsule</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>oxaprozin oral tablet</i>	1	
<i>piroxicam oral</i>	1	
RELAFEN DS	3	Non Essential Drug Exclusion
SPRIX	3	Non Essential Drug Exclusion
<i>sulindac oral</i>	1	
TOLECTIN 600	3	

Drug Name	Tier	Notes
<i>tolmetin sodium</i>	3	
TRESNI	Non-Formulary	Non FDA Exclusion
XIFYRM	Non-Formulary	Medical Only Exclusion
ZIPSOR	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ZYBIC	3	Non Essential Drug Exclusion
<i>*Nsaid-Dietary Management Combinations***</i>		
PRASTERA	Non-Formulary	Non FDA Exclusion
<i>*Nsaid-Pyrimidine Synthesis Inhibitors Combinations***</i>		
LEFLUNICLO	Non-Formulary	Non FDA Exclusion
<i>*Phosphodiesterase 4 (Pde4) Inhibitors***</i>		
OTEZLA	2	PA; Specialty; QL
OTEZLA XR	2	PA; Specialty; QL
OTEZLA/OTEZLA XR INITIATION PK	2	PA; Specialty; QL
<i>*Pyrimidine Synthesis Inhibitors***</i>		
ARAVA	Non-Formulary	Formulary Exclusion
<i>leflunomide oral</i>	1	
<i>*Selective Costimulation Modulators***</i>		
ORENCIA	3	PA; Specialty
ORENCIA CLICKJECT	3	PA; Specialty
<i>*Soluble Tumor Necrosis Factor Receptor Agents***</i>		
ENBREL	2	PA; Specialty
ENBREL MINI	2	PA; Specialty
ENBREL SURECLICK	2	PA; Specialty
<i>*ANALGESICS - NONNARCOTIC*</i>		
<i>*Analgesics - Selective Nav1.8 Sodium Channel Inhibitors***</i>		
JOURNAVX	3	PA; QL
<i>*Analgesics Other***</i>		
<i>acetaminophen intravenous solution</i>	Non-Formulary	Medical Only Exclusion
<i>acetaminophen intravenous solution prefilled syringe</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>clonidine hcl (analgesia)</i>	Non-Formulary	Medical Only Exclusion
DURACLON	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
LOTREXONE	Non-Formulary	Non FDA Exclusion
NALTREX	Non-Formulary	Non FDA Exclusion
*Analgesics-Sedatives***		
BAC (BUTALBITAL-ACETAMIN-CAFF)	1	
<i>butalbital-acetaminophen oral capsule</i>	1	Non Essential Drug Exclusion
<i>butalbital-acetaminophen tablet 50-300 mg oral</i>	1	Non Essential Drug Exclusion
<i>butalbital-acetaminophen tablet 50-325 mg oral</i>	1	
<i>butalbital-apap-caffeine</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	
FIORICET	Non-Formulary	Formulary Exclusion
*Salicylates***		
<i>aspirin 81</i>	1	
<i>aspirin adult low dose</i>	1	
<i>aspirin adult low strength</i>	1	
<i>aspirin childrens</i>	1	
<i>aspirin ec adult low dose</i>	1	
<i>aspirin ec low dose</i>	1	
<i>aspirin ec low strength</i>	1	
<i>aspirin low dose</i>	1	
<i>aspirin oral tablet chewable</i>	1	
<i>aspirin regimen</i>	1	
<i>aspirin tablet delayed release 81 mg oral</i>	1	
BAYER ASPIRIN EC LOW DOSE	1	
BAYER LOW DOSE	1	
<i>childrens aspirin</i>	1	
<i>cvs aspirin adult low dose</i>	1	
<i>cvs aspirin adult low strength</i>	1	
<i>cvs aspirin ec</i>	1	
<i>cvs aspirin low dose</i>	1	
<i>cvs aspirin low strength</i>	1	
<i>diflunisal oral</i>	1	
DOLOBID	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ECOTRIN LOW STRENGTH	1	
<i>eq aspirin adult low dose</i>	1	
<i>eq aspirin low dose oral tablet chewable</i>	1	
<i>eq aspirin low dose</i>	1	
<i>ft aspirin low dose</i>	1	

Drug Name	Tier	Notes
<i>gnp adult aspirin low strength</i>	1	
<i>gnp aspirin low dose</i>	1	
<i>goodsense aspirin low dose</i>	1	
<i>goodsense aspirin oral tablet chewable</i>	1	
<i>h-e-b aspirin</i>	1	
<i>kls aspirin low dose</i>	1	
<i>kp aspirin</i>	1	
<i>mm aspirin</i>	1	
<i>qc aspirin low dose</i>	1	
<i>qc childrens aspirin</i>	1	
<i>salsalate oral</i>	Non-Formulary	Formulary Exclusion
<i>sb childrens aspirin</i>	1	
<i>sb low dose asa ec</i>	1	
ST JOSEPH ASPIRIN	1	
ST JOSEPH LOW DOSE	1	
*Selective N-Type Neuronal Calcium Channel Blockers***		
PRIALT	Non-Formulary	Medical Only Exclusion
ANALGESICS - OPIOID		
*Codeine Combinations***		
<i>acetaminophen-codeine oral tablet</i>	1	
<i>acetaminophen-codeine solution 300-30 mg/12.5ml oral</i>	3	
ASCOMP-CODEINE	1	
<i>butalbital-apap-caff-cod</i>	1	
<i>butalbital-asa-caff-codeine</i>	1	
*Dihydrocodeine Combinations***		
TREZIX	3	Non Essential Drug Exclusion
*Fentanyl Combinations***		
<i>fentanyl cit-bupivacaine hcl</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate-ropivacaine</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl cit-ropivacaine-nacl epidural solution prefilled syringe</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl cit-ropivacaine-nacl solution 0.2-0.1-0.9 mg/100ml-% epidural</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl cit-ropivacaine-nacl solution 0.2-0.125-0.9 mg/100ml-% epidural</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
<i>fentanyl cit-ropivacaine-nacl solution 0.2-0.2-0.9 mg/100ml-% epidural</i>	Non-Formulary	Medical Only Exclusion
<i>fentanyl cit-ropivacaine-nacl solution 0.2-0.2-0.9 mg/100ml-% epidural</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl cit-ropivacaine-nacl solution 0.3-0.2-0.9 mg/150ml-% epidural</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl cit-ropivacaine-nacl solution 0.4-0.1-0.9 mg/200ml-% epidural</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl cit-ropivacaine-nacl solution 0.4-0.2-0.9 mg/200ml-% epidural</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl cit-ropivacaine-nacl solution 0.5-0.1-0.9 mg/250ml-% epidural</i>	Non-Formulary	Medical Only Exclusion
<i>fentanyl cit-ropivacaine-nacl solution 0.5-0.2-0.9 mg/250ml-% epidural</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl-bupivacaine-nacl</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl-ropivacaine-nacl</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
*Hydrocodone Combinations***		
<i>hydrocodone-acetaminophen solution 10-300 mg/15ml oral</i>	3	QL
<i>hydrocodone-acetaminophen solution 10-325 mg/15ml oral</i>	2	Non Essential Drug Exclusion
<i>hydrocodone-acetaminophen solution 2.5-108 mg/5ml oral</i>	1	
<i>hydrocodone-acetaminophen solution 5-217 mg/10ml oral</i>	1	
<i>hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral</i>	1	
<i>hydrocodone-acetaminophen tablet 10-300 mg oral</i>	1	
<i>hydrocodone-acetaminophen tablet 10-325 mg oral</i>	1	
<i>hydrocodone-acetaminophen tablet 2.5-325 mg oral</i>	3	
<i>hydrocodone-acetaminophen tablet 5-300 mg oral</i>	1	
<i>hydrocodone-acetaminophen tablet 5-325 mg oral</i>	1	
<i>hydrocodone-acetaminophen tablet 7.5-300 mg oral</i>	1	
<i>hydrocodone-acetaminophen tablet 7.5-325 mg oral</i>	1	
<i>hydrocodone-ibuprofen tablet 7.5-200 mg oral</i>	1	

Drug Name	Tier	Notes
*Opioid Agonists***		
<i>codeine sulfate tablet 30 mg oral</i>	1	
CONZIP	3	Non Essential Drug Exclusion
DEMEROL	Non-Formulary	Medical Only Exclusion
DILAUDID INJECTION	Non-Formulary	Medical Only Exclusion
DILAUDID ORAL	Non-Formulary	Formulary Exclusion
DISKETS	1	
DSUVIA	Non-Formulary	Medical Only Exclusion
<i>duramorph</i>	Non-Formulary	Medical Only Exclusion
<i>fentanyl</i>	1	
<i>fentanyl citrate (pf)</i>	Non-Formulary	Medical Only Exclusion
<i>fentanyl citrate injection solution</i>	Non-Formulary	Medical Only Exclusion
<i>fentanyl citrate solution 1000 mcg/100ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate solution 1000 mcg/50ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate solution 1500 mcg/30ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate solution 1600 mcg/100ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate solution 2000 mcg/100ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate solution 2500 mcg/50ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate solution 5000 mcg/100ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>fentanyl citrate solution 5000 mcg/100ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate solution prefilled syringe 10 mcg/ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate solution prefilled syringe 100 mcg/10ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate solution prefilled syringe 100 mcg/2ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>fentanyl citrate solution prefilled syringe 100 mcg/2ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate solution prefilled syringe 100 mcg/2ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>fentanyl citrate solution prefilled syringe 1000 mcg/20ml intravenous</i>	Non-Formulary	Non FDA Exclusion
<i>fentanyl citrate solution prefilled syringe 1000 mcg/20ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

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

Drug Name	Tier	Notes
<i>fentanyl citrate-nacl solution 5-0.9 mg/250ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 100 mg oral</i>	1	
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 20 mg oral</i>	1	
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 30 mg oral</i>	1	
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 40 mg oral</i>	1	
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 60 mg oral</i>	1	
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 80 mg oral</i>	1	
<i>hydromorphone hcl er</i>	1	
<i>hydromorphone hcl intravenous solution</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>hydromorphone hcl oral</i>	1	
<i>hydromorphone hcl pf</i>	Non-Formulary	Medical Only Exclusion
<i>hydromorphone hcl rectal</i>	Non-Formulary	Non FDA Exclusion
<i>hydromorphone hcl solution 0.2 mg/ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>hydromorphone hcl solution 0.2 mg/ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>hydromorphone hcl solution 0.25 mg/0.5ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>hydromorphone hcl solution 0.5 mg/ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>hydromorphone hcl solution 1 mg/ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>hydromorphone hcl solution 1 mg/ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>hydromorphone hcl solution 2 mg/ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>hydromorphone hcl solution 4 mg/ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>hydromorphone hcl-nacl injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>hydromorphone hcl-nacl intravenous solution prefilled syringe</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>hydromorphone hcl-nacl solution 10-0.9 mg/50ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>hydromorphone hcl-nacl solution 100-0.9 mg/100ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>hydromorphone hcl-nacl solution 100-0.9 mg/50ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
<i>hydromorphone hcl-nacl solution 20-0.9 mg/100ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>hydromorphone hcl-nacl solution 25-0.9 mg/50ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>hydromorphone hcl-nacl solution 30-0.9 mg/30ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>hydromorphone hcl-nacl solution 50-0.79 mg/100ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>hydromorphone hcl-nacl solution 50-0.9 mg/50ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>hydromorphone hcl-nacl solution 6-0.9 mg/30ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
HYSINGLA ER	Non-Formulary	Formulary Exclusion
INFUMORPH 200	Non-Formulary	Medical Only Exclusion
INFUMORPH 500	Non-Formulary	Medical Only Exclusion
<i>levorphanol tartrate tablet 2 mg oral</i>	1	
<i>levorphanol tartrate tablet 3 mg oral</i>	1	Non Essential Drug Exclusion
<i>meperidine hcl injection</i>	Non-Formulary	Medical Only Exclusion
<i>meperidine hcl oral</i>	Non-Formulary	Formulary Exclusion
<i>methadone hcl injection</i>	Non-Formulary	Medical Only Exclusion
METHADONE HCL INTENSOL	1	
<i>methadone hcl intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>methadone hcl oral concentrate</i>	1	
<i>methadone hcl oral tablet</i>	1	
<i>methadone hcl oral tablet soluble</i>	1	
<i>methadone hcl solution 10 mg/5ml oral</i>	1	
<i>methadone hcl solution 10 mg/5ml oral</i>	Non-Formulary	Formulary Exclusion
<i>methadone hcl solution 5 mg/5ml oral</i>	1	
<i>methadone hcl-sodium chloride</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
METHADOSE CONCENTRATE 10 MG/ML ORAL	Non-Formulary	Formulary Exclusion
METHADOSE ORAL TABLET SOLUBLE	1	
METHADOSE SUGAR-FREE	Non-Formulary	Formulary Exclusion
MITIGO	Non-Formulary	Medical Only Exclusion
<i>morphine sulfate (concentrate) solution 100 mg/5ml oral</i>	1	
<i>morphine sulfate (pf) injection</i>	Non-Formulary	Medical Only Exclusion
<i>morphine sulfate (pf) solution 1 mg/ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
<i>morphine sulfate (pf) solution 10 mg/ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>morphine sulfate (pf) solution 2 mg/ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>morphine sulfate (pf) solution 4 mg/ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>morphine sulfate er oral tablet extended release</i>	1	
<i>morphine sulfate oral solution</i>	1	
<i>morphine sulfate rectal</i>	Non-Formulary	Non FDA Exclusion
<i>morphine sulfate solution 0.5 mg/ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>morphine sulfate solution 1 mg/ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>morphine sulfate solution 1 mg/ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>morphine sulfate solution 2 mg/ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>morphine sulfate solution 2 mg/ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>morphine sulfate solution 4 mg/ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>morphine sulfate solution 4 mg/ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>morphine sulfate solution 50 mg/ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>morphine sulfate solution 8 mg/ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>morphine sulfate tablet 15 mg oral</i>	1	
<i>morphine sulfate tablet 30 mg oral</i>	1	
<i>morphine sulfate tablet 30 mg oral</i>	2	
<i>morphine sulfate-nacl</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
MS CONTIN	Non-Formulary	Formulary Exclusion
NUCYNTA	Non-Formulary	Formulary Exclusion
NUCYNTA ER	2	
OLINVYK	Non-Formulary	Medical Only Exclusion
<i>oxycodone hcl oral capsule</i>	Non-Formulary	Formulary Exclusion
<i>oxycodone hcl oral concentrate</i>	1	
<i>oxycodone hcl oral solution</i>	1	
<i>oxycodone hcl oral tablet</i>	1	
<i>oxycodone hcl tablet abuse-deterrent 10 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>oxycodone hcl tablet abuse-deterrent 30 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>oxycodone hcl tablet abuse-deterrent 5 mg oral</i>	Non-Formulary	Formulary Exclusion
OXYCONTIN	Non-Formulary	Formulary Exclusion
<i>oxymorphone hcl</i>	1	

Drug Name	Tier	Notes
<i>oxymorphone hcl er tablet extended release 12 hour 10 mg oral</i>	3	
<i>oxymorphone hcl er tablet extended release 12 hour 15 mg oral</i>	3	
<i>oxymorphone hcl er tablet extended release 12 hour 20 mg oral</i>	3	
<i>oxymorphone hcl er tablet extended release 12 hour 5 mg oral</i>	3	
<i>oxymorphone hcl er tablet extended release 12 hour 7.5 mg oral</i>	3	
<i>remifentanil hcl</i>	Non-Formulary	Medical Only Exclusion
ROXICODONE	Non-Formulary	Formulary Exclusion
ROXYBOND	Non-Formulary	Formulary Exclusion
<i>sufentanil citrate intravenous</i>	Non-Formulary	Medical Only Exclusion
SYNAPRYN FUSEPAQ	Non-Formulary	Non FDA Exclusion
<i>tapentadol hcl</i>	1	
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour</i>	3	Non Essential Drug Exclusion
<i>tramadol hcl er</i>	1	
<i>tramadol hcl oral solution</i>	3	PA
<i>tramadol hcl tablet 100 mg oral</i>	1	Non Essential Drug Exclusion
<i>tramadol hcl tablet 25 mg oral</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>tramadol hcl tablet 50 mg oral</i>	1	
<i>tramadol hcl tablet 75 mg oral</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ULTIVA	Non-Formulary	Medical Only Exclusion
XTAMPZA ER	2	
XYVONA TABLET 2 MG ORAL	1	
XYVONA TABLET 3 MG ORAL	1	Non Essential Drug Exclusion
*Opioid Combinations***		
ENDOCET	1	
<i>oxycodone-acetaminophen solution 10-300 mg/5ml oral</i>	3	Non Essential Drug Exclusion
<i>oxycodone-acetaminophen solution 5-325 mg/5ml oral</i>	3	
<i>oxycodone-acetaminophen tablet 10-300 mg oral</i>	3	Non Essential Drug Exclusion
<i>oxycodone-acetaminophen tablet 10-325 mg oral</i>	1	
<i>oxycodone-acetaminophen tablet 2.5-300 mg oral</i>	3	Non Essential Drug Exclusion
<i>oxycodone-acetaminophen tablet 2.5-325 mg oral</i>	1	
<i>oxycodone-acetaminophen tablet 5-300 mg oral</i>	3	Non Essential Drug Exclusion

Drug Name	Tier	Notes
<i>oxycodone-acetaminophen tablet 5-325 mg oral</i>	1	
<i>oxycodone-acetaminophen tablet 7.5-300 mg oral</i>	3	Non Essential Drug Exclusion
<i>oxycodone-acetaminophen tablet 7.5-325 mg oral</i>	1	
PERCOCET	Non-Formulary	Formulary Exclusion
PROLATE ORAL SOLUTION	3	Non Essential Drug Exclusion
PROLATE TABLET 7.5-300 MG ORAL	3	Non Essential Drug Exclusion
*Opioid Partial Agonists***		
BELBUCA	2	
BRIXADI	3	PA; Specialty
BRIXADI (WEEKLY)	3	PA; Specialty
<i>buprenorphine</i>	Non-Formulary	Formulary Exclusion
<i>buprenorphine hcl injection</i>	Non-Formulary	Medical Only Exclusion
<i>buprenorphine hcl sublingual</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	1	QL
<i>butorphanol tartrate injection</i>	Non-Formulary	Medical Only Exclusion
<i>butorphanol tartrate nasal</i>	1	
BUTRANS	Non-Formulary	Formulary Exclusion
<i>nalbuphine hcl injection</i>	Non-Formulary	Medical Only Exclusion
<i>pentazocine-naloxone hcl</i>	Non-Formulary	Formulary Exclusion
SUBLOCADE	3	PA; Specialty; QL
SUBOXONE	Non-Formulary	Formulary Exclusion
ZUBSOLV	3	QL
*Tramadol Combinations***		
<i>tramadol-acetaminophen</i>	1	
ANDROGENS-ANABOLIC		
*Androgens***		
ANDROGEL PUMP	3	PA; QL
AVEED	3	PA; QL
AZMIRO	3	QL
<i>danazol oral</i>	1	
DEPO-TESTOSTERONE SOLUTION 100 MG/ML INTRAMUSCULAR	3	PA; QL
DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR	1	PA; QL
<i>ec-rx testosterone</i>	Non-Formulary	Non FDA Exclusion
JATENZO	Non-Formulary	PA; Formulary Exclusion; QL

Drug Name	Tier	Notes
KYZATREX	Non-Formulary	PA; Formulary Exclusion; QL
<i>methitest</i>	3	
<i>methyltestosterone oral</i>	1	
NATESTO	3	PA; QL
TESTIM	3	PA; QL
TESTONE CIK	Non-Formulary	Non FDA Exclusion
TESTOPEL	Non-Formulary	PA; Medical Only Exclusion
<i>testosterone cypionate injection</i>	Non-Formulary	Non FDA Exclusion; QL
<i>testosterone cypionate intramuscular</i>	1	PA; QL
<i>testosterone gel 1.62 % transdermal</i>	1	PA; QL
<i>testosterone gel 12.5 mg/act (1%) transdermal</i>	1	PA; QL
<i>testosterone gel 20.25 mg/act (1.62%) transdermal</i>	1	PA; QL
<i>testosterone gel 25 mg/2.5gm (1%) transdermal</i>	1	PA; QL
<i>testosterone gel 40.5 mg/2.5gm (1.62%) transdermal</i>	3	PA; QL
<i>testosterone gel 50 mg/5gm (1%) transdermal</i>	1	PA; QL
<i>testosterone implant</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>testosterone transdermal solution</i>	1	PA; QL
TLANDO	3	PA; QL
VOGELXO	3	PA; QL
VOGELXO PUMP	3	PA; QL
XYOSTED	3	PA; QL
ANORECTAL AND RELATED PRODUCTS		
<i>*Intrarectal Steroids***</i>		
<i>budesonide rectal</i>	1	ST; Step Therapy Requirements (TRIAL OF MESALAMINE ENEMA IN THE PAST 120 DAYS)
CORTENEMA	Non-Formulary	Formulary Exclusion
CORTIFOAM	2	
<i>hydrocortisone rectal</i>	1	
UCERIS RECTAL	3	ST; Step Therapy Requirements (TRIAL OF MESALAMINE ENEMA IN THE PAST 120 DAYS)
<i>*Nitrate Vasodilating Agents***</i>		
<i>nitroglycerin rectal</i>	1	

Drug Name	Tier	Notes
RECTIV	Non-Formulary	Formulary Exclusion
*Rectal Anesthetic/Steroids***		
ANA-LEX	Non-Formulary	Non FDA Exclusion
ANALPRAM HC EXTERNAL CREAM	Non-Formulary	Formulary Exclusion
ANALPRAM HC EXTERNAL LOTION	3	
<i>hydrocortisone ace-pramoxine rectal</i>	Non-Formulary	Non FDA Exclusion
<i>hydrocort-pramoxine (perianal)</i>	Non-Formulary	Formulary Exclusion
<i>lidocaine-hydrocort (perianal) cream 3-0.5 % external</i>	Non-Formulary	Formulary Exclusion
<i>lidocaine-hydrocort (perianal) cream 3-0.5 % external</i>	Non-Formulary	Non FDA Exclusion
<i>lidocaine-hydrocortisone ace kit 1-3 % rectal</i>	Non-Formulary	Formulary Exclusion
<i>lidocaine-hydrocortisone ace kit 3-0.5 % rectal</i>	Non-Formulary	Non FDA Exclusion
<i>lidocaine-hydrocortisone ace kit 3-0.5 % rectal</i>	Non-Formulary	Formulary Exclusion
<i>lidocaine-hydrocortisone ace kit 3-2.5 % rectal</i>	Non-Formulary	Non FDA Exclusion
<i>lidocaine-hydrocortisone ace kit 3-2.5 % rectal</i>	Non-Formulary	Formulary Exclusion
<i>lidocaine-hydrocortisone ace rectal gel</i>	Non-Formulary	Formulary Exclusion
LIDOCORT	Non-Formulary	Non FDA Exclusion
PROCORT	Non-Formulary	Formulary Exclusion
PROCTOFOAM HC	3	
*Rectal Products - Misc.***		
BARRIGEL	Non-Formulary	Non FDA Exclusion
*Rectal Steroids***		
<i>anucort-hc</i>	1	
ANUSOL-HC EXTERNAL	Non-Formulary	Formulary Exclusion
ANUSOL-HC RECTAL	1	
HEMMOREX-HC SUPPOSITORY 25 MG RECTAL	Non-Formulary	Non FDA Exclusion
HEMMOREX-HC SUPPOSITORY 25 MG RECTAL	1	
HEMMOREX-HC SUPPOSITORY 30 MG RECTAL	1	
<i>hydrocortisone (perianal) cream 2.5 % external</i>	1	
<i>hydrocortisone acetate suppository 25 mg rectal</i>	Non-Formulary	Non FDA Exclusion
<i>hydrocortisone acetate suppository 25 mg rectal</i>	1	
<i>hydrocortisone acetate suppository 30 mg rectal</i>	1	
<i>hydrocortisone acetate suppository 30 mg rectal</i>	Non-Formulary	Non FDA Exclusion
<i>hydrocortisone acetate suppository 30 mg rectal</i>	Non-Formulary	Formulary Exclusion
PROCTOCORT RECTAL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
PROCTO-MED HC	1	
PROCTOSOL HC	1	
PROCTOZONE-HC	1	
ANTHELMINTICS		
*Anthelmintics***		
<i>albendazole oral</i>	1	
<i>benznidazole</i>	2	
BILTRICIDE	Non-Formulary	Formulary Exclusion
EMVERM	3	
<i>ivermectin tablet 3 mg oral</i>	1	
<i>ivermectin tablet 6 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>praziquantel oral</i>	1	
STROMECTOL	3	
ANTIANGINAL AGENTS		
*Antianginals-Other***		
<i>ranolazine er</i>	1	
*Nitrates***		
<i>isosorbide dinitrate tablet 10 mg oral</i>	1	
<i>isosorbide dinitrate tablet 20 mg oral</i>	1	
<i>isosorbide dinitrate tablet 30 mg oral</i>	1	
<i>isosorbide dinitrate tablet 40 mg oral</i>	1	Non Essential Drug Exclusion
<i>isosorbide dinitrate tablet 5 mg oral</i>	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	3	
NITRO-DUR PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
NITRO-DUR PATCH 24 HOUR 0.2 MG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
NITRO-DUR PATCH 24 HOUR 0.3 MG/HR TRANSDERMAL	3	
NITRO-DUR PATCH 24 HOUR 0.4 MG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
NITRO-DUR PATCH 24 HOUR 0.6 MG/HR TRANSDERMAL	Non-Formulary	Formulary Exclusion
NITRO-DUR PATCH 24 HOUR 0.8 MG/HR TRANSDERMAL	3	
<i>nitroglycerin in d5w</i>	Non-Formulary	Medical Only Exclusion
<i>nitroglycerin intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>nitroglycerin sublingual</i>	1	

Drug Name	Tier	Notes
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin translingual</i>	1	
NITROSTAT	Non-Formulary	Formulary Exclusion
ANTIANKXIETY AGENTS		
*Antianxiety Agents - Misc.***		
BUCAPSOL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>buspirone hcl oral</i>	1	
<i>droperidol injection</i>	Non-Formulary	Medical Only Exclusion
<i>droperidol intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>hydroxyzine hcl intramuscular</i>	Non-Formulary	Medical Only Exclusion
<i>hydroxyzine hcl oral</i>	1	
<i>hydroxyzine pamoate capsule 25 mg oral</i>	1	
<i>hydroxyzine pamoate capsule 50 mg oral</i>	1	
<i>meprobamate</i>	Non-Formulary	Formulary Exclusion
*Benzodiazepines***		
<i>alprazolam er</i>	1	
ALPRAZOLAM INTENSOL	3	
<i>alprazolam oral</i>	1	
<i>alprazolam xr</i>	1	
ATIVAN INJECTION	Non-Formulary	Medical Only Exclusion
ATIVAN ORAL	Non-Formulary	Formulary Exclusion
<i>chlordiazepoxide hcl</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>diazepam injection</i>	Non-Formulary	Medical Only Exclusion
DIAZEPAM INTENSOL	1	
<i>diazepam oral</i>	1	
<i>lorazepam concentrate 2 mg/ml oral</i>	1	
<i>lorazepam injection</i>	Non-Formulary	Medical Only Exclusion
LORAZEPAM INTENSOL	1	
<i>lorazepam oral tablet</i>	1	
LOREEV XR	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>oxazepam</i>	1	
VALIUM	Non-Formulary	Formulary Exclusion
XANAX TABLET 0.5 MG ORAL	Non-Formulary	Formulary Exclusion
XANAX TABLET 1 MG ORAL	Non-Formulary	Formulary Exclusion
XANAX XR	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
ANTIARRHYTHMICS		
*Antiarrhythmics - Misc.***		
<i>adenosine intravenous</i>	Non-Formulary	Medical Only Exclusion
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate</i>	1	
NORPACE	3	
NORPACE CR	3	
<i>procainamide hcl injection</i>	Non-Formulary	Medical Only Exclusion
<i>quinidine gluconate er</i>	1	
*Antiarrhythmics Type I-B***		
<i>lidocaine hcl (cardiac)</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>lidocaine hcl (cardiac) pf</i>	Non-Formulary	Medical Only Exclusion
<i>lidocaine in d5w solution 2-5 mg/ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>lidocaine in d5w solution 4-5 mg/ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>lidocaine in d5w solution 8-5 mg/ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>mexiletine hcl oral</i>	1	
*Antiarrhythmics Type I-C***		
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
*Antiarrhythmics Type Iii***		
<i>amiodarone hcl in dextrose</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>amiodarone hcl intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>amiodarone hcl tablet 100 mg oral</i>	1	
<i>amiodarone hcl tablet 200 mg oral</i>	1	
<i>amiodarone hcl tablet 400 mg oral</i>	Non-Formulary	Formulary Exclusion
CORVERT	Non-Formulary	Medical Only Exclusion
<i>dofetilide</i>	1	
<i>ibutilide fumarate</i>	Non-Formulary	Medical Only Exclusion
MULTAQ	2	
NEXTERONE	Non-Formulary	Medical Only Exclusion
PACERONE	1	
TIKOSYN	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
<i>*5-Lipoxygenase Inhibitors***</i>		
<i>zileuton er</i>	1	Non Essential Drug Exclusion
<i>*Adrenergic Combinations***</i>		
ADVAIR DISKUS	Non-Formulary	Formulary Exclusion; QL
ADVAIR HFA	2	QL
AIRSUPRA	2	QL
ANORO ELLIPTA	2	QL
BEVESPI AEROSPHERE	Non-Formulary	Formulary Exclusion; QL
BREO ELLIPTA	2	QL
BREYNA	1	QL
BREZTRI AEROSPHERE	2	QL
<i>budesonide-formoterol fumarate</i>	1	QL
COMBIVENT RESPIMAT	2	QL
DUAKLIR PRESSAIR	Non-Formulary	Formulary Exclusion; QL
DULERA	2	QL
<i>fluticasone furoate-vilanterol</i>	Non-Formulary	Formulary Exclusion; QL
<i>fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation</i>	1	QL
<i>fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation</i>	1	QL
<i>fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation</i>	1	QL
<i>fluticasone-salmeterol inhalation aerosol</i>	Non-Formulary	Formulary Exclusion; QL
<i>ipratropium-albuterol</i>	1	
STIOLTO RESPIMAT	2	QL
SYMBICORT	Non-Formulary	Formulary Exclusion; QL
TRELEGY ELLIPTA	2	QL
<i>umeclidinium-vilanterol</i>	Non-Formulary	PA messaging (Rebateable Exclusion); QL
WIXELA INHUB	1	QL
<i>*Anti-Ige Monoclonal Antibodies***</i>		
XOLAIR	2	PA; Specialty
<i>*Anti-Inflammatory Agents***</i>		
<i>cromolyn sodium inhalation</i>	1	
<i>*Beta Adrenergics***</i>		
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	1	QL

Drug Name	Tier	Notes
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Non-Formulary	Formulary Exclusion; QL
<i>albuterol sulfate nebulization solution (2.5 mg/3ml) 0.083% inhalation</i>	1	
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	1	
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	3	
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	Non-Formulary	Non FDA Exclusion
<i>albuterol sulfate nebulization solution 0.63 mg/3ml inhalation</i>	1	
<i>albuterol sulfate nebulization solution 1.25 mg/3ml inhalation</i>	1	
<i>albuterol sulfate oral tablet</i>	1	
<i>albuterol sulfate syrup 2 mg/5ml oral</i>	1	
<i>arformoterol tartrate</i>	1	
<i>formoterol fumarate inhalation</i>	Non-Formulary	Formulary Exclusion
<i>isoproterenol hcl injection</i>	Non-Formulary	Medical Only Exclusion
<i>levalbuterol hcl inhalation</i>	1	
<i>levalbuterol tartrate</i>	Non-Formulary	Formulary Exclusion; QL
PERFOROMIST	Non-Formulary	Formulary Exclusion
PROAIR RESPICLICK	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
SEREVENT DISKUS	2	QL
STRIVERDI RESPIMAT	2	QL
<i>terbutaline sulfate injection</i>	Non-Formulary	Medical Only Exclusion
<i>terbutaline sulfate oral</i>	1	
VENTOLIN HFA	Non-Formulary	Formulary Exclusion; QL
XOPENEX HFA	Non-Formulary	Formulary Exclusion; QL
*Bronchodilators - Anticholinergics***		
ATROVENT HFA	3	QL
INCRUSE ELLIPTA	2	QL
<i>ipratropium bromide inhalation</i>	1	
SPIRIVA HANDIHALER CAPSULE 18 MCG INHALATION	3	QL
SPIRIVA HANDIHALER CAPSULE 18 MCG INHALATION	Non-Formulary	Formulary Exclusion; QL
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25 MCG/ACT INHALATION	2	QL

Drug Name	Tier	Notes
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	3	QL
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	QL
<i>tiotropium bromide</i>	1	QL
TUDORZA PRESSAIR	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF SPIRIVA RESPIMAT AND INCRUSE ELLIPTA IN THE PAST 120 DAYS); QL
YUPELRI	3	QL
<i>*Interleukin-5 Antagonists (Igg1 Kappa)***</i>		
<i>exdensur</i>	Non-Formulary	Medical Only Exclusion
FASENRA	2	PA; Specialty
FASENRA PEN	2	PA; Specialty
NUCALA	2	PA; Specialty
<i>*Interleukin-5 Antagonists (Igg4 Kappa)***</i>		
CINQAIR	Non-Formulary	PA; Medical Only Exclusion; Specialty
<i>*Leukotriene Receptor Antagonists***</i>		
ACCOLATE	Non-Formulary	Formulary Exclusion
<i>montelukast sodium oral</i>	1	
SINGULAIR	Non-Formulary	Formulary Exclusion
<i>zafirlukast</i>	1	
<i>*Phosphodiesterase 3 & 4 (Pde3 & Pde4) Inhibitors***</i>		
OHTUVAYRE	3	PA; Specialty
<i>*Selective Phosphodiesterase 4 (Pde4) Inhibitors***</i>		
DALIRESP	Non-Formulary	Formulary Exclusion
<i>roflumilast</i>	1	
<i>*Steroid Inhalants***</i>		
ALVESCO	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF 2 OF THE FOLLOWING REQUIRED: ASMANEX, QVAR, ARNUITY ELLIPTA WITHIN THE PAST 365 DAYS); QL
ARNUITY ELLIPTA	2	QL

Drug Name	Tier	Notes
ASMANEX (120 METERED DOSES)	2	QL
ASMANEX (30 METERED DOSES)	2	QL
ASMANEX (60 METERED DOSES)	2	QL
ASMANEX HFA	2	QL
<i>budesonide inhalation</i>	1	QL
<i>fluticasone furoate ellipta</i>	Non-Formulary	Formulary Exclusion; QL
<i>fluticasone propionate diskus</i>	2	QL
<i>fluticasone propionate hfa</i>	2	QL
PULMICORT	Non-Formulary	Formulary Exclusion; QL
PULMICORT FLEXHALER	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF 2 OF THE FOLLOWING REQUIRED: ASMANEX, QVAR, ARNUITY ELLIPTA WITHIN THE PAST 365 DAYS); QL
QVAR REDIHALER	2	QL
*Thymic Stromal Lymphopoietin (Tslp) Antagonists***		
TEZSPIRE	2	PA; Specialty; QL
*Xanthines***		
<i>aminophylline</i>	Non-Formulary	Medical Only Exclusion
ELIXOPHYLLIN	1	
THEO-24	3	
<i>theophylline er oral tablet extended release 24 hour</i>	1	
<i>theophylline er tablet extended release 12 hour 100 mg oral</i>	2	
<i>theophylline er tablet extended release 12 hour 200 mg oral</i>	2	
<i>theophylline er tablet extended release 12 hour 300 mg oral</i>	1	
<i>theophylline er tablet extended release 12 hour 450 mg oral</i>	1	
<i>theophylline oral</i>	1	
ANTICOAGULANTS		
*Anticoagulants - Misc.***		
<i>sodium citrate in vitro</i>	Non-Formulary	Non FDA Exclusion
<i>sodium citrate lock flush</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
*Coumarin Anticoagulants***		
JANTOVEN	1	
<i>warfarin sodium oral</i>	1	
*Direct Factor Xa Inhibitors***		
ELIQUIS (1.5 MG PACK)	2	
ELIQUIS (2 MG PACK)	2	
ELIQUIS DVT/PE STARTER PACK	2	
ELIQUIS ORAL CAPSULE SPRINKLE	2	QL
ELIQUIS ORAL TABLET	2	
ELIQUIS ORAL TABLET SOLUBLE	2	QL
<i>rivaroxaban oral suspension reconstituted</i>	1	QL
<i>rivaroxaban oral tablet</i>	1	
SAVAYSA	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF ELIQUIS AND XARELTO REQUIRED); QL
XARELTO ORAL SUSPENSION RECONSTITUTED	2	QL
XARELTO ORAL TABLET	2	
XARELTO STARTER PACK	2	
*Heparins And Heparinoid-Like Agents***		
BD HEPARIN POSIFLUSH	Non-Formulary	Formulary Exclusion
<i>heparin (porcine) in nacl intravenous solution prefilled syringe</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>heparin (porcine) in nacl solution 1000-0.9 ut/500ml-% intravenous</i>	1	
<i>heparin (porcine) in nacl solution 12500-0.45 ut/250ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>heparin (porcine) in nacl solution 2000-0.9 unit/l-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>heparin (porcine) in nacl solution 2500-0.9 ut/500ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>heparin (porcine) in nacl solution 25000-0.45 ut/250ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>heparin (porcine) in nacl solution 25000-0.45 ut/500ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>heparin (porcine) in nacl solution 30000-0.9 unit/l-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>heparin (porcine) in nacl solution 4000-0.9 unit/l-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
<i>heparin (porcine) in nacl solution 500-0.9 ut/500ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>heparin (porcine) in nacl solution 5000-0.9 unit/l-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>heparin (porcine) in nacl solution 5000-0.9 ut/500ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>heparin na (pork) lock flsh pf solution 10 unit/ml intravenous</i>	Non-Formulary	Formulary Exclusion
<i>heparin na (pork) lock flsh pf solution 100 unit/ml intravenous</i>	Non-Formulary	Formulary Exclusion
<i>heparin sod (porcine) in d5w</i>	Non-Formulary	Medical Only Exclusion
<i>heparin sod (pork) lock flush solution 10 unit/ml intravenous</i>	1	
<i>heparin sod (pork) lock flush solution 10 unit/ml intravenous</i>	Non-Formulary	Formulary Exclusion
<i>heparin sod (pork) lock flush solution 100 unit/ml intravenous</i>	1	
<i>heparin sod (pork) lock flush solution 100 unit/ml intravenous</i>	Non-Formulary	Formulary Exclusion
<i>heparin sodium (porcine) injection solution</i>	1	
<i>heparin sodium (porcine) injection solution prefilled syringe</i>	Non-Formulary	Formulary Exclusion
<i>heparin sodium (porcine) pf solution 1000 unit/ml injection</i>	1	
<i>heparin sodium (porcine) pf solution 5000 unit/0.5ml injection</i>	1	
<i>heparin sodium (porcine) pf solution 5000 unit/ml injection</i>	3	
<i>*In Vitro/Lock Anticoagulant Combinations***</i>		
DEFENCATH	Non-Formulary	Medical Only Exclusion
<i>sodium citrate-gentamicin sulf</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>*In Vitro/Lock Anticoagulants***</i>		
<i>acd formula a</i>	Non-Formulary	Medical Only Exclusion
ACD-A NOCLOT-50	Non-Formulary	Medical Only Exclusion
<i>anticoagulant sodium citrate</i>	Non-Formulary	Medical Only Exclusion
TRICITRASOL	Non-Formulary	Medical Only Exclusion
<i>*Low Molecular Weight Heparins***</i>		
<i>enoxaparin sodium</i>	1	
ENOXILUV KIT	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
FRAGMIN	3	
LOVENOX	Non-Formulary	Formulary Exclusion
*Synthetic Heparinoid-Like Agents***		
ARIXTRA	Non-Formulary	Formulary Exclusion
<i>fondaparinux sodium</i>	1	
*Thrombin Inhibitors - Hirudin Type***		
<i>bivalirudin trifluoroacetate</i>	Non-Formulary	Medical Only Exclusion
*Thrombin Inhibitors - Selective Direct & Reversible***		
<i>argatroban</i>	Non-Formulary	Medical Only Exclusion
<i>argatroban in sodium chloride</i>	Non-Formulary	Medical Only Exclusion
<i>dabigatran etexilate mesylate</i>	1	
PRADAXA ORAL CAPSULE	Non-Formulary	Formulary Exclusion
PRADAXA ORAL PACKET	Non-Formulary	PA; Formulary Exclusion
ANTICONVULSANTS		
*Ampa Glutamate Receptor Antagonists***		
FYCOMPA	Non-Formulary	Formulary Exclusion; QL
<i>perampanel oral suspension</i>	1	
<i>perampanel oral tablet</i>	1	QL
*Anticonvulsants - Benzodiazepines***		
<i>clobazam oral tablet</i>	1	QL
<i>clobazam suspension 2.5 mg/ml oral</i>	1	QL
<i>clonazepam oral</i>	1	
<i>diazepam gel 10 mg rectal</i>	1	
<i>diazepam gel 20 mg rectal</i>	1	
KLONOPIN	Non-Formulary	Formulary Exclusion
<i>midazolam intramuscular</i>	3	QL
NAYZILAM	1	PA; QL
ONFI	Non-Formulary	Formulary Exclusion; QL
SYMPAZAN	3	Non Essential Drug Exclusion
VALTOCO 10 MG DOSE	1	PA; QL
VALTOCO 15 MG DOSE	1	PA; QL
VALTOCO 20 MG DOSE	1	PA; QL
VALTOCO 5 MG DOSE	1	PA; QL
*Anticonvulsants - Misc.***		
APTIOM	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
BANZEL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF TWO OF THE FOLLOWING: EPIDIOLEX, FELBAMATE, CLOBAZAM, TOPIRAMATE, LAMOTRIGINE OR CLONAZEPAM IN PAST 365 DAYS); QL
<i>brivaracetam intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>brivaracetam oral</i>	1	QL
BRIVIACT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BRIVIACT ORAL	2	QL
<i>carbamazepine er</i>	1	
<i>carbamazepine oral suspension</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine tablet chewable 100 mg oral</i>	1	
<i>carbamazepine tablet chewable 200 mg oral</i>	3	
CARBATROL	3	
DIACOMIT	3	PA; Specialty
ELEPSIA XR	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
EPIDIOLEX	2	ST; Specialty; Step Therapy Requirements (TRIAL OF OR CONTRAINDICATION TO 2 OF THE FOLLOWING GENERIC ANTICONVULSANTS: CLOBAZAM, VALPROIC ACID DERIVATIVES, LAMOTRIGINE, LEVETIRACETAM, AND TOPIRAMATE IN THE PAST 365 DAYS)
EPRONTIA	Non-Formulary	PA; Formulary Exclusion
<i>eslicarbazepine acetate</i>	1	QL
FANATREX FUSEPAQ	Non-Formulary	Non FDA Exclusion
FINTEPLA	3	PA; Specialty
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution</i>	1	
<i>gabapentin tablet 25 mg oral</i>	Non-Formulary	Non FDA Exclusion
<i>gabapentin tablet 50 mg oral</i>	Non-Formulary	Non FDA Exclusion
<i>gabapentin tablet 600 mg oral</i>	1	
<i>gabapentin tablet 800 mg oral</i>	1	

Drug Name	Tier	Notes
GABARONE TABLET 100 MG ORAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
GABARONE TABLET 400 MG ORAL	Non-Formulary	Formulary Exclusion; QL
KEPPRA INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KEPPRA ORAL	Non-Formulary	Formulary Exclusion
KEPPRA XR	Non-Formulary	Formulary Exclusion
<i>lacosamide intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>lacosamide oral</i>	1	
LAMICTAL	Non-Formulary	Formulary Exclusion
LAMICTAL ODT	Non-Formulary	Formulary Exclusion
LAMICTAL STARTER	Non-Formulary	Formulary Exclusion
LAMICTAL XR ORAL KIT	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Non-Formulary	Formulary Exclusion
<i>lamotrigine er</i>	1	
<i>lamotrigine kit 21 x 25 mg & 7 x 50 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>lamotrigine kit 25 & 50 & 100 mg oral</i>	1	
<i>lamotrigine kit 42 x 50 mg & 14x100 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet chewable</i>	1	
<i>lamotrigine oral tablet dispersible</i>	Non-Formulary	Formulary Exclusion
<i>lamotrigine starter kit-blue</i>	1	
<i>lamotrigine starter kit-green</i>	1	
<i>lamotrigine starter kit-orange</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam in nacl</i>	Non-Formulary	Medical Only Exclusion
<i>levetiracetam intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet disintegrating soluble</i>	3	Non Essential Drug Exclusion
LYRICA	Non-Formulary	Formulary Exclusion
MOTPOLY XR	Non-Formulary	PA; Formulary Exclusion
MYSOLINE	3	
NEURONTIN	Non-Formulary	Formulary Exclusion
<i>oxcarbazepine</i>	1	

Drug Name	Tier	Notes
<i>oxcarbazepine er</i>	1	ST; Step Therapy Requirements (TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS); QL
OXTELLAR XR	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS); QL
<i>pregabalin oral</i>	1	
<i>primidone tablet 125 mg oral</i>	3	
<i>primidone tablet 250 mg oral</i>	1	
<i>primidone tablet 50 mg oral</i>	1	
ROWEEPRA	1	
<i>rufinamide oral tablet</i>	1	ST; Step Therapy Requirements (TRIAL OF TWO OF THE FOLLOWING: EPIDIOLEX, FELBAMATE, CLOBAZAM, TOPIRAMATE, LAMOTRIGINE OR CLONAZEPAM IN PAST 365 DAYS); QL
<i>rufinamide suspension 40 mg/ml oral</i>	1	ST; Step Therapy Requirements (TRIAL OF TWO OF THE FOLLOWING: EPIDIOLEX, FELBAMATE, CLOBAZAM, TOPIRAMATE, LAMOTRIGINE OR CLONAZEPAM IN PAST 365 DAYS); QL
SPRITAM	3	Non Essential Drug Exclusion
SUBVENITE ORAL SUSPENSION	3	PA; Specialty
SUBVENITE ORAL TABLET	1	
SUBVENITE STARTER KIT-BLUE	1	
SUBVENITE STARTER KIT-GREEN	1	

Drug Name	Tier	Notes
SUBVENITE STARTER KIT-ORANGE	1	
TEGRETOL	3	
TEGRETOL-XR	3	
TOPAMAX	Non-Formulary	Formulary Exclusion
TOPAMAX SPRINKLE	Non-Formulary	Formulary Exclusion
<i>topiramate er oral capsule er 24 hour sprinkle</i>	1	ST; Step Therapy Requirements (TRIAL OF TOPIRAMATE IR IN THE PAST 120 DAYS); QL
<i>topiramate er oral capsule extended release 24 hour</i>	1	QL
<i>topiramate oral capsule sprinkle</i>	1	
<i>topiramate oral solution</i>	1	PA
<i>topiramate oral tablet</i>	1	
TRILEPTAL	Non-Formulary	Formulary Exclusion
TROKENDI XR	Non-Formulary	Formulary Exclusion; QL
VIMPAT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
VIMPAT ORAL	Non-Formulary	Formulary Exclusion
ZONEGRAN	Non-Formulary	Formulary Exclusion
ZONISADE	3	PA
<i>zonisamide oral</i>	1	
ZTALMY	3	PA; Specialty
*Carbamates***		
<i>felbamate</i>	1	
FELBATOL	Non-Formulary	Formulary Exclusion
XCOPRI	2	QL
XCOPRI (250 MG DAILY DOSE)	2	QL
XCOPRI (350 MG DAILY DOSE)	2	QL
*Gaba Modulators***		
SABRIL	Non-Formulary	PA; Specialty; Formulary Exclusion
<i>tiagabine hcl</i>	1	ST; Step Therapy Requirements (TRIAL OF 2 OF THE FOLLOWING: CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 365 DAYS); QL

Drug Name	Tier	Notes
<i>vigabatrin</i>	1	PA; Specialty
VIGADRONE	1	PA; Specialty
VIGAFYDE	3	PA; Specialty
*Hydantoins***		
CEREBYX	Non-Formulary	Medical Only Exclusion
DILANTIN CAPSULE 100 MG ORAL	3	
DILANTIN CAPSULE 30 MG ORAL	2	
DILANTIN INFATABS	3	
DILANTIN-125	3	
<i>fosphenytoin sodium</i>	Non-Formulary	Medical Only Exclusion
PHENYTEK	1	
PHENYTOIN INFATABS	1	
<i>phenytoin oral tablet chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin sodium solution 50 mg/ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>phenytoin sodium solution 50 mg/ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>phenytoin suspension 125 mg/5ml oral</i>	1	
*Succinimides***		
CELONTIN	3	
<i>ethosuximide oral</i>	1	
<i>methsuximide</i>	1	
ZARONTIN	3	
*Valproic Acid***		
DEPAKOTE	Non-Formulary	Formulary Exclusion
DEPAKOTE ER	Non-Formulary	Formulary Exclusion
DEPAKOTE SPRINKLES	Non-Formulary	Formulary Exclusion
<i>divalproex sodium er</i>	1	
<i>divalproex sodium oral</i>	1	
<i>valproate sodium intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>valproic acid oral capsule</i>	1	
<i>valproic acid solution 250 mg/5ml oral</i>	1	
ANTIDEPRESSANTS		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine oral</i>	1	
REMERON	Non-Formulary	Formulary Exclusion
REMERON SOLTAB	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
*Antidepressant - Miscellaneous Combinations***		
AUVELITY	3	ST; Step Therapy Requirements (PAROXET, FLUOX,DULOX,ES/CITALOPRAM, SERTRALINE,MIRTAZ, BUPROPION, VENLAFAX IR/ER,FLUVOXAMINE,DESVE NLAFOXINE IN 120 DAYS)
*Antidepressants - Misc.***		
APLENZIN	Non-Formulary	ST; Non Essential Drug Exclusion; Formulary Exclusion; Step Therapy Requirements (TRIAL OF GENERIC WELLBUTRIN AND 2 ADDITIONAL GENERIC ANTIDEPRESSANTS IN THE PAST 365 DAYS)
<i>bupropion hcl er (sr)</i>	1	
<i>bupropion hcl er (xl) tablet extended release 24 hour 150 mg oral</i>	1	
<i>bupropion hcl er (xl) tablet extended release 24 hour 300 mg oral</i>	1	
<i>bupropion hcl er (xl) tablet extended release 24 hour 450 mg oral</i>	3	ST; Step Therapy Requirements (TRIAL OF BUPROPION HCL ER (XL), BUPROPION HCL, OR BUPROPION HCL ER (SR) IN THE PAST 120 DAYS); QL
<i>bupropion hcl oral</i>	1	
WELLBUTRIN SR	Non-Formulary	Formulary Exclusion
WELLBUTRIN XL	Non-Formulary	Formulary Exclusion
*Gaba Receptor Modulator - Neuroactive Steroid***		
ZURZUVAE	2	PA; Specialty; QL with criteria
*Monoamine Oxidase Inhibitors (Maois)***		
EMSAM	3	
MARPLAN	3	
NARDIL	3	
PARNATE	Non-Formulary	Formulary Exclusion
<i>tranylcypromine sulfate</i>	1	

Drug Name	Tier	Notes
<i>*N-Methyl-D-Aspartic Acid (Nmda) Receptor Antagonists***</i>		
SPRAVATO (56 MG DOSE)	2	PA; Specialty
SPRAVATO (84 MG DOSE)	2	PA; Specialty
<i>*Selective Serotonin Reuptake Inhibitors (Ssris)***</i>		
CELEXA	Non-Formulary	Formulary Exclusion
<i>citalopram hydrobromide oral capsule</i>	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF CITALOPRAM TABLET OR SOLUTION IN PAST 120 DAYS)
<i>citalopram hydrobromide oral tablet</i>	1	
<i>citalopram hydrobromide solution 10 mg/5ml oral</i>	1	
<i>escitalopram oxalate oral capsule</i>	Non-Formulary	ST; Step Therapy Requirements (SWITCH TO STEP ONE: Generic antidepressant agent); PA messaging (Rebateable Exclusion)
<i>escitalopram oxalate oral solution</i>	1	
<i>escitalopram oxalate oral tablet</i>	1	
<i>fluoxetine hcl oral capsule</i>	1	
<i>fluoxetine hcl oral solution</i>	1	
<i>fluoxetine hcl oral tablet</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i>	1	
LEXAPRO TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
LEXAPRO TABLET 20 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: Generic antidepressant agent)
LEXAPRO TABLET 5 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: Generic antidepressant agent)
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er</i>	1	
PAXIL	Non-Formulary	Formulary Exclusion
PAXIL CR	Non-Formulary	Formulary Exclusion
<i>sertraline hcl oral capsule</i>	Non-Formulary	Formulary Exclusion
<i>sertraline hcl oral concentrate</i>	1	
<i>sertraline hcl oral tablet</i>	1	

Drug Name	Tier	Notes
ZOLOFT ORAL CONCENTRATE	Non-Formulary	Formulary Exclusion
ZOLOFT TABLET 100 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: Generic antidepressant agent)
ZOLOFT TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion
ZOLOFT TABLET 25 MG ORAL	Non-Formulary	Formulary Exclusion
ZOLOFT TABLET 50 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: Generic antidepressant agent)
ZOLOFT TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
*Serotonin Modulators***		
EXXUA	Non-Formulary	PA; Formulary Exclusion; QL
EXXUA TITRATION PACK	Non-Formulary	PA; Formulary Exclusion; QL
<i>nefazodone hcl tablet 250 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>nefazodone hcl tablet 50 mg oral</i>	Non-Formulary	Formulary Exclusion
RALDESY	3	PA
<i>trazodone hcl oral</i>	1	
TRINTELLIX	2	
VIIBRYD	Non-Formulary	Formulary Exclusion
<i>vilazodone hcl</i>	1	
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***		
<i>desvenlafaxine er tablet extended release 24 hour 100 mg oral</i>	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: Generic antidepressant agent)
<i>desvenlafaxine succinate er</i>	1	
DRIZALMA SPRINKLE	3	ST; Step Therapy Requirements (TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS); QL
<i>duloxetine hcl capsule delayed release particles 20 mg oral</i>	1	
<i>duloxetine hcl capsule delayed release particles 30 mg oral</i>	1	
<i>duloxetine hcl capsule delayed release particles 40 mg oral</i>	1	ST; Step Therapy Requirements (TRIAL OF GENERIC DULOXETINE 20 MG CAPS IN THE PAST 120 DAYS); QL
<i>duloxetine hcl capsule delayed release particles 60 mg oral</i>	1	

Drug Name	Tier	Notes
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: Generic antidepressant agent)
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL	Non-Formulary	Formulary Exclusion
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL	Non-Formulary	Formulary Exclusion
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 75 MG ORAL	Non-Formulary	Formulary Exclusion
FETZIMA	2	
FETZIMA TITRATION	2	
PRISTIQ	Non-Formulary	Formulary Exclusion
<i>venlafaxine besylate er</i>	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: Generic antidepressant agent); QL
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er</i>	1	
*Tricyclic Agents***		
<i>amitriptyline hcl oral</i>	1	
<i>amoxapine</i>	1	
ANAFRANIL	Non-Formulary	Formulary Exclusion
<i>clomipramine hcl oral</i>	1	
<i>desipramine hcl oral</i>	1	
<i>doxepin hcl oral capsule</i>	1	
<i>doxepin hcl oral concentrate</i>	1	
<i>imipramine hcl oral</i>	1	
<i>imipramine pamoate</i>	1	
NORPRAMIN	Non-Formulary	Formulary Exclusion
<i>nortriptyline hcl oral</i>	1	
PAMELOR	Non-Formulary	Formulary Exclusion
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate oral</i>	1	
ANTIDIABETICS		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose oral</i>	1	QL
*Antidiabetic - Allogeneic Cellular Therapy***		
LANTIDRA	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
*Antidiabetic-Anti-Cd3 Antibodies***		
TZIELD	Non-Formulary	Medical Only Exclusion
*Biguanides***		
<i>metformin hcl er</i>	1	
<i>metformin hcl er (mod) tablet extended release 24 hour 1000 mg oral</i>	1	QL
<i>metformin hcl er (mod) tablet extended release 24 hour 500 mg oral</i>	1	Non Essential Drug Exclusion; QL
<i>metformin hcl er (osm)</i>	1	Non Essential Drug Exclusion; QL
<i>metformin hcl oral solution</i>	1	QL
<i>metformin hcl tablet 1000 mg oral</i>	1	
<i>metformin hcl tablet 500 mg oral</i>	1	
<i>metformin hcl tablet 625 mg oral</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>metformin hcl tablet 750 mg oral</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
<i>metformin hcl tablet 850 mg oral</i>	1	
RIOMET	Non-Formulary	Formulary Exclusion; QL
*Diabetic Other***		
BAQSIMI ONE PACK	2	QL with criteria
BAQSIMI TWO PACK	2	QL with criteria
<i>diazoxide oral</i>	1	
<i>glucagon emergency solution reconstituted 1 mg injection</i>	1	ST; Step Therapy Requirements (TRIAL OF BAQSIMI OR GVOKE IN THE PAST 120 DAYS); QL
<i>glucagon emergency solution reconstituted 1 mg/ml injection</i>	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF BAQSIMI OR GVOKE IN THE PAST 120 DAYS); QL with criteria
GVOKE HYPOPEN 1-PACK	2	QL with criteria
GVOKE HYPOPEN 2-PACK	2	QL with criteria
GVOKE KIT	2	QL with criteria
GVOKE PFS	2	QL with criteria
PROGLYCEM	Non-Formulary	Formulary Exclusion
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
<i>alogliptin benzoate</i>	Non-Formulary	Formulary Exclusion; QL
BRYNOVIN	Non-Formulary	PA messaging (Rebateable Exclusion); QL

Drug Name	Tier	Notes
JANUVIA	2	QL
ONGLYZA	Non-Formulary	Formulary Exclusion; QL
<i>saxagliptin hcl</i>	Non-Formulary	Formulary Exclusion; QL
<i>sitagliptin</i>	Non-Formulary	Formulary Exclusion
TRADJENTA	Non-Formulary	Formulary Exclusion; QL
ZITUVIO	Non-Formulary	Formulary Exclusion
<i>*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***</i>		
<i>alogliptin-metformin hcl</i>	Non-Formulary	Formulary Exclusion; QL
JANUMET	2	QL
JANUMET XR	2	QL
JENTADUETO	Non-Formulary	Formulary Exclusion; QL
JENTADUETO XR	Non-Formulary	Formulary Exclusion; QL
<i>saxagliptin-metformin er</i>	Non-Formulary	Formulary Exclusion; QL
<i>sitaglipt base-metform hcl er</i>	Non-Formulary	PA messaging (Rebateable Exclusion); QL
<i>sitagliptin base-metformin hcl</i>	Non-Formulary	PA messaging (Rebateable Exclusion); QL
ZITUVIMET	Non-Formulary	PA messaging (Rebateable Exclusion); QL
ZITUVIMET XR	Non-Formulary	PA messaging (Rebateable Exclusion); QL
<i>*Dopamine Receptor Agonists - Ergot Derivatives***</i>		
CYCLOSET	3	Step Therapy Requirements (TRIAL OF METFORMIN, METFORMIN ER, GLYBURIDE/METFORMIN, OR GLIPIZIDE/METFORMIN IN THE PAST 120 DAYS); QL
<i>*Dpp-4 Inhibitor-Thiazolidinedione Combinations***</i>		
<i>alogliptin-pioglitazone</i>	Non-Formulary	Formulary Exclusion; QL
<i>*Human Insulin***</i>		
ADMELOG	Non-Formulary	Formulary Exclusion; QL
ADMELOG SOLOSTAR	Non-Formulary	Formulary Exclusion; QL
AFREZZA	3	PA
APIDRA	Non-Formulary	Formulary Exclusion
APIDRA SOLOSTAR	Non-Formulary	Formulary Exclusion
BASAGLAR KWIKPEN	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
BASAGLAR TEMPO PEN	Non-Formulary	PA messaging (Rebateable Exclusion); QL
FIASP	2	QL
FIASP FLEXTOUCH	2	QL
FIASP PENFILL	2	QL
FIASP PUMPCART	2	QL
HUMALOG INJECTION	Non-Formulary	Formulary Exclusion; QL
HUMALOG JUNIOR KWIKPEN	Non-Formulary	Formulary Exclusion; QL
HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion; QL
HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 75/25	2	QL
HUMALOG MIX 75/25 KWIKPEN	Non-Formulary	Formulary Exclusion; QL
HUMALOG SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	2	QL
HUMALOG SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	Non-Formulary	Formulary Exclusion; QL
HUMALOG TEMPO PEN	Non-Formulary	PA messaging (Rebateable Exclusion); QL
HUMULIN 70/30	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN N	2	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN R	2	QL
HUMULIN R U-500 KWIKPEN	2	
<i>insulin glargine max solostar</i>	Non-Formulary	Formulary Exclusion
<i>insulin glargine solostar</i>	Non-Formulary	Formulary Exclusion
<i>insulin glargine-yfgn</i>	2	QL
<i>insulin lispro</i>	2	QL
<i>insulin lispro (1 unit dial)</i>	2	QL
<i>insulin lispro junior kwikpen</i>	2	QL
<i>insulin lispro prot & lispro</i>	2	QL
KIRSTY	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF FIASP, LYUMJEV, NOVOLOG, INSULIN LISPRO OR HUMALOG U-200 IN THE PAST 120 DAYS); QL
LANTUS	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
LANTUS SOLOSTAR	Non-Formulary	Formulary Exclusion; QL
LYUMJEV	2	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	Non-Formulary	PA messaging (Rebateable Exclusion); QL
MERILOG	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF NOVOLOG IN THE PAST 120 DAYS)
MERILOG SOLOSTAR	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF NOVOLOG IN THE PAST 120 DAYS)
MYXREDLIN	Non-Formulary	Medical Only Exclusion
NOVOLIN 70/30	2	QL
NOVOLIN 70/30 FLEXPEN	2	QL
NOVOLIN 70/30 FLEXPEN RELION	2	QL
NOVOLIN 70/30 RELION	2	QL
NOVOLIN N	2	QL
NOVOLIN N FLEXPEN	2	QL
NOVOLIN N FLEXPEN RELION	2	QL
NOVOLIN N RELION	2	QL
NOVOLIN R	2	QL
NOVOLIN R FLEXPEN	2	QL
NOVOLIN R FLEXPEN RELION	2	QL
NOVOLIN R RELION	2	QL
NOVOLOG	2	QL
NOVOLOG 70/30 FLEXPEN RELION	2	QL
NOVOLOG FLEXPEN	2	QL
NOVOLOG FLEXPEN RELION	2	QL
NOVOLOG MIX 70/30	2	QL
NOVOLOG MIX 70/30 FLEXPEN	2	QL
NOVOLOG MIX 70/30 RELION	2	QL
NOVOLOG PENFILL	2	QL
NOVOLOG RELION	2	QL
REZVOGLAR KWIKPEN	Non-Formulary	Formulary Exclusion
SEMGLEE (YFGN)	Non-Formulary	Formulary Exclusion; QL
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	QL

Drug Name	Tier	Notes
TRESIBA FLEXTOUCH	2	QL
<i>*Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)***</i>		
MOUNJARO	2	PA; QL
<i>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***</i>		
<i>exenatide</i>	2	PA; QL
<i>liraglutide</i>	1	PA; QL
OZEMPIC (0.25 OR 0.5 MG/DOSE)	2	PA; QL
OZEMPIC (1 MG/DOSE)	2	PA; QL
OZEMPIC (2 MG/DOSE)	2	PA; QL
RYBELSUS	2	PA; QL
TRULICITY	2	PA; QL
VICTOZA	Non-Formulary	PA; Formulary Exclusion; QL
<i>*Insulin-Incretin Mimetic Combinations***</i>		
SOLIQUA	2	ST; Step Therapy Requirements (SWITCH TO STEP ONE: metformin, metformin/TZD, metformin/DPP4, metformin/SGLT2, metformin/meglitinide, metformin/sulfonylurea, insulin); QL
XULTOPHY	2	ST; Step Therapy Requirements (SWITCH TO STEP ONE: metformin, metformin/TZD, metformin/DPP4, metformin/SGLT2, metformin/meglitinide, metformin/sulfonylurea, insulin); QL
<i>*Meglitinide Analogues***</i>		
<i>nateglinide</i>	1	QL
<i>repaglinide</i>	1	QL
<i>*Progesterone Receptor Antagonists***</i>		
KORLYM	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
<i>mifepristone tablet 300 mg oral</i>	1	PA; Specialty; QL
<i>*SglT2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***</i>		
TRIJARDY XR	2	QL

Drug Name	Tier	Notes
*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***		
GLYXAMBI	2	QL
STEGLUJAN	Non-Formulary	Formulary Exclusion; QL
*Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors***		
<i>bexagliflozin</i>	Non-Formulary	Formulary Exclusion; QL
BRENZAVVY	Non-Formulary	Formulary Exclusion; QL
<i>dapagliflozin propanediol</i>	Non-Formulary	Formulary Exclusion; QL
FARXIGA	2	QL
INVOKANA	Non-Formulary	Formulary Exclusion; QL
JARDIANCE	2	QL
STEGLATRO	Non-Formulary	Formulary Exclusion; QL
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
<i>dapagliflozin pro-metformin er tablet extended release 24 hour 10-1000 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>dapagliflozin pro-metformin er tablet extended release 24 hour 5-1000 mg oral</i>	Non-Formulary	Formulary Exclusion; QL
INVOKAMET	Non-Formulary	Formulary Exclusion; QL
INVOKAMET XR	Non-Formulary	Formulary Exclusion; QL
SEGLUROMET	Non-Formulary	Formulary Exclusion; QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL	2	
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-500 MG ORAL	2	QL
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL	2	QL
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	2	QL
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL	2	QL
*Sulfonylurea-Biguanide Combinations***		
<i>glipizide-metformin hcl</i>	1	QL
<i>glyburide-metformin</i>	1	QL
*Sulfonylureas***		
<i>glimepiride tablet 1 mg oral</i>	1	

Drug Name	Tier	Notes
<i>glimepiride tablet 2 mg oral</i>	1	
<i>glimepiride tablet 3 mg oral</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>glimepiride tablet 4 mg oral</i>	1	
<i>glipizide er</i>	1	
<i>glipizide tablet 10 mg oral</i>	1	
<i>glipizide tablet 2.5 mg oral</i>	Non-Formulary	Formulary Exclusion; QL
<i>glipizide tablet 5 mg oral</i>	1	
GLUCOTROL XL	Non-Formulary	Formulary Exclusion
<i>glyburide</i>	1	
*Sulfonylurea-Thiazolidinedione Combinations***		
DUETACT	Non-Formulary	Formulary Exclusion; QL
<i>pioglitazone hcl-glimepiride</i>	1	QL
*Thiazolidinedione-Biguanide Combinations***		
ACTOPLUS MET	Non-Formulary	Formulary Exclusion; QL
<i>pioglitazone hcl-metformin hcl</i>	1	QL
*Thiazolidinediones***		
ACTOS	Non-Formulary	Formulary Exclusion
<i>pioglitazone hcl</i>	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
*Antidiarrheal - Chloride Channel Antagonists***		
MYTESI	3	ST; Specialty; Step Therapy Requirements (TRIAL OF ANTI-RETROVIRAL THERAPY IN THE PAST 120 DAYS); QL
*Antidiarrheal/Probiotic Agents - Misc.***		
BACILLEX	Non-Formulary	Non FDA Exclusion
<i>bilac</i>	Non-Formulary	Non FDA Exclusion
BIOCORE DAILY	Non-Formulary	Non FDA Exclusion
DERMACINRX PROBISOL	Non-Formulary	Non FDA Exclusion
DERMACINRX PROBITRAN	Non-Formulary	Non FDA Exclusion
LACTEROL	Non-Formulary	Non FDA Exclusion
<i>lactovive</i>	Non-Formulary	Non FDA Exclusion
PAXOTIN	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
PROBINATE	Non-Formulary	Non FDA Exclusion
<i>probiomax</i>	Non-Formulary	Non FDA Exclusion
<i>promella in prebiotic</i>	Non-Formulary	Non FDA Exclusion
<i>relibiotic</i>	Non-Formulary	Non FDA Exclusion
<i>surebiotic probiotic support</i>	Non-Formulary	Non FDA Exclusion
<i>valyra</i>	Non-Formulary	Non FDA Exclusion
VISBIOME GI CARE EX ST	Non-Formulary	Non FDA Exclusion
<i>wellpro 31</i>	Non-Formulary	Non FDA Exclusion
<i>xybiotic</i>	Non-Formulary	Non FDA Exclusion
<i>zelac</i>	Non-Formulary	Non FDA Exclusion
*Antidiarrheal/Probiotic Combinations***		
<i>probichew</i>	Non-Formulary	Non FDA Exclusion
RESTORA RX	Non-Formulary	Non FDA Exclusion
*Antiperistaltic Agents***		
<i>diphenoxylate-atropine oral liquid</i>	3	
<i>diphenoxylate-atropine oral tablet</i>	1	
LOMOTIL	Non-Formulary	Formulary Exclusion
<i>loperamide hcl oral capsule</i>	1	
MOTOFEN	3	Non Essential Drug Exclusion
<i>opium</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
*Antidote Combinations***		
NITHIODOTE	Non-Formulary	Medical Only Exclusion
PREVDUO	Non-Formulary	Medical Only Exclusion
*Antidotes - Chelating Agents***		
CHEMET	2	
<i>deferasirox</i>	1	PA; Specialty
<i>deferasirox granules</i>	1	PA; Specialty
<i>deferiprone</i>	1	PA; Specialty
<i>dimercaptopropane-sulfonate</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
EXJADE	Non-Formulary	PA; Specialty; Formulary Exclusion
FERRIPROX ORAL SOLUTION	3	PA; Specialty
FERRIPROX ORAL TABLET	Non-Formulary	PA; Specialty; Formulary Exclusion
FERRIPROX TWICE-A-DAY	3	PA; Specialty

Drug Name	Tier	Notes
JADENU	Non-Formulary	PA; Specialty; Formulary Exclusion
JADENU SPRINKLE	Non-Formulary	PA; Specialty; Formulary Exclusion
<i>pentetate calcium trisodium</i>	Non-Formulary	Medical Only Exclusion
<i>pentetate zinc trisodium</i>	Non-Formulary	Medical Only Exclusion
*Antidotes And Specific Antagonists***		
ACETADOTE	Non-Formulary	Medical Only Exclusion
<i>acetylcysteine intravenous</i>	Non-Formulary	Medical Only Exclusion
ANTICHOLIUM	Non-Formulary	Medical Only Exclusion
BRIDION	Non-Formulary	Medical Only Exclusion
CYANOKIT	Non-Formulary	Medical Only Exclusion
<i>deferoxamine mesylate</i>	Non-Formulary	Medical Only Exclusion
DESFERAL	Non-Formulary	Medical Only Exclusion
DIGIFAB	Non-Formulary	Medical Only Exclusion
<i>edetate calcium disodium injection</i>	Non-Formulary	Medical Only Exclusion
<i>fomepizole</i>	Non-Formulary	Medical Only Exclusion
<i>methylene blue (antidote)</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>methylene blue intravenous solution</i>	Non-Formulary	Medical Only Exclusion
<i>methylene blue intravenous solution prefilled syringe</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PRAXBIND	Non-Formulary	Medical Only Exclusion
PROTOPAM CHLORIDE	Non-Formulary	Medical Only Exclusion
PROVAYBLUE	Non-Formulary	Medical Only Exclusion
RADIOGARDASE	Non-Formulary	Medical Only Exclusion
<i>sodium nitrite intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>sodium thiosulfate intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>sugammadex sodium solution prefilled syringe 100 mg/ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>sugammadex sodium solution prefilled syringe 150 mg/3ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>sugammadex sodium solution prefilled syringe 200 mg/2ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>sugammadex sodium solution prefilled syringe 50 mg/5ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
VISTOGARD	Non-Formulary	Medical Only Exclusion
*Benzodiazepine Antagonists***		
<i>flumazenil intravenous</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
*Cholinesterase Inhibitors***		
<i>pyridostigmine bromide er oral tablet extended release 24 hour</i>	3	
*Opioid Antagonists***		
KLOXXADO	2	
<i>nalmefene hcl</i>	Non-Formulary	Formulary Exclusion
<i>naloxone hcl injection solution</i>	1	
<i>naloxone hcl injection solution cartridge</i>	3	
<i>naloxone hcl injection solution prefilled syringe</i>	1	
<i>naltrexone hcl oral</i>	1	
OPVEE	3	
REXTOVY	3	QL
VIVITROL	3	Specialty; QL
ZURNAI	3	QL
ANTIEMETICS		
*5-Ht3 Receptor Antagonists***		
ANZEMET	3	ST; Step Therapy Requirements (TRIAL OF ONDANSETRON TABLET OR ODT IN THE PAST 120 DAYS); QL
<i>granisetron hcl intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>granisetron hcl oral</i>	1	QL
<i>ondansetron hcl +rfid</i>	Non-Formulary	Medical Only Exclusion
<i>ondansetron hcl injection solution</i>	Non-Formulary	Medical Only Exclusion
<i>ondansetron hcl solution 4 mg/5ml oral</i>	1	QL
<i>ondansetron hcl tablet 4 mg oral</i>	1	
<i>ondansetron hcl tablet 8 mg oral</i>	1	
<i>ondansetron tablet dispersible 16 mg oral</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
<i>ondansetron tablet dispersible 4 mg oral</i>	1	
<i>ondansetron tablet dispersible 8 mg oral</i>	1	
<i>palonosetron hcl intravenous solution</i>	Non-Formulary	Medical Only Exclusion
POSFREA	Non-Formulary	Medical Only Exclusion
SANCUSO	3	ST; Step Therapy Requirements (TRIAL OF ONDANSETRON TABLET OR ODT IN THE PAST 120 DAYS); QL
SUSTOL	Non-Formulary	Medical Only Exclusion; Formulary Exclusion

Drug Name	Tier	Notes
*Antiemetic Combinations***		
AKYNZEO (READY-TO-USE)	Non-Formulary	Medical Only Exclusion
AKYNZEO (TO-BE-DILUTED)	Non-Formulary	Medical Only Exclusion
AKYNZEO INTRAVENOUS	Non-Formulary	Medical Only Exclusion
AKYNZEO ORAL	Non-Formulary	Formulary Exclusion; QL
BONJESTA	3	Non Essential Drug Exclusion
DICLEGIS	Non-Formulary	Formulary Exclusion
<i>doxylamine-pyridoxine</i>	1	
*Antiemetics - Anticholinergic***		
<i>dimenhydrinate solution 50 mg/ml injection</i>	3	
<i>dimenhydrinate solution 50 mg/ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>meclizine hcl tablet 12.5 mg oral (rx)</i>	1	
<i>meclizine hcl tablet 25 mg oral (rx)</i>	1	
<i>meclizine hcl tablet 50 mg oral</i>	1	Non Essential Drug Exclusion
<i>scopolamine</i>	1	
TIGAN	Non-Formulary	Medical Only Exclusion
<i>trimethobenzamide hcl oral</i>	1	
*Antiemetics - Antidopaminergic***		
BARHEMSYS	Non-Formulary	Medical Only Exclusion
*Antiemetics - Miscellaneous***		
<i>dronabinol</i>	1	QL
MARINOL	Non-Formulary	Formulary Exclusion; QL
SYNDROS	3	ST; Step Therapy Requirements (TRIAL OF GENERIC DRONABINOL (MARINOL) CAPSULES IN THE PAST 120 DAYS); QL
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
APONVIE	Non-Formulary	Medical Only Exclusion
<i>aprepitant</i>	1	QL
CINVANTI	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
EMEND BIPACK	Non-Formulary	Formulary Exclusion; QL
EMEND INTRAVENOUS	Non-Formulary	Medical Only Exclusion
EMEND ORAL	2	PA; QL
EMEND TRIPACK	Non-Formulary	Formulary Exclusion; QL
<i>focinvez</i>	Non-Formulary	Medical Only Exclusion
<i>fosaprepitant dimeglumine</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
VARUBI (180 MG DOSE)	2	QL
ANTIFUNGALS		
<i>*Antifungal - Glucan Synthesis Inhibitors (Echinocandins)***</i>		
<i>caspofungin acetate</i>	Non-Formulary	Medical Only Exclusion
ERAXIS	Non-Formulary	Medical Only Exclusion
<i>micafungin sodium</i>	Non-Formulary	Medical Only Exclusion
<i>micafungin sodium-nacl</i>	Non-Formulary	Medical Only Exclusion
REZZAYO	Non-Formulary	Medical Only Exclusion
<i>*Antifungals***</i>		
AMBISOME	Non-Formulary	Medical Only Exclusion
<i>amphotericin b intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>amphotericin b liposome</i>	Non-Formulary	Medical Only Exclusion
ANCOBON	Non-Formulary	Formulary Exclusion
<i>flucytosine oral</i>	1	
<i>griseofulvin microsize oral</i>	1	
<i>griseofulvin ultramicrosize tablet 125 mg oral</i>	1	
<i>griseofulvin ultramicrosize tablet 250 mg oral</i>	1	
<i>nystatin oral</i>	1	
<i>terbinafine hcl oral</i>	1	
<i>*Imidazoles***</i>		
<i>ketoconazole oral</i>	1	
<i>*Tetrazoles***</i>		
VIVJOA	3	PA; QL with criteria
<i>*Triazoles***</i>		
CRESEMBA INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CRESEMBA ORAL	3	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	Non-Formulary	Formulary Exclusion
<i>fluconazole in sodium chloride</i>	Non-Formulary	Medical Only Exclusion
<i>fluconazole oral</i>	1	
<i>itraconazole oral</i>	1	
NOXAFIL INTRAVENOUS	Non-Formulary	Medical Only Exclusion
NOXAFIL ORAL	2	PA
<i>posaconazole intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>posaconazole oral</i>	1	PA
SPORANOX	Non-Formulary	Formulary Exclusion
<i>tolsura</i>	3	Non Essential Drug Exclusion

Drug Name	Tier	Notes
VFEND	Non-Formulary	Formulary Exclusion
VFEND IV	Non-Formulary	Medical Only Exclusion
<i>voriconazole intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>voriconazole oral</i>	1	
ANTI-HISTAMINES		
<i>*Antihistamines - Alkylamines***</i>		
<i>brompheniramine maleate intramuscular</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
RYCLORA	3	Non Essential Drug Exclusion
<i>*Antihistamines - Ethanolamines***</i>		
<i>carbinoxamine maleate er</i>	3	ST; Step Therapy Requirements (TRIAL OF CARBINOXAMINE IR ORAL SOLUTION IN THE PAST 120 DAYS)
<i>carbinoxamine maleate oral solution</i>	3	
<i>carbinoxamine maleate tablet 4 mg oral</i>	1	
<i>carbinoxamine maleate tablet 6 mg oral</i>	1	Non Essential Drug Exclusion
<i>carbzah</i>	3	
<i>clemastine fumarate oral syrup</i>	3	Non Essential Drug Exclusion
<i>clemastine fumarate oral tablet</i>	3	
CLEMSZA	2	
DICOPANOL FUSEPAQ	Non-Formulary	Non FDA Exclusion
<i>diphenhydramine hcl injection</i>	Non-Formulary	Medical Only Exclusion
KARBINAL ER	3	ST; Step Therapy Requirements (TRIAL OF CARBINOXAMINE IR ORAL SOLUTION IN THE PAST 120 DAYS)
RYVENT	1	Non Essential Drug Exclusion
<i>*Antihistamines - Non-Sedating***</i>		
<i>cetirizine hcl oral solution</i>	1	
CLARINEX	Non-Formulary	Formulary Exclusion
<i>desloratadine oral solution</i>	3	Non Essential Drug Exclusion
<i>desloratadine oral tablet</i>	1	
<i>desloratadine oral tablet dispersible</i>	3	
<i>levocetirizine dihydrochloride oral</i>	1	
QUZYTIR	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
<i>*Antihistamines - Phenothiazines***</i>		
PHENERGAN	Non-Formulary	Medical Only Exclusion
<i>promethazine hcl injection</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>promethazine hcl oral tablet</i>	1	
<i>promethazine hcl rectal</i>	1	
<i>promethazine hcl solution 12.5 mg/10ml oral</i>	1	
<i>promethazine hcl solution 6.25 mg/5ml oral</i>	1	
<i>promethazine hcl solution 6.25 mg/5ml oral</i>	2	
PROMETHEGAN SUPPOSITORY 12.5 MG RECTAL	1	
PROMETHEGAN SUPPOSITORY 25 MG RECTAL	1	
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl oral</i>	1	
ANTIHYPERLIPIDEMICS		
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***		
NEXLIZET	2	ST; Step Therapy Requirements (TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS)
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***		
NEXLETOL	2	ST; Step Therapy Requirements (TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS)
*Angiopoietin-Like Protein 3 (Angptl3) Inhibitors***		
EVKEEZA	Non-Formulary	Medical Only Exclusion
*Antihyperlipidemics - Misc.***		
<i>icosapent ethyl</i>	1	
LOVAZA	Non-Formulary	Formulary Exclusion
<i>omega-3-acid ethyl esters</i>	Non-Formulary	Formulary Exclusion
VASCEPA	Non-Formulary	Formulary Exclusion
*Antihyperlipidemics Misc. Combinations***		
<i>sure result o3d3 system</i>	Non-Formulary	Non FDA Exclusion
*Bile Acid Sequestrants***		
<i>cholestyramine light oral packet</i>	Non-Formulary	Formulary Exclusion
<i>cholestyramine light oral powder</i>	1	
<i>cholestyramine oral packet</i>	Non-Formulary	Formulary Exclusion
<i>cholestyramine oral powder</i>	1	
<i>colesevelam hcl oral packet</i>	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
<i>colesevelam hcl oral tablet</i>	1	
COLESTID	Non-Formulary	Formulary Exclusion
<i>colestipol hcl</i>	1	
PREVALITE ORAL PACKET	Non-Formulary	Formulary Exclusion
PREVALITE ORAL POWDER	1	
QUESTRAN	Non-Formulary	Formulary Exclusion
QUESTRAN LIGHT	Non-Formulary	Formulary Exclusion
WELCHOL	Non-Formulary	Formulary Exclusion
*Fibric Acid Derivatives***		
<i>fenofibrate capsule 134 mg oral</i>	1	
<i>fenofibrate capsule 200 mg oral</i>	1	
<i>fenofibrate capsule 50 mg oral</i>	3	
<i>fenofibrate capsule 67 mg oral</i>	1	
<i>fenofibrate micronized capsule 130 mg oral</i>	1	Non Essential Drug Exclusion
<i>fenofibrate micronized capsule 134 mg oral</i>	1	
<i>fenofibrate micronized capsule 200 mg oral</i>	1	
<i>fenofibrate micronized capsule 43 mg oral</i>	1	Non Essential Drug Exclusion
<i>fenofibrate micronized capsule 67 mg oral</i>	1	
<i>fenofibrate tablet 120 mg oral</i>	1	Non Essential Drug Exclusion
<i>fenofibrate tablet 145 mg oral</i>	1	
<i>fenofibrate tablet 160 mg oral</i>	1	Non Essential Drug Exclusion
<i>fenofibrate tablet 40 mg oral</i>	1	Non Essential Drug Exclusion
<i>fenofibrate tablet 48 mg oral</i>	1	
<i>fenofibrate tablet 54 mg oral</i>	1	
<i>fenofibric acid oral capsule delayed release</i>	1	
<i>fenofibric acid oral tablet</i>	3	
<i>gemfibrozil oral</i>	1	
LIPOFEN	2	
LOPID	Non-Formulary	Formulary Exclusion
TRICOR	Non-Formulary	Formulary Exclusion
*Hmg Coa Reductase Inhibitors***		
ATORVALIQ	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: generic statin or generic statin combination)
<i>atorvastatin calcium oral</i>	1	
CRESTOR	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
EZALLOR SPRINKLE	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF GENERIC ROSUVASTATIN IN THE PAST 120 DAYS)
<i>flolipid</i>	3	PA
<i>fluvastatin sodium</i>	1	
<i>fluvastatin sodium er</i>	1	
LESCOL XL	Non-Formulary	Formulary Exclusion
LIPITOR	Non-Formulary	Formulary Exclusion
LIVALO	Non-Formulary	Formulary Exclusion
<i>lovastatin oral</i>	1	
<i>pitavastatin calcium</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium oral</i>	1	
<i>simvastatin oral</i>	1	
ZOCOR	Non-Formulary	Formulary Exclusion
ZYPITAMAG	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***</i>		
<i>ezetimibe-simvastatin</i>	1	
VYTORIN	Non-Formulary	Formulary Exclusion
<i>*Intestinal Cholesterol Absorption Inhibitors***</i>		
<i>ezetimibe</i>	1	
ZETIA	Non-Formulary	Formulary Exclusion
<i>*Microsomal Triglyceride Transfer Protein Inhibitors***</i>		
JUXTAPID	3	PA; Specialty
<i>*Nicotinic Acid Derivatives***</i>		
<i>niacin er (antihyperlipidemic)</i>	1	
NIACOR	3	
<i>*Pcsk9 Inhibitors***</i>		
PRALUENT	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF REPATHA IN THE PAST 120 DAYS); QL

Drug Name	Tier	Notes
REPATHA	2	ST; Step Therapy Requirements (SWITCH TO STEP 1: generic statin or generic statin combination); QL
REPATHA SURECLICK	2	ST; Step Therapy Requirements (SWITCH TO STEP 1: generic statin or generic statin combination); QL
*Small Interfering Rna (Sirna) Pcsk9 Inhibitors***		
LEQVIO	Non-Formulary	PA; Medical Only Exclusion; Formulary Exclusion
ANTIHYPERTENSIVES		
*Ace Inhibitor & Calcium Channel Blocker Combinations***		
<i>amlodipine besy-benazepril hcl</i>	1	
LOTREL	Non-Formulary	Formulary Exclusion
PRESTALIA	3	Non Essential Drug Exclusion
<i>trandolapril-verapamil hcl er tablet extended release 1-240 mg oral</i>	Non-Formulary	Formulary Exclusion
*Ace Inhibitors & Thiazide/Thiazide-Like***		
<i>benazepril-hydrochlorothiazide</i>	1	
<i>captopril-hydrochlorothiazide</i>	3	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril sodium-hctz</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
LOTENSIN HCT	Non-Formulary	Formulary Exclusion
<i>quinapril-hydrochlorothiazide tablet 10-12.5 mg oral</i>	1	
<i>quinapril-hydrochlorothiazide tablet 20-12.5 mg oral</i>	1	
VASERETIC	Non-Formulary	Formulary Exclusion
ZESTORETIC	Non-Formulary	Formulary Exclusion
*Ace Inhibitors***		
<i>benazepril hcl oral</i>	1	
<i>captopril oral</i>	1	
<i>enalapril maleate oral solution</i>	1	PA
<i>enalapril maleate oral tablet</i>	1	
<i>enalaprilat</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
EPANED	Non-Formulary	PA; Formulary Exclusion
<i>fosinopril sodium</i>	1	
<i>lisinopril oral</i>	1	
LOTENSIN	Non-Formulary	Formulary Exclusion
<i>moexipril hcl</i>	1	
<i>perindopril erbumine tablet 4 mg oral</i>	1	
QBRELIS	3	PA
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
VASOTEC	Non-Formulary	Formulary Exclusion
ZESTRIL	Non-Formulary	Formulary Exclusion
*Agents For Pheochromocytoma***		
<i>metyrosine</i>	1	PA; Specialty
<i>phenoxybenzamine hcl oral</i>	1	PA; Specialty
<i>phentolamine mesylate injection</i>	Non-Formulary	Medical Only Exclusion
*Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb***		
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-olmesartan</i>	1	
AZOR	Non-Formulary	Formulary Exclusion
EXFORGE	Non-Formulary	Formulary Exclusion
*Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like***		
ATACAND HCT	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN)
AVALIDE	Non-Formulary	Formulary Exclusion
BENICAR HCT TABLET 20-12.5 MG ORAL	Non-Formulary	Formulary Exclusion
BENICAR HCT TABLET 40-25 MG ORAL	Non-Formulary	Formulary Exclusion
<i>candesartan cilexetil-hctz</i>	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN)
DIOVAN HCT	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
EDARBYCLOR	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN)
HYZAAR	Non-Formulary	Formulary Exclusion
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan potassium-hctz</i>	1	
MICARDIS HCT	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN)
<i>olmesartan medoxomil-hctz</i>	1	
<i>telmisartan-hctz tablet 40-12.5 mg oral</i>	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN)
<i>telmisartan-hctz tablet 40-12.5 mg oral</i>	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN)
<i>telmisartan-hctz tablet 80-12.5 mg oral</i>	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN)
<i>telmisartan-hctz tablet 80-12.5 mg oral</i>	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN)

Drug Name	Tier	Notes
<i>telmisartan-hctz tablet 80-25 mg oral</i>	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN)
<i>telmisartan-hctz tablet 80-25 mg oral</i>	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN)
<i>valsartan-hydrochlorothiazide</i>	1	
*Angiotensin II Receptor Antagonists***		
ARB LI	3	PA
ATACAND	Non-Formulary	Formulary Exclusion
AVAPRO	Non-Formulary	Formulary Exclusion
BENICAR TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
BENICAR TABLET 5 MG ORAL	Non-Formulary	Formulary Exclusion
<i>candesartan cilexetil</i>	1	
COZAAR	Non-Formulary	Formulary Exclusion
DIOVAN	Non-Formulary	Formulary Exclusion
EDARBI	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: IRBESARTAN, LOSARTAN, VALSARTAN, OLMESARTAN, TELMISARTAN, CANDESARTAN)
<i>irbesartan</i>	1	
<i>losartan potassium oral</i>	1	
MICARDIS	Non-Formulary	Formulary Exclusion
<i>olmesartan medoxomil oral</i>	1	
<i>telmisartan</i>	1	
<i>valsartan oral tablet</i>	1	
<i>valsartan solution 4 mg/ml oral</i>	1	Non Essential Drug Exclusion
<i>valsartan solution 4 mg/ml oral</i>	2	Non Essential Drug Exclusion
*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***		
<i>amlodipine-valsartan-hctz</i>	1	
EXFORGE HCT	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
<i>olmesartan-amlodipine-hctz</i>	1	
TRIBENZOR	Non-Formulary	Formulary Exclusion
*Antiadrenergics - Centrally Acting***		
CATAPRES-TTS-1	Non-Formulary	Formulary Exclusion
CATAPRES-TTS-2	Non-Formulary	Formulary Exclusion
CATAPRES-TTS-3	Non-Formulary	Formulary Exclusion
<i>clonidine</i>	1	
<i>clonidine er</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>clonidine hcl oral</i>	1	
<i>guanfacine hcl</i>	1	
JAVADIN	3	PA; QL
<i>methyldopa tablet 250 mg oral</i>	1	
<i>methyldopa tablet 500 mg oral</i>	3	
NEXICLON XR	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
*Antiadrenergics - Peripherally Acting***		
CARDURA	Non-Formulary	Formulary Exclusion
<i>doxazosin mesylate oral</i>	1	
<i>prazosin hcl oral</i>	1	
<i>terazosin hcl</i>	1	
TEZRULY	3	PA
*Antihypertensives - Misc.***		
VECAMYL	3	PA; Specialty
*Beta Blocker & Diuretic Combinations***		
<i>atenolol-chlorthalidone</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
TENORETIC 100	Non-Formulary	Formulary Exclusion
TENORETIC 50	Non-Formulary	Formulary Exclusion
*Direct Renin Inhibitors***		
<i>aliskiren fumarate</i>	1	
TEKTURN	Non-Formulary	Formulary Exclusion
*Endothelin Receptor Antagonists***		
TRYVIO	3	PA; Specialty; QL

Drug Name	Tier	Notes
*Selective Aldosterone Receptor Antagonists (Saras)***		
<i>eplerenone</i>	1	
*Vasodilators***		
<i>hydralazine hcl injection</i>	Non-Formulary	Medical Only Exclusion
<i>hydralazine hcl oral</i>	1	
<i>minoxidil oral</i>	1	
NIPRIDE RTU	Non-Formulary	Medical Only Exclusion
<i>nitroprusside sodium</i>	Non-Formulary	Medical Only Exclusion
<i>nitroprusside sodium-nacl</i>	Non-Formulary	Medical Only Exclusion
<i>sodium nitroprusside</i>	Non-Formulary	Medical Only Exclusion
ANTI-INFECTIVE AGENTS - MISC.		
*Anti-Infective Agents - Misc.***		
FIRST-METRONIDAZOLE	3	
IMPAVIDO	2	PA; QL
LIKMEZ	3	
<i>metronidazole intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>metronidazole oral capsule</i>	1	
<i>metronidazole tablet 125 mg oral</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>metronidazole tablet 250 mg oral</i>	1	
<i>metronidazole tablet 500 mg oral</i>	1	
NEBUPENT	Non-Formulary	Formulary Exclusion
PENTAM	Non-Formulary	Medical Only Exclusion
<i>pentamidine isethionate inhalation</i>	1	
<i>pentamidine isethionate injection</i>	Non-Formulary	Medical Only Exclusion
<i>tinidazole oral</i>	1	
<i>trimethoprim tablet 100 mg oral</i>	1	
<i>trimethoprim tablet 100 mg oral</i>	Non-Formulary	Formulary Exclusion
XIFAXAN TABLET 200 MG ORAL	3	PA
XIFAXAN TABLET 550 MG ORAL	2	PA
*Anti-Infective Misc. - Combinations***		
BACTRIM	Non-Formulary	Formulary Exclusion
BACTRIM DS	Non-Formulary	Formulary Exclusion
<i>sulfamethoxazole-trimethoprim intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>sulfamethoxazole-trimethoprim oral</i>	1	
SULFATRIM PEDIATRIC	1	

Drug Name	Tier	Notes
*Antiprotozoal Agents***		
atovaquone	1	
LAMPIT	3	
MEPRON	Non-Formulary	Formulary Exclusion
nitazoxanide oral	1	
*Beta-Lactamase Inhibitor - Combinations**		
XACDURO	Non-Formulary	Medical Only Exclusion
*Carbapenem Combinations***		
imipenem-cilastatin	Non-Formulary	Medical Only Exclusion
PRIMAXIN IV	Non-Formulary	Medical Only Exclusion
RECARBRIO	Non-Formulary	Medical Only Exclusion
VABOMERE	Non-Formulary	Medical Only Exclusion
*Carbapenems***		
ertapenem sodium	Non-Formulary	Medical Only Exclusion
meropenem	Non-Formulary	Medical Only Exclusion
meropenem-sodium chloride	Non-Formulary	Medical Only Exclusion
*Chloramphenicals***		
chloramphenicol sod succinate	Non-Formulary	Medical Only Exclusion
*Cyclic Lipopeptides***		
daptomycin	Non-Formulary	Medical Only Exclusion
daptomycin-sodium chloride	Non-Formulary	Medical Only Exclusion
*Glycopeptides***		
DALVANCE	Non-Formulary	Medical Only Exclusion
FIRVANQ	3	
KIMYRSA	Non-Formulary	Medical Only Exclusion
ORBACTIV	Non-Formulary	Medical Only Exclusion
VANCOCIN	Non-Formulary	Formulary Exclusion
vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
vancomycin hcl in dextrose solution 1.5-5 gm/250ml-% intravenous	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
vancomycin hcl in dextrose solution 1.5-5 gm/250ml-% intravenous	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
vancomycin hcl in dextrose solution 1.5-5 gm/300ml-% intravenous	Non-Formulary	Medical Only Exclusion; Formulary Exclusion

Drug Name	Tier	Notes
<i>vancomycin hcl in dextrose solution 1-5 gm/200ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>vancomycin hcl in dextrose solution 500-5 mg/100ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>vancomycin hcl in dextrose solution 750-5 mg/150ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>vancomycin hcl in nacl solution 1.25-0.9 gm/250ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
<i>vancomycin hcl in nacl solution 1.25-0.9 gm/250ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>vancomycin hcl in nacl solution 1.5-0.9 gm/250ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>vancomycin hcl in nacl solution 1.5-0.9 gm/500ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>vancomycin hcl in nacl solution 1.75-0.9 gm/250ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>vancomycin hcl in nacl solution 1.75-0.9 gm/500ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>vancomycin hcl in nacl solution 1-0.9 gm/200ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>vancomycin hcl in nacl solution 1-0.9 gm/250ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
<i>vancomycin hcl in nacl solution 1-0.9 gm/250ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>vancomycin hcl in nacl solution 2-0.9 gm/500ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>vancomycin hcl in nacl solution 500-0.9 mg/100ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
<i>vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>vancomycin hcl in nacl solution 750-0.9 mg/250ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>vancomycin hcl intravenous solution</i>	Non-Formulary	Medical Only Exclusion
<i>vancomycin hcl oral</i>	1	
<i>vancomycin hcl solution reconstituted 1 gm intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>vancomycin hcl solution reconstituted 1.25 gm intravenous</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>vancomycin hcl solution reconstituted 1.5 gm intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>vancomycin hcl solution reconstituted 1.75 gm intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>vancomycin hcl solution reconstituted 10 gm intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>vancomycin hcl solution reconstituted 100 gm intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>vancomycin hcl solution reconstituted 2 gm intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>vancomycin hcl solution reconstituted 5 gm intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>vancomycin hcl solution reconstituted 500 mg intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>vancomycin hcl solution reconstituted 750 mg intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>vancomycin hcl solution reconstituted 750 mg intravenous</i>	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
VANCOMYCIN+SYRSPEND SF	Non-Formulary	Non FDA Exclusion
VIBATIV	Non-Formulary	Medical Only Exclusion
*Leprostatics***		
<i>dapsone oral</i>	1	
*Lincosamides***		
CLEOCIN ORAL CAPSULE	Non-Formulary	Formulary Exclusion
CLEOCIN PHOSPHATE	Non-Formulary	Medical Only Exclusion
<i>clindamycin hcl oral</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate in d5w</i>	Non-Formulary	Medical Only Exclusion
<i>clindamycin phosphate in nacl</i>	Non-Formulary	Medical Only Exclusion
<i>clindamycin phosphate injection</i>	Non-Formulary	Medical Only Exclusion
LINCOCIN	Non-Formulary	Medical Only Exclusion
<i>lincomycin hcl injection</i>	Non-Formulary	Medical Only Exclusion
*Monobactam Combinations***		
EMBLAVEO	Non-Formulary	Medical Only Exclusion
*Monobactams***		
AZACTAM	Non-Formulary	Medical Only Exclusion
<i>aztreonam</i>	Non-Formulary	Medical Only Exclusion
CAYSTON	3	PA; Specialty; QL
*Oxazolidinones***		
<i>linezolid in sodium chloride</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>linezolid intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>linezolid oral</i>	1	
SIVEXTRO INTRAVENOUS	Non-Formulary	Medical Only Exclusion
SIVEXTRO ORAL	3	PA; QL
ZYVOX INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZYVOX ORAL	Non-Formulary	Formulary Exclusion
*Penem Combinations**		
ORLYNVAH	3	PA; QL
*Polymyxins***		
<i>colistimethate sodium (cba)</i>	Non-Formulary	Medical Only Exclusion
COLY-MYCIN M	Non-Formulary	Medical Only Exclusion
<i>polymyxin b sulfate injection</i>	Non-Formulary	Medical Only Exclusion
*Urinary Anti-Infectives***		
BLUJEP	3	PA; QL
<i>fosfomycin tromethamine</i>	1	
HIPREX	Non-Formulary	Formulary Exclusion
MACROBID	Non-Formulary	Formulary Exclusion
MACRODANTIN	Non-Formulary	Formulary Exclusion
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate tablet 0.5 gm oral</i>	Non-Formulary	Formulary Exclusion
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<i>nitrofurantoin suspension 25 mg/5ml oral</i>	1	
<i>nitrofurantoin suspension 50 mg/5ml oral</i>	3	Non Essential Drug Exclusion
*Urinary Antiseptic-Antispasmodic &/Or Analgesics***		
<i>mb caps</i>	Non-Formulary	Non FDA Exclusion
<i>me/naphos/mb/hyo1</i>	Non-Formulary	Non FDA Exclusion
URELLE	1	
URIBEL	Non-Formulary	Non FDA Exclusion
URIMAR-T	Non-Formulary	Non FDA Exclusion
UROGESIC-BLUE	3	
<i>uro-mp</i>	1	
VILAMIT MB	Non-Formulary	Non FDA Exclusion
VILEVEV MB	Non-Formulary	Non FDA Exclusion
ANTIMALARIALS		
*Antimalarial Combinations***		
<i>atovaquone-proguanil hcl</i>	1	

Drug Name	Tier	Notes
COARTEM	3	
MALARONE	Non-Formulary	Formulary Exclusion
<i>pyrimethamine-leucovorin</i>	Non-Formulary	Non FDA Exclusion
*Antimalarials***		
ARAKODA	3	
<i>artesunate</i>	Non-Formulary	Medical Only Exclusion
<i>chloroquine phosphate oral</i>	1	
DARAPRIM	Non-Formulary	PA; Specialty; Formulary Exclusion
<i>hydroxychloroquine sulfate oral</i>	1	
KRINTAFEL	3	QL
<i>mefloquine hcl</i>	1	
PLAQUENIL	Non-Formulary	Formulary Exclusion
<i>primaquine phosphate tablet 26.3 (15 base) mg oral</i>	1	
<i>primaquine phosphate tablet 26.3 (15 base) mg oral</i>	Non-Formulary	Formulary Exclusion
<i>pyrimethamine oral</i>	1	PA; Specialty
<i>quinine sulfate</i>	1	
SOVUNA	Non-Formulary	Formulary Exclusion
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
*Antimyasthenic/Cholinergic Agents***		
BLOXIVERZ	Non-Formulary	Medical Only Exclusion
FIRDAPSE	3	PA; Specialty
MESTINON	Non-Formulary	Formulary Exclusion
<i>neostigmine methylsulfate rfid</i>	Non-Formulary	Medical Only Exclusion
<i>neostigmine methylsulfate solution 10 mg/10ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>neostigmine methylsulfate solution 3 mg/3ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>neostigmine methylsulfate solution 5 mg/10ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>neostigmine methylsulfate solution 5 mg/5ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>neostigmine methylsulfate solution prefilled syringe 2 mg/2ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>neostigmine methylsulfate solution prefilled syringe 4 mg/4ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>neostigmine methylsulfate solution prefilled syringe 5 mg/5ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>pyridostigmine bromide er oral tablet extended release</i>	1	
<i>pyridostigmine bromide oral solution</i>	1	
<i>pyridostigmine bromide tablet 30 mg oral</i>	3	
<i>pyridostigmine bromide tablet 60 mg oral</i>	1	
REGONOL	Non-Formulary	Medical Only Exclusion
ANTIMYCOBACTERIAL AGENTS		
<i>*Antimycobacterial Agents***</i>		
<i>cycloserine oral</i>	1	
<i>ethambutol hcl oral</i>	1	
<i>isoniazid injection</i>	Non-Formulary	Medical Only Exclusion
<i>isoniazid oral</i>	1	
<i>pretomanid</i>	3	QL
PRIFTIN	2	
<i>pyrazinamide oral</i>	1	
<i>rifabutin</i>	1	
RIFADIN	Non-Formulary	Medical Only Exclusion
<i>rifampin intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>rifampin oral</i>	1	
RIFAMPIN+SYRSPEND SF	Non-Formulary	Non FDA Exclusion
SIRTURO	3	PA; Specialty
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
<i>*Alkylating Agents***</i>		
BELRAPZO	Non-Formulary	Medical Only Exclusion
<i>bendamustine hcl</i>	Non-Formulary	Medical Only Exclusion
BENDEKA	Non-Formulary	Medical Only Exclusion
<i>busulfan</i>	Non-Formulary	Medical Only Exclusion
BUSULFEX	Non-Formulary	Medical Only Exclusion
<i>carboplatin</i>	Non-Formulary	Medical Only Exclusion
<i>cisplatin intravenous</i>	Non-Formulary	Medical Only Exclusion
GRAFAPEX	Non-Formulary	Medical Only Exclusion
KYXATA	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
MYLERAN	2	PA; Specialty
<i>oxaliplatin</i>	Non-Formulary	Medical Only Exclusion
TEPADINA	Non-Formulary	Medical Only Exclusion
<i>tepylute</i>	Non-Formulary	Medical Only Exclusion
<i>thiotepa injection</i>	Non-Formulary	Medical Only Exclusion
TREANDA	Non-Formulary	Medical Only Exclusion
<i>vivimusta</i>	Non-Formulary	Medical Only Exclusion
ZEPZELCA	Non-Formulary	Medical Only Exclusion
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate</i>	1	PA; Specialty
ABIRTEGA	1	PA; Specialty
YONSA	3	PA; Specialty
ZYTIGA	Non-Formulary	PA; Specialty; Formulary Exclusion
*Antiadrenals***		
LYSODREN	2	PA; Specialty
*Antiandrogens***		
<i>bicalutamide</i>	1	
CASODEX	Non-Formulary	Formulary Exclusion
ERLEADA	2	PA; Specialty
EULEXIN	3	
<i>nilutamide</i>	1	PA; Specialty
NUBEQA	2	PA; Specialty
XTANDI	2	PA; Specialty
*Antiestrogens***		
FARESTON	Non-Formulary	Specialty; Formulary Exclusion
SOLTAMOX	2	
<i>tamoxifen citrate oral</i>	1	
<i>toremifene citrate</i>	1	Specialty
*Antimetabolites***		
ALIMTA	Non-Formulary	Medical Only Exclusion
ARRANON	Non-Formulary	Medical Only Exclusion
AVGEMSI	Non-Formulary	Medical Only Exclusion
AXTLE	Non-Formulary	Medical Only Exclusion
<i>azacitidine</i>	Non-Formulary	Medical Only Exclusion
<i>capecitabine</i>	1	PA; Specialty
<i>cladribine</i>	Non-Formulary	Medical Only Exclusion
<i>clofarabine</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>cytarabine</i>	Non-Formulary	Medical Only Exclusion
<i>cytarabine (pf)</i>	Non-Formulary	Medical Only Exclusion
<i>decitabine</i>	Non-Formulary	Medical Only Exclusion
<i>floxuridine</i>	Non-Formulary	Medical Only Exclusion
<i>fludarabine phosphate</i>	Non-Formulary	Medical Only Exclusion
<i>fluorouracil intravenous</i>	Non-Formulary	Medical Only Exclusion
FOLOTYN	Non-Formulary	Medical Only Exclusion
<i>gemcitabine hcl</i>	Non-Formulary	Medical Only Exclusion
INLEXZO	Non-Formulary	Medical Only Exclusion
JYLAMVO	3	
<i>mercaptopurine oral suspension</i>	1	ST; Specialty; Step Therapy Requirements (TRIAL OF GENERIC MERCAPTOPURINE TABS IN PAST 120 DAYS)
<i>mercaptopurine oral tablet</i>	1	
<i>methotrexate intramuscular</i>	Non-Formulary	Non FDA Exclusion
<i>methotrexate intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>methotrexate sodium (pf) solution 1 gm/40ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>methotrexate sodium (pf) solution 250 mg/10ml injection</i>	1	
<i>methotrexate sodium (pf) solution 50 mg/2ml injection</i>	1	
<i>methotrexate sodium injection solution reconstituted</i>	Non-Formulary	Medical Only Exclusion
<i>methotrexate sodium oral</i>	1	
<i>methotrexate sodium solution 50 mg/2ml injection</i>	3	
<i>nelarabine</i>	Non-Formulary	Medical Only Exclusion
ONUREG	3	PA; Specialty
<i>pemetrexed</i>	Non-Formulary	Medical Only Exclusion
<i>pemetrexed disodium</i>	Non-Formulary	Medical Only Exclusion
PEMFEXY	Non-Formulary	Medical Only Exclusion
PEMRYDI RTU	Non-Formulary	Medical Only Exclusion
<i>pralatrexate</i>	Non-Formulary	Medical Only Exclusion
PURIXAN	Non-Formulary	ST; Specialty; Formulary Exclusion; Step Therapy Requirements (TRIAL OF GENERIC MERCAPTOPURINE TABS IN PAST 120 DAYS)
TABLOID	2	PA; Specialty

Drug Name	Tier	Notes
TREXALL	3	
VIDAZA	Non-Formulary	Medical Only Exclusion
XATMEP	3	
*Antineoplastic - Akt Inhibitors***		
TRUQAP	3	PA; Specialty
*Antineoplastic - Alk Inhibitors***		
ALECENSA	2	PA; Specialty
ALUNBRIG	2	PA; Specialty
LORBRENA	3	PA; Specialty
XALKORI	Non-Formulary	PA; Specialty; Formulary Exclusion
ZYKADIA	2	PA; Specialty
*Antineoplastic - Allogeneic Cellular Immunotherapy***		
OMISIRGE	Non-Formulary	Medical Only Exclusion
*Antineoplastic - Anti-Bcma Antibody-Drug Complex***		
BLENREP	Non-Formulary	Medical Only Exclusion
*Antineoplastic - Antibody Combinations***		
OPDUALAG	Non-Formulary	Medical Only Exclusion
*Antineoplastic - Anti-Ccr4 Antibodies***		
POTELIGEO	Non-Formulary	Medical Only Exclusion
*Antineoplastic - Anti-Cd19 Antibodies***		
MONJUVI	Non-Formulary	Medical Only Exclusion
*Antineoplastic - Anti-Cd19 Antibody-Drug Complex***		
ZYNLONTA	Non-Formulary	Medical Only Exclusion
*Antineoplastic - Anti-Cd20 Antibodies***		
GAZYVA	Non-Formulary	Medical Only Exclusion
RIABNI	Non-Formulary	PA; Medical Only Exclusion; Specialty
RITUXAN SOLUTION 100 MG/10ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
RITUXAN SOLUTION 500 MG/50ML INTRAVENOUS	Non-Formulary	PA; Medical Only Exclusion; Specialty

Drug Name	Tier	Notes
RUXIENCE	Non-Formulary	PA; Medical Only Exclusion; Specialty
TRUXIMA	Non-Formulary	PA; Medical Only Exclusion; Specialty
<i>*Antineoplastic - Anti-Cd22 Antibody-Drug Complex***</i>		
BESPONSA	Non-Formulary	Medical Only Exclusion
<i>*Antineoplastic - Anti-Cd30 Antibody-Drug Complex***</i>		
ADCETRIS	Non-Formulary	Medical Only Exclusion
<i>*Antineoplastic - Anti-Cd33 Antibody-Drug Complex***</i>		
MYLOTARG	Non-Formulary	Medical Only Exclusion
<i>*Antineoplastic - Anti-Cd38 Antibodies***</i>		
DARZALEX	Non-Formulary	Medical Only Exclusion
SARCLISA	Non-Formulary	Medical Only Exclusion
<i>*Antineoplastic - Anti-Cd79b Antibody-Drug Complex***</i>		
POLIVY	Non-Formulary	Medical Only Exclusion
<i>*Antineoplastic - Anti-Cldn18.2 Antibodies***</i>		
VYLOY	Non-Formulary	Medical Only Exclusion
<i>*Antineoplastic - Anti-C-Met Antibody-Drug Complex***</i>		
EMRELIS	Non-Formulary	Medical Only Exclusion
<i>*Antineoplastic - Anti-Ctla-4 Antibodies***</i>		
IMJUDO	Non-Formulary	Medical Only Exclusion
YERVOY	Non-Formulary	PA; Medical Only Exclusion; Specialty
<i>*Antineoplastic - Anti-Gd2 Antibodies***</i>		
DANYELZA	Non-Formulary	Medical Only Exclusion
UNITUXIN	Non-Formulary	Medical Only Exclusion
<i>*Antineoplastic - Anti-Her2 Agents***</i>		
HERCEPTIN	Non-Formulary	Medical Only Exclusion
HERCESSI	Non-Formulary	Medical Only Exclusion
HERNEXEOS	3	PA; Specialty; QL
HERZUMA	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
KANJINTI	Non-Formulary	Medical Only Exclusion
MARGENZA	Non-Formulary	Medical Only Exclusion
OGIVRI	Non-Formulary	Medical Only Exclusion
ONTRUZANT	Non-Formulary	Medical Only Exclusion
PERJETA	Non-Formulary	Medical Only Exclusion
TRAZIMERA	Non-Formulary	Medical Only Exclusion
TUKYSA	3	PA; Specialty
ZIIHERA	Non-Formulary	Medical Only Exclusion
<i>*Antineoplastic - Anti-Nectin-4 Antibody-Drug Complex***</i>		
PADCEV	Non-Formulary	Medical Only Exclusion
<i>*Antineoplastic - Anti-Pd-1 Antibodies***</i>		
JEMPERLI	Non-Formulary	Medical Only Exclusion
KEYTRUDA	Non-Formulary	Medical Only Exclusion
LIBTAYO	Non-Formulary	Medical Only Exclusion
LOQTORZI	Non-Formulary	Medical Only Exclusion
OPDIVO	Non-Formulary	PA; Medical Only Exclusion; Specialty
TEVIMBRA	Non-Formulary	Medical Only Exclusion
ZYNYZ	Non-Formulary	Medical Only Exclusion
<i>*Antineoplastic - Anti-Pd-L1 Antibodies***</i>		
BAVENCIO	Non-Formulary	Medical Only Exclusion
IMFINZI	Non-Formulary	Medical Only Exclusion
TECENTRIQ	Non-Formulary	Medical Only Exclusion
<i>*Antineoplastic - Anti-Slamf7 Antibodies***</i>		
EMPLICITI	Non-Formulary	Medical Only Exclusion
<i>*Antineoplastic - Anti-Tf Antibody-Drug Complex***</i>		
TIVDAK	Non-Formulary	Medical Only Exclusion
<i>*Antineoplastic - Autologous Cellular Immunotherapy***</i>		
ABECMA	Non-Formulary	Medical Only Exclusion
AMTAGVI	Non-Formulary	Medical Only Exclusion
AUCATZYL	Non-Formulary	Medical Only Exclusion
BREYANZI	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
CARVYKTI	Non-Formulary	Medical Only Exclusion
KYMRIAH	Non-Formulary	Medical Only Exclusion
PROVENGE	Non-Formulary	Medical Only Exclusion
TECARTUS	Non-Formulary	Medical Only Exclusion
TECELRA	Non-Formulary	Medical Only Exclusion
YESCARTA	Non-Formulary	Medical Only Exclusion
<i>*Antineoplastic - Bcl-2 Inhibitors***</i>		
VENCLEXTA	2	PA; Specialty
VENCLEXTA STARTING PACK	2	PA; Specialty
<i>*Antineoplastic - Bcr-Abl Kinase Inhibitors***</i>		
BOSULIF	2	PA; Specialty
DANZITEN	2	PA; Specialty
<i>dasatinib</i>	1	PA; Specialty
GLEEVEC	Non-Formulary	PA; Specialty; Formulary Exclusion
ICLUSIG	2	PA; Specialty
<i>imatinib mesylate oral</i>	1	PA; Specialty
<i>imkeldi</i>	3	PA; Specialty
<i>nilotinib d-tartrate</i>	Non-Formulary	PA; ST; Specialty; Formulary Exclusion; Step Therapy Requirements (TRIAL OF GENERIC NILOTINIB HCL CAPSULES IN THE PAST 120 DAYS)
<i>nilotinib hcl</i>	1	PA; Specialty
PHYRAGO	Non-Formulary	PA; Specialty; Formulary Exclusion
SCSEMBLIX	2	PA; Specialty
SPRYCEL	Non-Formulary	PA; Specialty; Formulary Exclusion
TASIGNA	Non-Formulary	PA; Specialty; Formulary Exclusion
<i>*Antineoplastic - Bispecific T-Cell Engagers***</i>		
BLINCYTO	Non-Formulary	Medical Only Exclusion
COLUMVI	Non-Formulary	Medical Only Exclusion
ELREXFIO	Non-Formulary	Medical Only Exclusion
EPKINLY	Non-Formulary	Medical Only Exclusion
IMDELLTRA	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
KIMMTRAK	Non-Formulary	Medical Only Exclusion
LUNSUMIO	Non-Formulary	Medical Only Exclusion
LUNSUMIO VELO	Non-Formulary	Medical Only Exclusion
LYNOZYFIC	Non-Formulary	Medical Only Exclusion
TALVEY	Non-Formulary	Medical Only Exclusion
TECVAYLI	Non-Formulary	Medical Only Exclusion
<i>*Antineoplastic - Braf Kinase Inhibitors***</i>		
BRAFTOVI	2	PA; Specialty
OJEMDA	3	PA; Specialty
TAFINLAR	2	PA; Specialty
ZELBORAF	2	PA; Specialty
<i>*Antineoplastic - Btk Inhibitors***</i>		
BRUKINSA	2	PA; Specialty
CALQUENCE	2	PA; Specialty
IMBRUVICA	2	PA; Specialty
JAYPIRCA	3	PA; Specialty
<i>*Antineoplastic - Csf1r Kinase Inhibitors***</i>		
ROMVIMZA	3	PA; Specialty; QL
<i>*Antineoplastic - Egfr Inhibitors***</i>		
ERBITUX	Non-Formulary	Medical Only Exclusion
<i>erlotinib hcl</i>	1	PA; Specialty
<i>gefitinib</i>	1	PA; Specialty
GILOTRIF	2	PA; Specialty
IRESSA	2	PA; Specialty
LAZCLUZE	3	PA; Specialty
PORTRAZZA	Non-Formulary	Medical Only Exclusion
TAGRISSE	2	PA; Specialty
VECTIBIX	Non-Formulary	Medical Only Exclusion
VIZIMPRO	3	PA; Specialty
<i>*Antineoplastic - Fgfr Kinase Inhibitors***</i>		
BALVERSA	3	PA; Specialty
LYTGOBI (12 MG DAILY DOSE)	3	PA; Specialty
LYTGOBI (16 MG DAILY DOSE)	3	PA; Specialty
LYTGOBI (20 MG DAILY DOSE)	3	PA; Specialty
PEMAZYRE	3	PA; Specialty

Drug Name	Tier	Notes
*Antineoplastic - Gamma Secretase Inhibitors***		
OGSIVEO	3	PA; Specialty
*Antineoplastic - Hedgehog Pathway Inhibitors***		
DAURISMO	3	PA; Specialty
ERIVEDGE	2	PA; Specialty
ODOMZO	2	PA; Specialty
*Antineoplastic - Hif-2-Alpha Inhibitors***		
WELIREG	3	PA; Specialty
*Antineoplastic - Histone Deacetylase Inhibitors***		
BELEODAQ	Non-Formulary	Medical Only Exclusion
ISTODAX	Non-Formulary	Medical Only Exclusion
romidepsin	Non-Formulary	Medical Only Exclusion
ZOLINZA	2	PA; Specialty; QL
*Antineoplastic - Hormonal And Related Agent Combinations***		
AKEEGA	3	PA; Specialty
leuprolide acetate-bupivacaine	Non-Formulary	Non FDA Exclusion
*Antineoplastic - Immunomodulators***		
pomalidomide	1	PA; Specialty
POMALYST	2	PA; Specialty
*Antineoplastic - Kras Inhibitors***		
KRAZATI	2	PA; Specialty
LUMAKRAS	2	PA; Specialty
*Antineoplastic - Mek Inhibitors***		
COTELLIC	2	PA; Specialty
GOMEKLI	3	PA; Specialty
KOSELUGO	3	PA; Specialty
MEKINIST	2	PA; Specialty
MEKTOVI	2	PA; Specialty
*Antineoplastic - Menin Inhibitors***		
KOMZIFTI	3	PA; Specialty; QL
REVUFORJ	3	PA; Specialty
*Antineoplastic - Met Inhibitors***		
TABRECTA	2	PA; Specialty

Drug Name	Tier	Notes
TEPMETKO	3	PA; Specialty
*Antineoplastic - Methyltransferase Inhibitors***		
TAZVERIK	3	PA; Specialty
*Antineoplastic - Mtor Kinase Inhibitors***		
AFINITOR	Non-Formulary	PA; Specialty; Formulary Exclusion
AFINITOR DISPERZ	Non-Formulary	PA; Specialty; Formulary Exclusion
<i>everolimus oral tablet soluble</i>	1	PA; Specialty
<i>everolimus tablet 10 mg oral</i>	1	PA; Specialty
<i>everolimus tablet 2.5 mg oral</i>	1	PA; Specialty
<i>everolimus tablet 5 mg oral</i>	1	PA; Specialty
<i>everolimus tablet 7.5 mg oral</i>	1	PA; Specialty
FYARRO	Non-Formulary	Medical Only Exclusion
<i>temsirolimus</i>	Non-Formulary	Medical Only Exclusion
TORISEL	Non-Formulary	Medical Only Exclusion
TORPENZ	1	PA; Specialty
*Antineoplastic - Multikinase Inhibitors***		
CABOMETYX	2	PA; Specialty
CAPRELSA	2	PA; Specialty
COMETRIQ (100 MG DAILY DOSE)	2	PA; Specialty
COMETRIQ (140 MG DAILY DOSE)	2	PA; Specialty
COMETRIQ (60 MG DAILY DOSE)	2	PA; Specialty
ENSACOVE	2	PA; Specialty
FOTIVDA	3	PA; Specialty
HYRNUO	3	PA; Specialty; QL
<i>lapatinib ditosylate</i>	1	PA; Specialty
NERLYNX	3	PA; Specialty
NEXAVAR	Non-Formulary	PA; Specialty; Formulary Exclusion
<i>pazopanib hcl</i>	1	PA; Specialty
QINLOCK	3	PA; Specialty
RYDAPT	2	PA; Specialty
<i>sorafenib tosylate</i>	1	PA; Specialty
STIVARGA	2	PA; Specialty
<i>sunitinib malate</i>	1	PA; Specialty

Drug Name	Tier	Notes
SUTENT	Non-Formulary	PA; Specialty; Formulary Exclusion
TURALIO	3	PA; Specialty; QL
TYKERB	Non-Formulary	PA; Specialty; Formulary Exclusion
VANFLYTA	3	PA; Specialty
VOTRIENT	Non-Formulary	PA; Specialty; Formulary Exclusion
XOSPATA	3	PA; Specialty
*Antineoplastic - Multiple Receptor Antibodies***		
BIZENGRI (750 MG DOSE)	Non-Formulary	Medical Only Exclusion
RYBREVENT	Non-Formulary	Medical Only Exclusion
*Antineoplastic - Pdgfr-Alpha Inhibitors***		
AYVAKIT	2	PA; Specialty
*Antineoplastic - Protease Activators***		
MODEYSO	3	PA; Specialty; QL
*Antineoplastic - Proteasome Inhibitors***		
<i>bortezomib</i>	Non-Formulary	Medical Only Exclusion
BORUZU	Non-Formulary	Medical Only Exclusion
KYPROLIS	Non-Formulary	Medical Only Exclusion
NINLARO	2	PA; Specialty
VELCADE	Non-Formulary	Medical Only Exclusion
*Antineoplastic - Ret Inhibitors***		
GAVRETO	3	PA; Specialty
RETEVMO	2	PA; Specialty
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***		
AUGTYRO	2	PA; Specialty
IBTROZI	2	PA
ROZLYTREK	2	PA; Specialty
VITRAKVI	2	PA; Specialty
*Antineoplastic - Xpo1 Inhibitors***		
XPOVIO (100 MG ONCE WEEKLY)	3	PA; Specialty
XPOVIO (40 MG ONCE WEEKLY)	3	PA; Specialty
XPOVIO (40 MG TWICE WEEKLY)	3	PA; Specialty
XPOVIO (60 MG ONCE WEEKLY)	3	PA; Specialty

Drug Name	Tier	Notes
XPOVIO (60 MG TWICE WEEKLY)	3	PA; Specialty
XPOVIO (80 MG ONCE WEEKLY)	3	PA; Specialty
XPOVIO (80 MG TWICE WEEKLY)	3	PA; Specialty
*Antineoplastic Antibiotics***		
ADRIAMYCIN	Non-Formulary	Medical Only Exclusion
<i>bleomycin sulfate</i>	Non-Formulary	Medical Only Exclusion
<i>dactinomycin</i>	Non-Formulary	Medical Only Exclusion
<i>daunorubicin hcl</i>	Non-Formulary	Medical Only Exclusion
DOXIL	Non-Formulary	Medical Only Exclusion
<i>doxorubicin hcl</i>	Non-Formulary	Medical Only Exclusion
<i>doxorubicin hcl liposomal</i>	Non-Formulary	Medical Only Exclusion
ELLENCE	Non-Formulary	Medical Only Exclusion
IDAMYCIN PFS	Non-Formulary	Medical Only Exclusion
<i>idarubicin hcl</i>	Non-Formulary	Medical Only Exclusion
JELMYTO	Non-Formulary	Medical Only Exclusion
<i>mitomycin intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>mitomycin intravesical</i>	Non-Formulary	Non FDA Exclusion
<i>mitoxantrone hcl</i>	Non-Formulary	Medical Only Exclusion
MUTAMYCIN	Non-Formulary	Medical Only Exclusion
<i>valrubicin</i>	Non-Formulary	Medical Only Exclusion
VALSTAR	Non-Formulary	Medical Only Exclusion
ZUSDURI	Non-Formulary	Medical Only Exclusion
*Antineoplastic -Antibody For Radiopharmaceutical Therapy***		
ZEVALIN Y-90	Non-Formulary	Medical Only Exclusion
*Antineoplastic Antibody-Drug Complexes***		
ELAHERE	Non-Formulary	Medical Only Exclusion
ENHERTU	Non-Formulary	Medical Only Exclusion
KADCYLA	Non-Formulary	Medical Only Exclusion
*Antineoplastic Combinations***		
AVMAPKI FAKZYNJA CO-PACK	3	PA; Specialty
DARZALEX FASPRO	Non-Formulary	Medical Only Exclusion
HERCEPTIN HYLECTA	Non-Formulary	PA; Medical Only Exclusion; Specialty
INQOVI	3	PA; Specialty
KEYTRUDA QLEX	Non-Formulary	Medical Only Exclusion
LONSURF	2	PA; Specialty

Drug Name	Tier	Notes
OPDIVO QVANTIG	Non-Formulary	Medical Only Exclusion
PHESGO	Non-Formulary	Medical Only Exclusion
RITUXAN HYCELA	Non-Formulary	PA; Medical Only Exclusion; Specialty
RYBREVANT FASPRO	Non-Formulary	Medical Only Exclusion
TECENTRIQ HYBREZA	Non-Formulary	Medical Only Exclusion
VYXEOS	Non-Formulary	Medical Only Exclusion
*Antineoplastic Enzymes***		
ASPARLAS	Non-Formulary	Medical Only Exclusion
ONCASPAR	Non-Formulary	Medical Only Exclusion
RYLAZE	Non-Formulary	Medical Only Exclusion
*Antineoplastic Radiopharmaceuticals***		
LUTATHERA	Non-Formulary	Medical Only Exclusion
<i>strontium chloride sr-89</i>	Non-Formulary	Medical Only Exclusion
XOFIGO	Non-Formulary	Medical Only Exclusion
*Antineoplastics - Interleukins & Agonists***		
ANKTIVA	Non-Formulary	Medical Only Exclusion
ELZONRIS	Non-Formulary	Medical Only Exclusion
PROLEUKIN	Non-Formulary	Medical Only Exclusion
*Antineoplastics - Photoactivated Agents***		
PHOTOFRIN	Non-Formulary	Medical Only Exclusion
UVADEX	Non-Formulary	PA; Medical Only Exclusion
*Antineoplastics Misc.***		
ACTIMMUNE	2	PA; Specialty
<i>arsenic trioxide intravenous</i>	Non-Formulary	Medical Only Exclusion
BESREMI	3	PA; Specialty
<i>dacarbazine</i>	Non-Formulary	Medical Only Exclusion
HYDREA	Non-Formulary	Formulary Exclusion
<i>hydroxyurea oral</i>	1	
LYMPHIR	Non-Formulary	Medical Only Exclusion
MATULANE	2	PA; Specialty
NIPENT	Non-Formulary	Medical Only Exclusion
TICE BCG	Non-Formulary	Medical Only Exclusion
TRISENOX	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
*Aromatase Inhibitors***		
<i>anastrozole oral</i>	1	
ARIMIDEX	Non-Formulary	Formulary Exclusion
AROMASIN	Non-Formulary	Formulary Exclusion
<i>exemestane</i>	1	
FEMARA	Non-Formulary	Formulary Exclusion
<i>letrozole oral</i>	1	
*Carboxypeptidase Enzyme Agents***		
VORAXAZE	Non-Formulary	Medical Only Exclusion
*Cardiac Protective Agents***		
<i>dexrazoxane hcl</i>	Non-Formulary	Medical Only Exclusion
*Chemotherapy Adjuncts - Hyperuricemia Agents***		
ELITEK	Non-Formulary	Medical Only Exclusion
*Chemotherapy Adjuncts - Keratinocyte Growth Factors***		
KEPIVANCE	Non-Formulary	Medical Only Exclusion
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
IBRANCE	3	PA; Specialty
KISQALI (200 MG DOSE)	2	PA; Specialty
KISQALI (400 MG DOSE)	2	PA; Specialty
KISQALI (600 MG DOSE)	2	PA; Specialty
VERZENIO	2	PA; Specialty
*Estrogen Receptor Antagonist***		
FASLODEX	Non-Formulary	PA; Medical Only Exclusion; Specialty
<i>fulvestrant</i>	Non-Formulary	PA; Medical Only Exclusion; Specialty
INLURIYO	3	PA; Specialty; QL
*Folic Acid Antagonists Rescue Agents***		
KHAPZORY	Non-Formulary	Medical Only Exclusion
<i>leucovorin calcium injection</i>	Non-Formulary	Medical Only Exclusion
<i>leucovorin calcium tablet 10 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>leucovorin calcium tablet 15 mg oral</i>	1	
<i>leucovorin calcium tablet 25 mg oral</i>	1	
<i>leucovorin calcium tablet 5 mg oral</i>	1	

Drug Name	Tier	Notes
<i>levoleucovorin calcium</i>	Non-Formulary	Medical Only Exclusion
<i>levoleucovorin calcium pf</i>	Non-Formulary	Medical Only Exclusion
VYKOURA SOLUTION 350 MG/35ML INJECTION	Non-Formulary	Medical Only Exclusion
VYKOURA SOLUTION 50 MG/5ML INJECTION	Non-Formulary	Medical Only Exclusion
<i>*Gonadotropin Releasing Hormone (Gnrh) Antagonists***</i>		
FIRMAGON	3	PA; Specialty
FIRMAGON (240 MG DOSE)	3	PA; Specialty
ORGOVYX	3	PA; Specialty; QL
<i>*Imidazotetrazines***</i>		
TEMODAR	Non-Formulary	Medical Only Exclusion
<i>temozolomide</i>	1	PA; Specialty
<i>*Isocitrate Dehydrogenase 1 & 2 (Idh1 & Idh2) Inhibitors***</i>		
VORANIGO	3	PA; Specialty
<i>*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***</i>		
REZLIDHIA	3	PA; Specialty
TIBSOVO	3	PA; Specialty
<i>*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***</i>		
IDHIFA	3	PA; Specialty
<i>*Janus Associated Kinase (Jak) Inhibitors***</i>		
INREBIC	3	PA; Specialty; QL
JAKAFI	2	PA; Specialty; QL
OJJAARA	3	PA; Specialty
VONJO	3	PA; Specialty; QL
<i>*Lhrh Analogs***</i>		
CAMCEVI PREFILLED SYRINGE 42 MG SUBCUTANEOUS	Non-Formulary	PA; Medical Only Exclusion; Specialty; QL
CAMCEVI PREFILLED SYRINGE 42 MG SUBCUTANEOUS	Non-Formulary	PA; Medical Only Exclusion; Specialty; QL with criteria
ELIGARD KIT 22.5 MG SUBCUTANEOUS	2	PA; Specialty; QL
ELIGARD KIT 30 MG SUBCUTANEOUS	Non-Formulary	PA; Medical Only Exclusion; Specialty; QL
ELIGARD KIT 45 MG SUBCUTANEOUS	2	PA; Specialty; QL

Drug Name	Tier	Notes
ELIGARD KIT 7.5 MG SUBCUTANEOUS	2	PA; Specialty; QL
<i>leuprolide acetate injection</i>	1	PA; Specialty; QL
LUPRON DEPOT (1-MONTH)	2	PA; Specialty; QL
LUPRON DEPOT (3-MONTH)	2	PA; Specialty; QL
LUPRON DEPOT (4-MONTH)	2	PA; Specialty; QL
LUPRON DEPOT (6-MONTH)	2	PA; Specialty; QL
LUTRATE DEPOT	2	PA; Specialty; QL
TRELSTAR MIXJECT	Non-Formulary	PA; Medical Only Exclusion; Specialty
VABRINTY KIT 22.5 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
VABRINTY KIT 30 MG SUBCUTANEOUS	Non-Formulary	PA; Medical Only Exclusion; Specialty; QL
VABRINTY KIT 45 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
VABRINTY KIT 7.5 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
ZOLADEX	3	PA; Specialty
*Mitotic Inhibitors***		
ABRAXANE	Non-Formulary	Medical Only Exclusion
BEIZRAY INTRAVENOUS SOLUTION	Non-Formulary	Medical Only Exclusion
<i>docetaxel</i>	Non-Formulary	Medical Only Exclusion
DOCIVYX	Non-Formulary	Medical Only Exclusion
<i>eribulin mesylate</i>	Non-Formulary	Medical Only Exclusion
ETOPOPHOS	Non-Formulary	Medical Only Exclusion
<i>etoposide intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>etoposide oral</i>	2	PA
HALAVEN	Non-Formulary	Medical Only Exclusion
IXEMPRA KIT	Non-Formulary	Medical Only Exclusion
JEVTANA	Non-Formulary	Medical Only Exclusion
<i>paclitaxel</i>	Non-Formulary	Medical Only Exclusion
<i>paclitaxel protein-bound part</i>	Non-Formulary	Medical Only Exclusion
<i>vinblastine sulfate</i>	Non-Formulary	Medical Only Exclusion
<i>vincristine sulfate</i>	Non-Formulary	Medical Only Exclusion
<i>vinorelbine tartrate</i>	Non-Formulary	Medical Only Exclusion
*Myeloprotective Agents***		
COSELA	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
*Nitrogen Mustards And Related Analogues***		
<i>cyclophosphamide capsule 25 mg oral</i>	1	
<i>cyclophosphamide capsule 25 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>cyclophosphamide capsule 50 mg oral</i>	1	
<i>cyclophosphamide capsule 50 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>cyclophosphamide injection</i>	Non-Formulary	PA; Medical Only Exclusion; Specialty
<i>cyclophosphamide oral tablet</i>	2	
<i>cyclophosphamide solution 1 gm/2ml intravenous</i>	Non-Formulary	PA; Medical Only Exclusion
<i>cyclophosphamide solution 1 gm/5ml intravenous</i>	Non-Formulary	PA; Medical Only Exclusion; Specialty
<i>cyclophosphamide solution 1000 mg/10ml intravenous</i>	Non-Formulary	PA; Medical Only Exclusion; Specialty
<i>cyclophosphamide solution 2 gm/10ml intravenous</i>	Non-Formulary	PA; Medical Only Exclusion; Specialty
<i>cyclophosphamide solution 2 gm/4ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>cyclophosphamide solution 2000 mg/20ml intravenous</i>	Non-Formulary	PA; Medical Only Exclusion; Specialty
<i>cyclophosphamide solution 500 mg/2.5ml intravenous</i>	Non-Formulary	PA; Medical Only Exclusion; Specialty
<i>cyclophosphamide solution 500 mg/5ml intravenous</i>	Non-Formulary	PA; Medical Only Exclusion; Specialty
<i>cyclophosphamide solution 500 mg/ml intravenous</i>	Non-Formulary	PA; Medical Only Exclusion
EVOMELA	Non-Formulary	Medical Only Exclusion
FRINDOVYX SOLUTION 1 GM/2ML INTRAVENOUS	Non-Formulary	PA; Medical Only Exclusion
FRINDOVYX SOLUTION 2 GM/4ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
FRINDOVYX SOLUTION 500 MG/ML INTRAVENOUS	Non-Formulary	PA; Medical Only Exclusion
HEPZATO W/50MM CATHETER	Non-Formulary	Medical Only Exclusion
HEPZATO W/62MM CATHETER	Non-Formulary	Medical Only Exclusion
IFEX	Non-Formulary	Medical Only Exclusion
<i>ifosfamide</i>	Non-Formulary	Medical Only Exclusion
<i>ivra</i>	Non-Formulary	Medical Only Exclusion
LEUKERAN	2	PA; Specialty
<i>melphalan hcl</i>	Non-Formulary	Medical Only Exclusion
*Nitrosoureas***		
<i>carmustine</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
GLEOSTINE	2	PA; Specialty
GLIADEL WAFER	Non-Formulary	Medical Only Exclusion
<i>lomustine</i>	1	PA; Specialty
<i>*Oligonucleotide Telomerase Inhibitors***</i>		
RYTELO	Non-Formulary	Medical Only Exclusion
<i>*Oncolytic Viral Agents - Hsv1***</i>		
IMLYGIC	Non-Formulary	Medical Only Exclusion
<i>*Ornithine Decarboxylase (Odc) Inhibitors***</i>		
IWILFIN	3	PA; Specialty
<i>*Otoprotective Agents***</i>		
PEDMARK	Non-Formulary	Medical Only Exclusion
<i>*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***</i>		
COPIKTRA	3	PA; Specialty
ITOVEBI	2	PA; Specialty
PIQRAY (200 MG DAILY DOSE)	2	PA; Specialty
PIQRAY (250 MG DAILY DOSE)	2	PA; Specialty
PIQRAY (300 MG DAILY DOSE)	2	PA; Specialty
ZYDELIG	2	PA; Specialty
<i>*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***</i>		
LYNPARZA	2	PA; Specialty
RUBRACA	2	PA; Specialty
TALZENNA	2	PA; Specialty
ZEJULA	2	PA; Specialty
<i>*Progestins-Antineoplastic***</i>		
<i>megestrol acetate oral tablet</i>	1	
<i>megestrol acetate suspension 40 mg/ml oral</i>	1	
<i>megestrol acetate suspension 400 mg/10ml oral</i>	1	
<i>megestrol acetate suspension 800 mg/20ml oral</i>	1	
<i>*Retinoids***</i>		
<i>tretinoin oral</i>	1	PA; Specialty
<i>*Selective Estrogen Receptor Degradars***</i>		
ORSERDU	3	PA; Specialty

Drug Name	Tier	Notes
<i>*Selective Retinoid X Receptor Agonists***</i>		
<i>bexarotene oral</i>	1	PA; Specialty
TARGRETIN ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion
<i>*Tetrahydroisoquinolines***</i>		
YONDELIS	Non-Formulary	Medical Only Exclusion
<i>*Topoisomerase I Inhibitors - Antibody-Drug Complex***</i>		
DATROWAY	Non-Formulary	Medical Only Exclusion
TRODELVY	Non-Formulary	Medical Only Exclusion
<i>*Topoisomerase I Inhibitors***</i>		
CAMPTOSAR	Non-Formulary	Medical Only Exclusion
HYCANTIN INTRAVENOUS	Non-Formulary	Medical Only Exclusion
HYCANTIN ORAL	2	PA; Specialty
<i>irinotecan hcl</i>	Non-Formulary	Medical Only Exclusion
ONIVYDE	Non-Formulary	Medical Only Exclusion
<i>topotecan hcl</i>	Non-Formulary	Medical Only Exclusion
<i>*Urinary Tract Protective Agents***</i>		
<i>mesna intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>mesna oral</i>	1	
MESNEX INTRAVENOUS	Non-Formulary	Medical Only Exclusion
MESNEX ORAL	Non-Formulary	Formulary Exclusion
<i>*Vascular Endothelial Growth Factor (Vegf) Inhibitors***</i>		
ALYMSYS	Non-Formulary	Medical Only Exclusion
AVASTIN	Non-Formulary	Medical Only Exclusion
CYRAMZA	Non-Formulary	Medical Only Exclusion
FRUZAQLA	2	PA; Specialty
INLYTA	2	PA; Specialty
JOBEVNE	Non-Formulary	Medical Only Exclusion
LENVIMA (10 MG DAILY DOSE)	2	PA; Specialty
LENVIMA (12 MG DAILY DOSE)	2	PA; Specialty
LENVIMA (14 MG DAILY DOSE)	2	PA; Specialty
LENVIMA (18 MG DAILY DOSE)	2	PA; Specialty
LENVIMA (20 MG DAILY DOSE)	2	PA; Specialty
LENVIMA (24 MG DAILY DOSE)	2	PA; Specialty
LENVIMA (4 MG DAILY DOSE)	2	PA; Specialty

Drug Name	Tier	Notes
LENVIMA (8 MG DAILY DOSE)	2	PA; Specialty
MVASI	Non-Formulary	Medical Only Exclusion
VEGZELMA	Non-Formulary	Medical Only Exclusion
ZALTRAP	Non-Formulary	Medical Only Exclusion
ZIRABEV	Non-Formulary	Medical Only Exclusion
ANTIPARKINSON AND RELATED THERAPY AGENTS		
<i>*Adenosine Receptor Antagonist***</i>		
NOURIANZ	3	PA; Specialty; QL
<i>*Antiparkinson Anticholinergics***</i>		
<i>benztropine mesylate injection</i>	Non-Formulary	Medical Only Exclusion
<i>benztropine mesylate oral</i>	1	
<i>trihexyphenidyl hcl oral tablet</i>	1	
<i>*Antiparkinson Dopaminergics***</i>		
<i>amantadine hcl oral capsule</i>	1	
<i>amantadine hcl oral tablet</i>	1	
<i>amantadine hcl solution 50 mg/5ml oral</i>	1	
<i>bromocriptine mesylate oral</i>	1	
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG ORAL	3	Non Essential Drug Exclusion; Specialty; QL
INBRIJA	2	PA; Specialty; QL
PARLODEL	Non-Formulary	Formulary Exclusion
<i>*Antiparkinson Monoamine Oxidase Inhibitors***</i>		
AZILECT	Non-Formulary	Formulary Exclusion
<i>rasagiline mesylate oral</i>	1	
<i>selegiline hcl oral</i>	1	
XADAGO	3	ST; Non Essential Drug Exclusion; Step Therapy Requirements (TRIAL OF LEVODOPA/CARBIDOPA (SINEMET IR, SINEMET CR, DUOPA, PARCOPA, OR RYTARY) IN THE PAST 120 DAYS); QL
ZELAPAR	3	ST; Step Therapy Requirements (TRIAL OF GENERIC SELEGILINE CAPSULES OR TABLETS IN THE PAST 120 DAYS); QL

Drug Name	Tier	Notes
<i>*Central/Peripheral Comt Inhibitors***</i>		
TASMAR	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF COMTAN IN THE PAST 120 DAYS); QL
<i>tolcapone</i>	1	ST; Step Therapy Requirements (TRIAL OF COMTAN IN THE PAST 120 DAYS); QL
<i>*Decarboxylase Inhibitors***</i>		
<i>carbidopa oral</i>	1	
LODOSYN	Non-Formulary	Formulary Exclusion
<i>*Levodopa Combinations***</i>		
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa er oral capsule extended release</i>	2	ST; Step Therapy Requirements (TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER IN THE PAST 120 DAYS)
<i>carbidopa-levodopa er oral tablet extended release</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
CREXONT	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER IN THE PAST 120 DAYS); QL
DHIVY	Non-Formulary	Formulary Exclusion
DUOPA	3	PA; Specialty
RYTARY	3	ST; Step Therapy Requirements (TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER IN THE PAST 120 DAYS)
SINEMET	Non-Formulary	Formulary Exclusion
VYALEV	3	PA; Specialty
<i>*Nonergoline Dopamine Receptor Agonists***</i>		
APOKYN	3	PA; Specialty
<i>apomorphine hcl subcutaneous</i>	1	PA; Specialty
NEUPRO	2	ST; Step Therapy Requirements (TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR IN THE PAST 120 DAYS)
ONAPGO	3	PA; Specialty
<i>pramipexole dihydrochloride</i>	1	

Drug Name	Tier	Notes
<i>pramipexole dihydrochloride er</i>	1	ST; Step Therapy Requirements (TRIAL OF IMMEDIATE RELEASE PRAMIPEXOLE OR ROPINIROLE WITHIN THE PAST 120 DAYS.); QL
<i>ropinirole hcl</i>	1	
<i>ropinirole hcl er</i>	1	ST; Step Therapy Requirements (TRIAL OF IMMEDIATE RELEASE PRAMIPEXOLE OR ROPINIROLE WITHIN THE PAST 120 DAYS.); QL
*Peripheral Comt Inhibitors***		
<i>entacapone</i>	1	
ONGENTYS	3	PA; QL
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
*Antimanic Agents***		
<i>lithium</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate oral</i>	1	
LITHOBID	3	
*Antipsychotics - Misc.***		
CAPLYTA	2	QL
EQUETRO	3	
GEODON INTRAMUSCULAR	3	
GEODON ORAL	Non-Formulary	Formulary Exclusion
LATUDA	Non-Formulary	Formulary Exclusion
<i>lurasidone hcl</i>	1	
NUPLAZID	3	PA; Specialty
VRAYLAR	2	QL
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	1	
*Benzisoxazoles***		
ERZOFRI	3	QL
FANAPT	3	ST; Step Therapy Requirements (TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS); QL

Drug Name	Tier	Notes
FANAPT TITRATION PACK A	3	ST; Step Therapy Requirements (TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS); QL
FANAPT TITRATION PACK B	3	ST; Step Therapy Requirements (TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS); QL
FANAPT TITRATION PACK C	3	ST; Step Therapy Requirements (TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS); QL
INVEGA	Non-Formulary	Formulary Exclusion
INVEGA HAFYERA	2	
INVEGA SUSTENNA	2	
INVEGA TRINZA	2	
<i>paliperidone er</i>	1	
PERSERIS	3	QL
RISPERDAL	Non-Formulary	Formulary Exclusion
RISPERDAL CONSTA	Non-Formulary	Formulary Exclusion
<i>risperidone microspheres er</i>	1	
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	
<i>risperidone tablet dispersible 0.5 mg oral</i>	1	
<i>risperidone tablet dispersible 1 mg oral</i>	1	
<i>risperidone tablet dispersible 2 mg oral</i>	1	
<i>risperidone tablet dispersible 3 mg oral</i>	1	
<i>risperidone tablet dispersible 4 mg oral</i>	1	
RYKINDO	2	
UZEDY	2	
*Butyrophenones***		
<i>haloperidol decanoate intramuscular</i>	1	
<i>haloperidol lactate concentrate 2 mg/ml oral</i>	1	
<i>haloperidol lactate injection</i>	1	
<i>haloperidol oral</i>	1	
*Dibenzodiazepines***		
<i>clozapine oral tablet</i>	1	
<i>clozapine tablet dispersible 100 mg oral</i>	1	

Drug Name	Tier	Notes
<i>clozapine tablet dispersible 150 mg oral</i>	1	
<i>clozapine tablet dispersible 200 mg oral</i>	1	
<i>clozapine tablet dispersible 25 mg oral</i>	1	
CLOZARIL	Non-Formulary	Formulary Exclusion
VERSACLOZ	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: generic atypical antipsychotic)
<i>*Dibenzo-Oxepino Pyrroles***</i>		
<i>asenapine maleate</i>	1	
SAPHRIS	Non-Formulary	Formulary Exclusion
SECUADO	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: generic atypical antipsychotic); QL
<i>*Dibenzothiazepines***</i>		
<i>quetiapine fumarate er</i>	1	
<i>quetiapine fumarate tablet 100 mg oral</i>	1	
<i>quetiapine fumarate tablet 150 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>quetiapine fumarate tablet 200 mg oral</i>	1	
<i>quetiapine fumarate tablet 25 mg oral</i>	1	
<i>quetiapine fumarate tablet 300 mg oral</i>	1	
<i>quetiapine fumarate tablet 400 mg oral</i>	1	
<i>quetiapine fumarate tablet 50 mg oral</i>	1	
SEROQUEL	Non-Formulary	Formulary Exclusion
SEROQUEL XR	Non-Formulary	Formulary Exclusion
<i>*Dibenzoxazepines***</i>		
<i>loxapine succinate</i>	1	
<i>*Dihydroindolones***</i>		
<i>molindone hcl</i>	3	
<i>*Muscarinic Agent - Combinations***</i>		
COBENFY	3	ST; Step Therapy Requirements (TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, REXULTI OR VRAYLAR IN THE PAST 120 DAYS)
COBENFY STARTER PACK	3	ST; Step Therapy Requirements (TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, REXULTI OR VRAYLAR IN THE PAST 120 DAYS)

Drug Name	Tier	Notes
*Phenothiazines***		
<i>chlorpromazine hcl oral tablet</i>	1	
<i>chlorpromazine hcl solution 25 mg/ml injection</i>	1	
<i>chlorpromazine hcl solution 50 mg/2ml injection</i>	1	
<i>chlorpromazine hcl solution 50 mg/2ml injection</i>	2	
COMPRO	1	
<i>fluphenazine decanoate injection</i>	1	
<i>fluphenazine hcl injection</i>	2	
<i>fluphenazine hcl oral concentrate</i>	3	
<i>fluphenazine hcl oral elixir</i>	3	
<i>fluphenazine hcl oral tablet</i>	1	
<i>perphenazine oral</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate injection</i>	1	
<i>prochlorperazine maleate oral</i>	1	
<i>thioridazine hcl oral</i>	Non-Formulary	Formulary Exclusion
<i>trifluoperazine hcl</i>	1	
*Quinolinone Derivatives***		
ABILIFY	Non-Formulary	Formulary Exclusion
ABILIFY ASIMTUFII	2	
ABILIFY MAINTENA	2	
ABILIFY MYCITE MAINTENANCE KIT	Non-Formulary	Non Essential Drug Exclusion; Specialty; Formulary Exclusion
ABILIFY MYCITE STARTER KIT	Non-Formulary	Non Essential Drug Exclusion; Specialty; Formulary Exclusion
<i>aripiprazole</i>	1	
ARISTADA	2	
ARISTADA INITIO	2	
OPIPZA	3	ST; Step Therapy Requirements (TRY AND FAIL ARIPIRAZOLE IN PAST 120 DAYS)
REXULTI	2	
*Thienbenzodiazepines***		
<i>olanzapine</i>	1	
ZYPREXA RELPREVV	3	
ZYPREXA TABLET 2.5 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: generic atypical antipsychotic)

Drug Name	Tier	Notes
ZYPREXA TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion
ZYPREXA TABLET 5 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: generic atypical antipsychotic)
*Thioxanthenes***		
thiothixene	1	
ANTISEPTICS & DISINFECTANTS		
*Antiseptics & Disinfectants***		
formaldehyde	Non-Formulary	Formulary Exclusion
glutaraldehyde external	Non-Formulary	Formulary Exclusion
hydrogen peroxide	Non-Formulary	Formulary Exclusion
*Chlorine Antiseptics***		
benzalkonium chloride external solution	Non-Formulary	Formulary Exclusion
chlorhexidine gluconate solution 20 %	Non-Formulary	Formulary Exclusion
*Iodine Antiseptics***		
iodine tincture tincture 2 % external (rx)	Non-Formulary	Formulary Exclusion
IODOFLEX	Non-Formulary	Formulary Exclusion
iodosorb	Non-Formulary	Non FDA Exclusion
lugols strong iodine solution 5-10 % external	Non-Formulary	Formulary Exclusion
lugols strong iodine solution 5-10 % external	Non-Formulary	Non FDA Exclusion
ANTIVIRALS		
*Antiretroviral Combinations***		
abacavir sulfate-lamivudine	1	QL
BIKTARVY	2	QL
CABENUVA	3	Specialty
CIMDUO	2	QL
COMPLERA	Non-Formulary	Formulary Exclusion; QL
DELSTRIGO	2	QL
DESCOVY	2	QL
DOVATO	2	QL
efavirenz-emtricitab-tenofo df	1	QL
efavirenz-lamivudine-tenofovir	1	QL
emtricitabine-tenofovir df	1	QL
emtricitab-rilpivir-tenofov df	1	QL
EVOTAZ	2	QL
GENVOYA	2	QL
JULUCA	2	QL

Drug Name	Tier	Notes
KALETRA	Non-Formulary	Formulary Exclusion; QL
<i>lamivudine-zidovudine</i>	1	QL
<i>lopinavir-ritonavir</i>	1	QL
ODEFSEY	2	QL
PREZCOBIX	2	QL
STRIBILD	3	QL
SYMFI	Non-Formulary	Formulary Exclusion; QL
SYMTUZA	2	QL
TRIUMEQ	2	QL
<i>triumeq pd</i>	2	QL
TRUVADA	Non-Formulary	Formulary Exclusion; QL
*Antiretrovirals - Capsid Inhibitors***		
SUNLENCA	3	PA
YEZTUGO	3	PA; Specialty
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
<i>maraviroc</i>	1	QL
SELZENTRY ORAL SOLUTION	3	
SELZENTRY ORAL TABLET	Non-Formulary	Formulary Exclusion; QL
*Antiretrovirals - Cd4-Directed Post-Attachment Inhibitor***		
TROGARZO	Non-Formulary	Medical Only Exclusion
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***		
RUKOBIA	3	PA; QL
*Antiretrovirals - Integrase Inhibitors***		
APRETUDE	3	Specialty; QL
ISENTRESS	2	QL
ISENTRESS HD	2	QL
TIVICAY	2	QL
TIVICAY PD	2	QL
*Antiretrovirals - Protease Inhibitors***		
APTIVUS	3	QL
<i>atazanavir sulfate</i>	1	QL
<i>darunavir</i>	1	QL
<i>fosamprenavir calcium</i>	1	QL
NORVIR ORAL PACKET	3	
NORVIR ORAL TABLET	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
PREZISTA	2	QL
REYATAZ ORAL CAPSULE	Non-Formulary	Formulary Exclusion; QL
REYATAZ ORAL PACKET	3	QL
<i>ritonavir</i>	1	QL
VIRACEPT	3	QL
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
EDURANT	2	QL
EDURANT PED	2	QL
<i>efavirenz</i>	1	QL
<i>etravirine</i>	1	QL
INTELENCE TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion; QL
INTELENCE TABLET 200 MG ORAL	Non-Formulary	Formulary Exclusion; QL
INTELENCE TABLET 25 MG ORAL	2	QL
<i>nevirapine er</i>	1	QL
<i>nevirapine oral tablet</i>	1	QL
PIFELTRO	3	QL
<i>rilpivirine hcl</i>	1	QL
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<i>abacavir sulfate</i>	1	QL
ZIAGEN	Non-Formulary	Formulary Exclusion; QL
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
<i>emtricitabine</i>	1	QL
EMTRIVA ORAL CAPSULE	Non-Formulary	Formulary Exclusion; QL
EMTRIVA ORAL SOLUTION	3	
EPIVIR	Non-Formulary	Formulary Exclusion; QL
<i>lamivudine solution 10 mg/ml oral</i>	1	QL
<i>lamivudine tablet 150 mg oral</i>	1	QL
<i>lamivudine tablet 300 mg oral</i>	1	QL
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
RETROVIR INTRAVENOUS	Non-Formulary	Medical Only Exclusion
RETROVIR ORAL	Non-Formulary	Formulary Exclusion; QL
<i>zidovudine</i>	1	QL

Drug Name	Tier	Notes
*Antiretrovirals - Rti-Nucleotide Analogues***		
<i>tenofovir disoproxil fumarate</i>	1	QL
VIREAD ORAL POWDER	2	QL
VIREAD TABLET 150 MG ORAL	2	QL
VIREAD TABLET 200 MG ORAL	2	QL
VIREAD TABLET 250 MG ORAL	2	QL
VIREAD TABLET 300 MG ORAL	Non-Formulary	Formulary Exclusion; QL
*Antiviral Combinations***		
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
*Cmv Agents***		
<i>cidofovir intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>foscarnet sodium</i>	Non-Formulary	Medical Only Exclusion
FOSCAVIR	Non-Formulary	Medical Only Exclusion
<i>ganciclovir sodium</i>	Non-Formulary	Medical Only Exclusion
LIVTENCITY	3	PA; Specialty
PREVYMIS INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PREVYMIS ORAL PACKET	Non-Formulary	PA; PA messaging (Rebateable Exclusion); QL
PREVYMIS ORAL TABLET	3	PA; QL
VALCYTE	Non-Formulary	Formulary Exclusion
<i>valganciclovir hcl</i>	1	
*Hepatitis B Agents***		
<i>adefovir dipivoxil</i>	1	Specialty; QL
BARACLUDE ORAL SOLUTION	2	Specialty
BARACLUDE ORAL TABLET	Non-Formulary	Specialty; Formulary Exclusion; QL
<i>entecavir</i>	1	Specialty; QL
<i>lamivudine tablet 100 mg oral</i>	1	QL
VEMLIDY	2	Specialty; QL
*Hepatitis C Agent - Combinations***		
EPCLUSA	2	PA; Specialty; QL
HARVONI	2	PA; Specialty; QL
<i>ledipasvir-sofosbuvir</i>	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion); QL
MAVYRET	3	PA; Specialty; QL
<i>sofosbuvir-velpatasvir</i>	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion); QL

Drug Name	Tier	Notes
VOSEVI	2	PA; Specialty; QL
ZEPATIER	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
<i>*Hepatitis C Agents***</i>		
PEGASYS	2	PA; Specialty
SOVALDI	2	PA; Specialty; QL
<i>*Herpes Agents - Purine Analogues***</i>		
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>acyclovir sodium</i>	Non-Formulary	Medical Only Exclusion
<i>acyclovir sodium-nacl</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>acyclovir suspension 200 mg/5ml oral</i>	1	
<i>valacyclovir hcl oral</i>	1	
VALTREX	Non-Formulary	Formulary Exclusion
<i>*Herpes Agents - Thymidine Analogues***</i>		
<i>famciclovir oral</i>	1	
<i>*Hpv Agents - Immunotherapy Agents***</i>		
PAPZIMEOS	Non-Formulary	Medical Only Exclusion
<i>*Misc. Antivirals***</i>		
LAGEVRIO	2	QL
TEMBEXA	3	
TPOXX INTRAVENOUS	Non-Formulary	Medical Only Exclusion
TPOXX ORAL	2	PA
VEKLURY	Non-Formulary	Medical Only Exclusion
<i>*Neuraminidase Inhibitors***</i>		
<i>oseltamivir phosphate oral</i>	1	
RAPIVAB	Non-Formulary	Medical Only Exclusion
RELENZA DISKHALER	3	QL
TAMIFLU	Non-Formulary	Formulary Exclusion
<i>*Pa Endonuclease Inhibitors***</i>		
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
<i>*Rsv Agents - Nucleoside Analogues***</i>		
<i>ribavirin inhalation</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
BETA BLOCKERS		
*Alpha-Beta Blockers***		
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	1	QL
COREG	Non-Formulary	Formulary Exclusion
COREG CR	Non-Formulary	Formulary Exclusion; QL
<i>labetalol hcl solution 5 mg/ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>labetalol hcl solution 5 mg/ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>labetalol hcl solution prefilled syringe 10 mg/2ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>labetalol hcl solution prefilled syringe 20 mg/4ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>labetalol hcl tablet 100 mg oral</i>	1	
<i>labetalol hcl tablet 200 mg oral</i>	1	
<i>labetalol hcl tablet 300 mg oral</i>	1	
<i>labetalol hcl tablet 400 mg oral</i>	3	
*Beta Blockers Cardio-Selective***		
<i>acebutolol hcl oral</i>	1	
<i>atenolol oral</i>	1	
ATENOLOL+SYRSPEND SF	Non-Formulary	Non FDA Exclusion
<i>betaxolol hcl oral</i>	1	
<i>bisoprolol fumarate tablet 10 mg oral</i>	1	
<i>bisoprolol fumarate tablet 2.5 mg oral</i>	2	
<i>bisoprolol fumarate tablet 5 mg oral</i>	1	
BREVIBLOC	Non-Formulary	Medical Only Exclusion
BREVIBLOC IN NACL	Non-Formulary	Medical Only Exclusion
BREVIBLOC PREMIXED	Non-Formulary	Medical Only Exclusion
BREVIBLOC PREMIXED DS	Non-Formulary	Medical Only Exclusion
BYSTOLIC	Non-Formulary	Formulary Exclusion
<i>esmolol hcl intravenous solution</i>	Non-Formulary	Medical Only Exclusion
<i>esmolol hcl intravenous solution prefilled syringe</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>esmolol hcl-sodium chloride</i>	Non-Formulary	Medical Only Exclusion
KAPSPARGO SPRINKLE	3	
LOPRESSOR ORAL SOLUTION	3	PA
LOPRESSOR TABLET 100 MG ORAL	Non-Formulary	Formulary Exclusion
LOPRESSOR TABLET 50 MG ORAL	Non-Formulary	Formulary Exclusion
<i>metoprolol succinate er</i>	1	

Drug Name	Tier	Notes
<i>metoprolol tartrate intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>metoprolol tartrate tablet 100 mg oral</i>	1	
<i>metoprolol tartrate tablet 12.5 mg oral</i>	3	QL
<i>metoprolol tartrate tablet 25 mg oral</i>	1	
<i>metoprolol tartrate tablet 37.5 mg oral</i>	1	
<i>metoprolol tartrate tablet 50 mg oral</i>	1	
<i>metoprolol tartrate tablet 75 mg oral</i>	1	
<i>nebivolol hcl</i>	1	
RAPIBLYK	Non-Formulary	Medical Only Exclusion
TENORMIN	Non-Formulary	Formulary Exclusion
TOPROL XL	Non-Formulary	Formulary Exclusion
*Beta Blockers Non-Selective***		
BETAPACE	Non-Formulary	Formulary Exclusion
BETAPACE AF	Non-Formulary	Formulary Exclusion
HEMANGEOL	2	
INDERAL LA	Non-Formulary	Formulary Exclusion
INDERAL XL	3	Non Essential Drug Exclusion
INNOPRAN XL	3	Non Essential Drug Exclusion
<i>nadolol oral</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>propranolol hcl oral tablet</i>	1	
<i>propranolol hcl solution 40 mg/5ml oral</i>	2	
<i>sotalol hcl (af)</i>	1	
<i>sotalol hcl intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>sotalol hcl oral</i>	1	
SOTYLIZE	3	ST; Step Therapy Requirements (TRIAL OF SOTALOL TABLETS IN THE PAST 120 DAYS); QL
<i>timolol maleate oral</i>	1	
CALCIUM CHANNEL BLOCKERS		
*Calcium Channel Blockers***		
AMLODIPINE BES+SYRSPEND SF	Non-Formulary	Non FDA Exclusion
<i>amlodipine besylate oral</i>	1	
CARDAMYST	3	QL
CARDENE IV	Non-Formulary	Medical Only Exclusion
CARDIZEM	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
CARDIZEM CD	Non-Formulary	Formulary Exclusion
CARDIZEM LA	Non-Formulary	Formulary Exclusion
CARTIA XT	1	
CLEVIPREX	Non-Formulary	Medical Only Exclusion
CONJUPRI	3	PA
<i>diltiazem hcl er beads</i>	1	
<i>diltiazem hcl er coated beads</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	1	
<i>diltiazem hcl er tablet extended release 24 hour 120 mg oral</i>	1	
<i>diltiazem hcl er tablet extended release 24 hour 180 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>diltiazem hcl er tablet extended release 24 hour 240 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>diltiazem hcl er tablet extended release 24 hour 300 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>diltiazem hcl er tablet extended release 24 hour 360 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>diltiazem hcl er tablet extended release 24 hour 420 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>diltiazem hcl intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>diltiazem hcl oral</i>	1	
<i>diltiazem hcl-dextrose</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>diltiazem hcl-sodium chloride solution 100-0.72 mg/100ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>diltiazem hcl-sodium chloride solution 125-0.7 mg/125ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>diltiazem hcl-sodium chloride solution 125-0.9 mg/125ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>felodipine er</i>	1	
<i>isradipine</i>	Non-Formulary	Formulary Exclusion
KATERZIA	3	Non Essential Drug Exclusion
<i>levamlodipine maleate</i>	3	PA
MATZIM LA	Non-Formulary	Formulary Exclusion
<i>nicardipine hcl in nacl intravenous solution</i>	Non-Formulary	Medical Only Exclusion
<i>nicardipine hcl in nacl intravenous solution prefilled syringe</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
<i>nicardipine hcl intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>nicardipine hcl oral</i>	Non-Formulary	Formulary Exclusion
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
<i>nifedipine oral</i>	1	
<i>nimodipine oral capsule</i>	1	
<i>nimodipine oral solution</i>	3	
<i>nisoldipine er</i>	1	
NORLIQVA	3	PA
NORVASC	Non-Formulary	Formulary Exclusion
NYMALIZE	3	
PROCARDIA XL	Non-Formulary	Formulary Exclusion
SDAMLO	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
SULAR	Non-Formulary	Formulary Exclusion
TIADYLT ER	1	
TIAZAC	Non-Formulary	Formulary Exclusion
<i>verapamil hcl er capsule extended release 24 hour 100 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>verapamil hcl er capsule extended release 24 hour 120 mg oral</i>	1	
<i>verapamil hcl er capsule extended release 24 hour 180 mg oral</i>	1	
<i>verapamil hcl er capsule extended release 24 hour 200 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>verapamil hcl er capsule extended release 24 hour 240 mg oral</i>	1	
<i>verapamil hcl er capsule extended release 24 hour 300 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>verapamil hcl er capsule extended release 24 hour 360 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>verapamil hcl er oral tablet extended release</i>	1	
<i>verapamil hcl intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>verapamil hcl oral</i>	1	
CARDIOTONICS		
*Cardiac Glycosides***		
<i>digoxin injection</i>	Non-Formulary	Medical Only Exclusion
<i>digoxin oral solution</i>	1	
<i>digoxin tablet 125 mcg oral</i>	1	
<i>digoxin tablet 250 mcg oral</i>	1	

Drug Name	Tier	Notes
<i>digoxin tablet 62.5 mcg oral</i>	1	PA
LANOXIN INJECTION	Non-Formulary	Medical Only Exclusion
LANOXIN PEDIATRIC	Non-Formulary	Medical Only Exclusion
LANOXIN TABLET 125 MCG ORAL	3	
LANOXIN TABLET 62.5 MCG ORAL	3	PA
*Inotropes***		
<i>dobutamine hcl</i>	Non-Formulary	Medical Only Exclusion
<i>dobutamine-dextrose</i>	Non-Formulary	Medical Only Exclusion
<i>dopamine hcl intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>dopamine-dextrose</i>	Non-Formulary	Medical Only Exclusion
<i>milrinone lactate</i>	Non-Formulary	Medical Only Exclusion
<i>milrinone lactate in dextrose</i>	Non-Formulary	Medical Only Exclusion
CARDIOVASCULAR AGENTS - MISC.		
*Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb***		
<i>amlodipine-atorvastatin</i>	1	
CADUET TABLET 10-10 MG ORAL	Non-Formulary	Formulary Exclusion
CADUET TABLET 10-20 MG ORAL	Non-Formulary	Formulary Exclusion
CADUET TABLET 5-10 MG ORAL	Non-Formulary	Formulary Exclusion
*Cardiac Myosin Inhibitors***		
CAMZYOS	3	PA; Specialty; QL
MYQORZO	Non-Formulary	New to Market Exclusion
*Cardioplegic Solutions***		
ADENOCAINE	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>cardioplegia del nido formula</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>cardioplegia ind plas/hik/lido</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>cardioplegia ind plasma-tromet</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>cardioplegia induction high k</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>cardioplegia induction low dex</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>cardioplegia induction non-enr</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>cardioplegia main low dextrose</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
<i>cardioplegia main low trometha</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>cardioplegia main plasma-trome</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>cardioplegia maintenance</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>cardioplegia reperfusate 4:1</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>cardioplegic</i>	Non-Formulary	Medical Only Exclusion
<i>cardioplegic soln w/ lidocaine</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>del nido cardioplegia</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>microplegia msa-msg</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PLEGISOL	Non-Formulary	Medical Only Exclusion
*Cardiovascular Anti-Inflammatory/Immune Modulators***		
LODOCO	Non-Formulary	PA; Non Essential Drug Exclusion; Formulary Exclusion
*Cardiovascular Sglt2 Inhibitors**		
INPEFA	Non-Formulary	Formulary Exclusion; QL
*Impotence Agent Combinations***		
<i>bi-mix</i>	Non-Formulary	Non FDA Exclusion
<i>quad-mix</i>	Non-Formulary	Non FDA Exclusion
<i>super bi-mix</i>	Non-Formulary	Non FDA Exclusion
<i>super quad-mix</i>	Non-Formulary	Non FDA Exclusion
<i>super tri-mix</i>	Non-Formulary	Non FDA Exclusion
<i>tri-mix</i>	Non-Formulary	Non FDA Exclusion
*Impotence Agents - Other***		
<i>phenylephrine hcl intracavernosal</i>	Non-Formulary	Non FDA Exclusion
*Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb***		
ENTRESTO ORAL CAPSULE SPRINKLE	3	QL
ENTRESTO ORAL TABLET	Non-Formulary	Formulary Exclusion; QL
<i>sacubitril-valsartan</i>	1	QL
*Nitrate & Vasodilator Combinations***		
BIDIL	Non-Formulary	Formulary Exclusion
<i>isosorb dinitrate-hydralazine</i>	1	

Drug Name	Tier	Notes
<i>*Pde Inhibitor-Endothelin Receptor Antagonist Combinations***</i>		
OPSYNVI	2	PA; Specialty; QL
<i>*Peripheral Vasodilators***</i>		
<i>papaverine hcl injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>*Prostaglandin - Impotence Agents***</i>		
CAVERJECT	3	QL
CAVERJECT IMPULSE	3	QL
EDEX (2 CARTRIDGE)	3	QL
EDEX (6 CARTRIDGE)	3	QL
<i>*Prostaglandin Vasodilators***</i>		
<i>alprostadil injection</i>	Non-Formulary	Medical Only Exclusion
AURLUMYN	Non-Formulary	Medical Only Exclusion
<i>epoprostenol sodium</i>	Non-Formulary	PA; Medical Only Exclusion; Specialty
FLOLAN	Non-Formulary	PA; Medical Only Exclusion; Specialty
ORENITRAM	2	PA; Specialty
ORENITRAM MONTH 1	2	PA; Specialty
ORENITRAM MONTH 2	2	PA; Specialty
ORENITRAM MONTH 3	2	PA; Specialty
PROSTIN VR	Non-Formulary	Medical Only Exclusion
REMODULIN	3	PA; Specialty
<i>treprostinil</i>	1	PA; Specialty
TYVASO	2	PA; Specialty
TYVASO DPI MAINTENANCE KIT	2	PA; Specialty; QL
TYVASO DPI TITRATION KIT	2	PA; Specialty; QL
TYVASO REFILL KIT	2	PA; Specialty
TYVASO STARTER KIT SOLUTION 0.6 MG/ML INHALATION	2	
TYVASO STARTER KIT SOLUTION 0.6 MG/ML INHALATION	2	PA; Specialty
VELETRI	Non-Formulary	PA; Medical Only Exclusion; Specialty
YUTREPIA	Non-Formulary	PA; Specialty; Formulary Exclusion
<i>*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***</i>		
ADEMPAS	2	PA; Specialty; QL

Drug Name	Tier	Notes
*Pulmonary Hypertension - Activin Signaling Inhibitor***		
WINREVAIR	2	PA; Specialty; QL
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
<i>ambrisentan</i>	1	PA; Specialty; QL
<i>bosentan</i>	1	PA; Specialty; QL
LETAIRIS	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
OPSUMIT	2	PA; Specialty; QL
TRACLEER	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
ADCIRCA	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
ALYQ	1	PA; Specialty; QL
REVATIO INTRAVENOUS	Non-Formulary	Medical Only Exclusion
REVATIO ORAL	Non-Formulary	PA; Formulary Exclusion; QL
<i>sildenafil citrate intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>sildenafil citrate oral suspension reconstituted</i>	1	PA; QL
<i>sildenafil citrate tablet 20 mg oral</i>	1	PA; QL
<i>tadalafil (pah)</i>	1	PA; Specialty; QL
TADLIQ	Non-Formulary	Non Essential Drug Exclusion; Specialty; Formulary Exclusion; QL
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***		
UPTRAVI INTRAVENOUS	Non-Formulary	Medical Only Exclusion
UPTRAVI ORAL	2	PA; Specialty; QL
UPTRAVI TITRATION	2	PA; Specialty; QL
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***		
<i>avanafil</i>	1	ST; Step Therapy Requirements (TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS); QL
CIALIS TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion; QL
CIALIS TABLET 20 MG ORAL	Non-Formulary	Formulary Exclusion; QL
CIALIS TABLET 5 MG ORAL	Non-Formulary	PA; Formulary Exclusion; QL
<i>sildenafil citrate tablet 100 mg oral</i>	1	QL

Drug Name	Tier	Notes
<i>sildenafil citrate tablet 25 mg oral</i>	1	QL
<i>sildenafil citrate tablet 50 mg oral</i>	1	QL
STENDRA	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS); QL
<i>tadalafil tablet 10 mg oral</i>	1	QL
<i>tadalafil tablet 2.5 mg oral</i>	1	PA; QL
<i>tadalafil tablet 20 mg oral</i>	1	QL
<i>tadalafil tablet 5 mg oral</i>	1	PA; QL
<i>varденаfil hcl oral</i>	1	ST; Step Therapy Requirements (TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS); QL
VIAGRA	Non-Formulary	Formulary Exclusion; QL
VYBRIQUE	Non-Formulary	New to Market Exclusion
*Septal Agents - Ablation**		
ABLYSINOL	Non-Formulary	Medical Only Exclusion
<i>dehydrated alcohol intra-arterial</i>	Non-Formulary	Medical Only Exclusion
*Sinus Node Inhibitors**		
CORLANOR ORAL SOLUTION	2	ST; Step Therapy Requirements (TRIAL OF BISOPROLOL, CARVEDILOL, OR METOPROLOL SUCCINATE IN THE PAST 120 DAYS); QL
CORLANOR ORAL TABLET	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF BISOPROLOL, CARVEDILOL, OR METOPROLOL SUCCINATE IN THE PAST 120 DAYS); QL
<i>ivabradine hcl</i>	1	ST; Step Therapy Requirements (TRIAL OF BISOPROLOL, CARVEDILOL, OR METOPROLOL SUCCINATE IN THE PAST 120 DAYS); QL
*Transthyretin Stabilizers***		
ATTRUBY	3	PA; Specialty; QL
VYNDAMAX	2	PA; Specialty; QL
*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)***		
VERQUVO	3	PA

Drug Name	Tier	Notes
CEPHALOSPORINS		
<i>*Cephalosporin Combinations***</i>		
AVYCAZ	Non-Formulary	Medical Only Exclusion
ZERBAXA	Non-Formulary	Medical Only Exclusion
<i>*Cephalosporins - 1St Generation***</i>		
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension reconstituted</i>	1	
<i>cefazolin in sodium chloride solution 2-0.9 gm/100ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
<i>cefazolin in sodium chloride solution 2-0.9 gm/100ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>cefazolin in sodium chloride solution 3-0.9 gm/100ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
<i>cefazolin in sodium chloride solution 3-0.9 gm/100ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>cefazolin sodium injection solution prefilled syringe</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>cefazolin sodium injection solution reconstituted</i>	Non-Formulary	Medical Only Exclusion
<i>cefazolin sodium intravenous solution prefilled syringe</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>cefazolin sodium intravenous solution reconstituted</i>	Non-Formulary	Medical Only Exclusion
<i>cefazolin sodium-dextrose intravenous solution reconstituted</i>	Non-Formulary	Medical Only Exclusion
<i>cefazolin sodium-dextrose solution 1-4 gm/50ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>cefazolin sodium-dextrose solution 2-4 gm/100ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>cefazolin sodium-dextrose solution 2-5 gm/100ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>cefazolin sodium-dextrose solution 3-4 gm/150ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>cephalexin</i>	1	
<i>*Cephalosporins - 2Nd Generation***</i>		
<i>cefaclor er</i>	3	
<i>cefaclor oral suspension reconstituted</i>	3	
CEFOTAN	Non-Formulary	Medical Only Exclusion
<i>cefotetan disodium</i>	Non-Formulary	Medical Only Exclusion
<i>cefoxitin sodium</i>	Non-Formulary	Medical Only Exclusion
<i>cefoxitin sodium-dextrose</i>	Non-Formulary	Medical Only Exclusion
<i>cefprozil</i>	1	

Drug Name	Tier	Notes
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	Non-Formulary	Medical Only Exclusion
*Cephalosporins - 3Rd Generation***		
<i>cefdinir</i>	1	
<i>cefixime oral capsule</i>	1	
<i>cefixime oral suspension reconstituted</i>	1	
<i>cefixime oral tablet</i>	3	Non Essential Drug Exclusion
<i>cefotaxime sodium</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>cefpodoxime proxetil</i>	1	
<i>ceftazidime injection</i>	Non-Formulary	Medical Only Exclusion
<i>ceftazidime intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>ceftriaxone sodium in dextrose</i>	Non-Formulary	Medical Only Exclusion
<i>ceftriaxone sodium injection</i>	Non-Formulary	Medical Only Exclusion
<i>ceftriaxone sodium intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>ceftriaxone sodium-dextrose</i>	Non-Formulary	Medical Only Exclusion
TAZICEF INJECTION	Non-Formulary	Medical Only Exclusion
TAZICEF INTRAVENOUS SOLUTION	Non-Formulary	Formulary Exclusion
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED	Non-Formulary	Medical Only Exclusion
*Cephalosporins - 4Th Generation***		
<i>cefepime hcl</i>	Non-Formulary	Medical Only Exclusion
<i>cefepime-dextrose</i>	Non-Formulary	Medical Only Exclusion
*Cephalosporins - 5Th Generation***		
<i>ceftaroline fosamil</i>	Non-Formulary	Medical Only Exclusion
TEFLARO	Non-Formulary	Medical Only Exclusion
ZEVTERA	Non-Formulary	Medical Only Exclusion
*Cephalosporins - Siderophores***		
FETROJA	Non-Formulary	Medical Only Exclusion
CHEMICALS		
*Bulk Chemicals - Er***		
<i>erlotinib hcl (bulk)</i>	Non-Formulary	Non FDA Exclusion
CONTRACEPTIVES		
*Biphasic Contraceptives - Oral***		
AZURETTE	1	
<i>desogestrel-ethinyl estradiol</i>	1	
KARIVA	1	
LO LOESTRIN FE	2	

Drug Name	Tier	Notes
PIMTREA	1	
SIMLIYA	1	
<i>viorele</i>	1	
VOLNEA	1	
*Combination Contraceptives - Oral***		
AFIRMELLE	1	
ALTAVERA	1	
<i>alyacen 1/35</i>	1	
APRI	1	
AUBRA EQ	1	
AUROVELA 1.5/30	1	
AUROVELA 1/20	1	
AUROVELA 24 FE	1	
AUROVELA FE 1.5/30	1	
AUROVELA FE 1/20	1	
AVERI	3	
AVIANE	1	
AYUNA	1	
BALCOLTRA	Non-Formulary	Formulary Exclusion
BALZIVA	1	
BEYAZ	Non-Formulary	Formulary Exclusion
BLISOVI 24 FE	1	
BLISOVI FE 1.5/30	1	
BLISOVI FE 1/20	1	
<i>briellyn</i>	1	
CHARLOTTE 24 FE	1	
CHATEAL EQ	1	
CYRED EQ	1	
DASETTA 1/35 (28)	1	
DELYLA	1	
<i>drospiren-eth estrad-levomefol tablet 3-0.02-0.451 mg oral</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
ELINEST	1	
ENSKYCE	1	
ESTARYLLA	1	
<i>ethynodiol diac-eth estradiol</i>	1	
FALMINA	1	

Drug Name	Tier	Notes
FEIRZA 1.5/30	1	
FEIRZA 1/20	1	
FEMLYV	3	
FINZALA	1	
GALBRIELA	1	
GEMMILY	1	
HAILEY 1.5/30	1	
HAILEY 24 FE	1	
HAILEY FE 1.5/30	1	
HAILEY FE 1/20	1	
ISIBLOOM	1	
JASMIEL	1	
JOYEAUX	1	
JULEBER	1	
JUNEL 1.5/30	1	
JUNEL 1/20	1	
JUNEL FE 1.5/30	1	
JUNEL FE 1/20	1	
JUNEL FE 24	1	
KAITLIB FE	1	
KALLIGA	1	
KELNOR 1/35	1	
KURVELO	1	
LARIN 1.5/30	1	
LARIN 1/20	1	
LARIN 24 FE	1	
LARIN FE 1.5/30	1	
LARIN FE 1/20	1	
LESSINA	1	
<i>levonorgest-eth estradiol-iron</i>	1	
<i>levonorgestrel-ethinyl estrad tablet 0.1-20 mg-mcg oral</i>	1	
<i>levonorgestrel-ethinyl estrad tablet 0.15-30 mg-mcg oral</i>	1	
LOESTRIN 1.5/30 (21)	1	
LOESTRIN 1/20 (21)	1	
LOESTRIN FE 1.5/30	1	
LOESTRIN FE 1/20	1	
LORYNA	1	

Drug Name	Tier	Notes
LOW-OGESTREL	1	
LO-ZUMANDIMINE	1	
LUIZZA 1.5/30	1	
LUIZZA 1/20	1	
LUTERA	1	
<i>marlissa</i>	1	
MIBELAS 24 FE	1	
MICROGESTIN 1.5/30	1	
MICROGESTIN 1/20	1	
MICROGESTIN FE 1.5/30	1	
MICROGESTIN FE 1/20	1	
MILI	1	
MINZOYA	1	
MONO-LINYAH	1	
NECON 0.5/35 (28)	1	
NEXTSTELLIS	3	
NIKKI	1	
<i>norethin ace-eth estrad-fe</i>	1	
<i>norethindrone acet-ethinyl est</i>	1	
<i>norethin-eth estradiol-fe</i>	1	
<i>norgestimate-eth estradiol tablet 0.25-35 mg-mcg oral</i>	1	
NORTREL 0.5/35 (28)	1	
NORTREL 1/35 (21)	1	
NORTREL 1/35 (28)	1	
NYLIA 1/35	1	
PHILITH	1	
PORTIA-28	1	
RECLIPSEN	1	
SAFYRAL	Non-Formulary	Formulary Exclusion
SPRINTEC 28	1	
SYEDA	1	
TARINA 24 FE	1	
TARINA FE 1/20 EQ	1	
TAYSOFY	1	
TAYTULLA	Non-Formulary	Formulary Exclusion
TURQOZ	1	
TYDEMY	1	

Drug Name	Tier	Notes
VALTYA 1/35	1	
VALTYA 1/50	1	
VESTURA	1	
VIENVA	1	
VYFEMLA	1	
VYLIBRA	1	
WERA	1	
WYMZYA FE	1	
XELRIA FE	1	
YASMIN 28	Non-Formulary	Formulary Exclusion
YAZ	Non-Formulary	Formulary Exclusion
ZOVIA 1/35 (28)	1	
ZUMANDIMINE	1	
<i>*Combination Contraceptives - Transdermal***</i>		
<i>norelgestromin-eth estradiol</i>	1	
TWIRLA	3	
XULANE	1	
ZAFEMY	1	
<i>*Combination Contraceptives - Vaginal***</i>		
ANNOVERA	3	QL
ELURYNG	1	
ENILLORING	1	
<i>etonogestrel-ethinyl estradiol</i>	1	
NUVARING	Non-Formulary	Formulary Exclusion
<i>*Continuous Contraceptives - Oral***</i>		
AMETHYST	1	
DOLISHALE	1	
<i>*Copper Contraceptives - Iud***</i>		
MIUDELLA INTRAUTERINE COPPER	3	
PARAGARD INTRAUTERINE COPPER	3	
<i>*Emergency Contraceptives***</i>		
AFTERA	1	
AFTERPILL	1	
ECONTRA ONE-STEP	1	
ELLA	2	
HER STYLE	1	

Drug Name	Tier	Notes
<i>levonorgestrel</i>	1	
MY CHOICE	1	
MY WAY	1	
NEW DAY	1	
OPCICON ONE-STEP	1	
OPTION 2	1	
TAKE ACTION	1	
<i>*Extended-Cycle Contraceptives - Oral***</i>		
ASHLYNA	1	
CAMRESE	1	
CAMRESE LO	1	
DAYSEE	1	
ICLEVIA	1	
INTROVALE	1	
JAIMIESS	1	
JOLESSA	1	
<i>levonorgest-eth est & eth est</i>	1	
<i>levonorgest-eth estrad 91-day tablet 0.1-0.02 & 0.01 mg oral</i>	1	
<i>levonorgest-eth estrad 91-day tablet 0.15-0.03 mg oral</i>	1	
LOJAIMIESS	1	
RIVELSA	1	
ROSYRAH	1	
SETLAKIN	1	
SIMPESSE	1	
<i>*Four Phase Contraceptives - Oral***</i>		
NATAZIA	3	
<i>*Progestin Contraceptives - Implants***</i>		
NEXPLANON	3	
<i>*Progestin Contraceptives - Injectable***</i>		
DEPO-PROVERA	Non-Formulary	Formulary Exclusion
DEPO-SUBQ PROVERA 104	3	
<i>medroxyprogesterone acetate intramuscular</i>	1	
<i>*Progestin Contraceptives - Iud***</i>		
KYLEENA	2	
LILETTA (52 MG)	3	

Drug Name	Tier	Notes
MIRENA (52 MG)	2	
SKYLA	2	
<i>*Progestin Contraceptives - Oral***</i>		
CAMILA	1	
DEBLITANE	1	
EMZAHH	1	
ERRIN	1	
HEATHER	1	
INCASSIA	1	
JENCYCLA	1	
LYLEQ	1	
LYZA	1	
MELEYA	1	
NORA-BE	1	
<i>norethindrone oral</i>	1	
NORLYROC	1	
ORQUIDEA	1	
SHAROBEL	1	
SLYND	3	
<i>*Triphasic Contraceptives - Oral***</i>		
<i>alyacen 7/7/7</i>	1	
ARANELLE	1	
DASETTA 7/7/7	1	
LEVONEST	1	
<i>levonorg-eth estrad triphasic</i>	1	
<i>norgestim-eth estrad triphasic</i>	1	
NORTREL 7/7/7	1	
NYLIA 7/7/7	1	
TILIA FE	1	
TRI-ESTARYLLA	1	
TRI-LEGEST FE	1	
TRI-LINYAH	1	
TRI-LO-ESTARYLLA	1	
TRI-LO-MARZIA	1	
TRI-LO-MILI	1	
TRI-LO-SPRINTEC	1	
TRI-MILI	1	
TRI-SPRINTEC	1	

Drug Name	Tier	Notes
TRI-VYLIBRA	1	
TRI-VYLIBRA LO	1	
XARAH FE	1	
CORTICOSTEROIDS		
*Glucocorticosteroids***		
AGAMREE	3	PA; Specialty
ALKINDI SPRINKLE	3	PA; Specialty
<i>betamethasone sodium phosphate solution 12 mg/2ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>betamethasone sodium phosphate solution 6 mg/ml injection</i>	Non-Formulary	Non FDA Exclusion
<i>budesonide er</i>	1	ST; Step Therapy Requirements (TRIAL OF BALSALAZIDE IN THE PAST 120 DAYS)
<i>budesonide oral</i>	1	
CORTEF	Non-Formulary	Formulary Exclusion
<i>cortisone acetate oral</i>	3	
<i>deflazacort</i>	1	PA; Specialty
DEPO-MEDROL	Non-Formulary	Medical Only Exclusion
<i>dexameth sod phos (pf) +rfid</i>	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
<i>dexamethasone (la)</i>	Non-Formulary	Non FDA Exclusion
<i>dexamethasone acetate injection</i>	Non-Formulary	Non FDA Exclusion
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	3	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone sod phos (pf)</i>	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
<i>dexamethasone sod phos +rfid</i>	Non-Formulary	Medical Only Exclusion
<i>dexamethasone sod phos-nacl</i>	Non-Formulary	Non FDA Exclusion
<i>dexamethasone sod phosphate pf</i>	Non-Formulary	Medical Only Exclusion
<i>dexamethasone sodium phosphate solution 10 mg/ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>dexamethasone sodium phosphate solution 10 mg/ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>dexamethasone sodium phosphate solution 100 mg/10ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>dexamethasone sodium phosphate solution 120 mg/30ml injection</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>dexamethasone sodium phosphate solution 20 mg/5ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>dexamethasone sodium phosphate solution 4 mg/ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>dexamethasone sodium phosphate solution 4 mg/ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>dexamethasone tablet therapy pack 1.5 mg (21) oral</i>	1	Non Essential Drug Exclusion
DEXONTO 0.4%	Non-Formulary	Non FDA Exclusion
DOUBLEDEX	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
EMFLAZA	Non-Formulary	PA; Specialty; Formulary Exclusion
EOHILIA	Non-Formulary	PA; Specialty; Formulary Exclusion
HEMADY	3	Non Essential Drug Exclusion
HEXATRIONE	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
HIDEX 6-DAY	1	Non Essential Drug Exclusion
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone sod suc (pf)</i>	Non-Formulary	Medical Only Exclusion
IONTOSONE 0.4%	Non-Formulary	Non FDA Exclusion
<i>jaythari oral tablet</i>	1	PA; Specialty
KENALOG-10	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
KENALOG-40	Non-Formulary	Medical Only Exclusion
KENALOG-80	Non-Formulary	Medical Only Exclusion
KHINDIVI	Non-Formulary	Non Essential Drug Exclusion; Specialty; Formulary Exclusion
KYMBEE	1	PA; Specialty
MAS CARE-PAK	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
MEDROL ORAL TABLET THERAPY PACK	Non-Formulary	Formulary Exclusion
MEDROL TABLET 16 MG ORAL	Non-Formulary	Formulary Exclusion
MEDROL TABLET 2 MG ORAL	3	
MEDROL TABLET 4 MG ORAL	Non-Formulary	Formulary Exclusion
MEDROL TABLET 8 MG ORAL	Non-Formulary	Formulary Exclusion
<i>methylprednisolone acetate suspension 40 mg/ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>methylprednisolone acetate suspension 40 mg/ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
<i>methylprednisolone acetate suspension 50 mg/ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>methylprednisolone acetate suspension 80 mg/ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>methylprednisolone acetate suspension 80 mg/ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>methylprednisolone oral</i>	1	
<i>methylprednisolone sodium succ</i>	Non-Formulary	Medical Only Exclusion
ORAPRED ODT	3	
<i>p-care k40</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>p-care k80</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>pod-care 100k</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>prednisolone oral solution</i>	1	
<i>prednisolone oral tablet</i>	1	Non Essential Drug Exclusion
<i>prednisolone sodium phosphate oral tablet dispersible</i>	3	
<i>prednisolone sodium phosphate solution 10 mg/5ml oral</i>	1	Non Essential Drug Exclusion
<i>prednisolone sodium phosphate solution 15 mg/5ml oral</i>	1	
<i>prednisolone sodium phosphate solution 20 mg/5ml oral</i>	1	
<i>prednisolone sodium phosphate solution 25 mg/5ml oral</i>	1	
<i>prednisolone sodium phosphate solution 5 mg/5ml oral</i>	1	
PREDNISONE INTENSOL	Non-Formulary	Formulary Exclusion
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet therapy pack</i>	1	
<i>prednisone tablet delayed release 2 mg oral</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
PYQUVI	1	PA; Specialty
SOLU-CORTEF	Non-Formulary	Medical Only Exclusion
SOLU-MEDROL	Non-Formulary	Medical Only Exclusion
SOLU-MEDROL (PF)	Non-Formulary	Medical Only Exclusion
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	1	Non Essential Drug Exclusion
TAPERDEX 7-DAY	3	Non Essential Drug Exclusion

Drug Name	Tier	Notes
TARPEYO	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
<i>topidex</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>triamcinolone acetonide suspension 10 mg/ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>triamcinolone acetonide suspension 40 mg/ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>triamcinolone acetonide suspension 40 mg/ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>triamcinolone acetonide suspension 50 mg/ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>triamcinolone acetonide suspension 80 mg/ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>triamcinolone diacetate injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
UCERIS ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF BALSALAZIDE IN THE PAST 120 DAYS)
ZILRETTA	Non-Formulary	Medical Only Exclusion
*Mineralocorticoids***		
<i>fludrocortisone acetate oral</i>	1	
*Steroid Combinations***		
BETALIDO	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
BETALOAN SUIK	Non-Formulary	Non FDA Exclusion
<i>betamethasone combo</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>betamethasone sod phos & acet suspension 7 (4-3) mg/ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
BLT-25	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>bupivillog</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
CELESTONE SOLUSPAN	Non-Formulary	Medical Only Exclusion
<i>dexameth sod phos-bupiv-epin</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
<i>dexamethasone ace & sod phos</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
DEXLIDO	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
DEXLIDO-M	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
DMT SUIK	Non-Formulary	Non FDA Exclusion
DYURAL 80-LM	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
DYURAL-40	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
DYURAL-80	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
DYURAL-L	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
DYURAL-LM	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>lidocidex i</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>lidolog</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
MARBETA-25	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
MARBETA-L	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
MARDEX-25	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
MEDROLOAN II SUIK	Non-Formulary	Non FDA Exclusion
MEDROLOAN SUIK	Non-Formulary	Non FDA Exclusion
<i>methylprednisolone ace-lido</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>methylprednisolone-bupivacaine</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>mlk f1</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>mlk f2</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>mlk f3</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
MLK F4	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>multi-specialty</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
<i>p-care k40g</i>	Non-Formulary	Non FDA Exclusion
<i>p-care k40mx</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>p-care k80g</i>	Non-Formulary	Non FDA Exclusion
<i>p-care k80mx</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>physicians ez use j/t/t kit ii</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>physicians ez use joint/tunnel</i>	Non-Formulary	Non FDA Exclusion
<i>physicians ez use m-pred</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>pod-care 100c</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>pod-care 100cg</i>	Non-Formulary	Non FDA Exclusion
<i>pod-care 100cmx</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>pod-care 100kg</i>	Non-Formulary	Non FDA Exclusion
<i>pod-care 100kmx</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ROPIDEX	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>triamcinolone-bupivacaine</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
TRILOAN II SUIK	Non-Formulary	Non FDA Exclusion
TRILOAN SUIK	Non-Formulary	Non FDA Exclusion
COUGH/COLD/ALLERGY		
<i>*Antitussive - Nonnarcotic***</i>		
<i>benzonatate</i>	1	
<i>*Antitussive - Opioid***</i>		
HYCODAN	Non-Formulary	Formulary Exclusion; QL
<i>hydrocodone bit-homatrop mbr</i>	1	QL
<i>hydromet</i>	1	QL
<i>*Decongestant & Antihistamine***</i>		
CLARINEX-D 12 HOUR	3	
<i>*Iodine Expectorants***</i>		
SSKI	3	
<i>*Misc. Respiratory Inhalants***</i>		
HYPERSAL NEBULIZATION SOLUTION 3.5 % INHALATION	3	

Drug Name	Tier	Notes
HYPERSAL NEBULIZATION SOLUTION 7 % INHALATION	Non-Formulary	Formulary Exclusion
NEBUSAL NEBULIZATION SOLUTION 3 % INHALATION	1	
PULMOSAL	1	
<i>sodium chloride nebulization solution 0.9 % inhalation (rx)</i>	1	
<i>sodium chloride nebulization solution 10 % inhalation</i>	1	
<i>sodium chloride nebulization solution 10 % inhalation</i>	Non-Formulary	Non FDA Exclusion
<i>sodium chloride nebulization solution 3 % inhalation</i>	1	
<i>sodium chloride nebulization solution 7 % inhalation</i>	1	
*Mucolytics***		
<i>acetylcysteine inhalation</i>	1	
*Non-Narc Antitussive-Antihistamine***		
<i>promethazine-dm</i>	1	
*Non-Narc Antitussive-Decongestant-Antihistamine***		
NEOTUSS PLUS	Non-Formulary	Formulary Exclusion
<i>pseudoeph-bromphen-dm</i>	1	
*Opioid Antitussive-Antihistamine***		
<i>promethazine-codeine oral solution</i>	1	QL
TUXARIN ER	3	QL
DERMATOLOGICALS		
*Acne Antibiotics***		
ACZONE	Non-Formulary	Formulary Exclusion
AMZEEQ	3	ST; Step Therapy Requirements (TRIAL OF CLINDAMYCIN GEL OR TRETINOIN GEL 0.025% IN THE PAST 120 DAYS)
CLEOCIN-T	Non-Formulary	Formulary Exclusion
CLINDACIN	1	
CLINDAGEL	Non-Formulary	Formulary Exclusion
<i>clindamycin phos (once-daily)</i>	1	
<i>clindamycin phos (twice-daily)</i>	1	
<i>clindamycin phosphate external</i>	1	

Drug Name	Tier	Notes
<i>dapsone external</i>	1	
<i>erythromycin external solution</i>	1	
KLARON	Non-Formulary	Formulary Exclusion
<i>sulfacetamide sodium (acne)</i>	1	
*Acne Combinations***		
<i>abenor</i>	Non-Formulary	Non FDA Exclusion
<i>abenor hp</i>	Non-Formulary	Non FDA Exclusion
ACANYA	Non-Formulary	Formulary Exclusion
<i>acioxiay</i>	Non-Formulary	Non FDA Exclusion
<i>adainzoxia</i>	Non-Formulary	Non FDA Exclusion
<i>adalina</i>	Non-Formulary	Non FDA Exclusion
<i>adapalene-benzoyl peroxide external pad</i>	Non-Formulary	Non FDA Exclusion
<i>adapalene-benzoyl peroxide gel 0.1-2.5 % external</i>	1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5 % external</i>	Non-Formulary	Formulary Exclusion
<i>adeinzde</i>	Non-Formulary	Non FDA Exclusion
<i>adermica</i>	Non-Formulary	Non FDA Exclusion
<i>adermica hp</i>	Non-Formulary	Non FDA Exclusion
<i>admirazol</i>	Non-Formulary	Non FDA Exclusion
<i>admirazol dual</i>	Non-Formulary	Non FDA Exclusion
<i>admirazol hp</i>	Non-Formulary	Non FDA Exclusion
<i>admirazol hp dual</i>	Non-Formulary	Non FDA Exclusion
<i>alixi</i>	Non-Formulary	Non FDA Exclusion
<i>alixi hp</i>	Non-Formulary	Non FDA Exclusion
<i>alomira</i>	Non-Formulary	Non FDA Exclusion
<i>alomira hp</i>	Non-Formulary	Non FDA Exclusion
<i>alomira lp</i>	Non-Formulary	Non FDA Exclusion
<i>aluris</i>	Non-Formulary	Non FDA Exclusion
<i>aluris hp</i>	Non-Formulary	Non FDA Exclusion
<i>aluris hp plus</i>	Non-Formulary	Non FDA Exclusion
<i>aluris lp</i>	Non-Formulary	Non FDA Exclusion
<i>aluris lp plus</i>	Non-Formulary	Non FDA Exclusion
<i>aluris plus</i>	Non-Formulary	Non FDA Exclusion
<i>aluxof</i>	Non-Formulary	Non FDA Exclusion
<i>aluxof hp</i>	Non-Formulary	Non FDA Exclusion
<i>alvox</i>	Non-Formulary	Non FDA Exclusion
<i>alvox hp</i>	Non-Formulary	Non FDA Exclusion
<i>apexol cleanser</i>	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
<i>apexol hp cleanser</i>	Non-Formulary	Non FDA Exclusion
<i>aphoria</i>	Non-Formulary	Non FDA Exclusion
<i>aporix</i>	Non-Formulary	Non FDA Exclusion
<i>artilis</i>	Non-Formulary	Non FDA Exclusion
<i>artilis hp</i>	Non-Formulary	Non FDA Exclusion
<i>augustil</i>	Non-Formulary	Non FDA Exclusion
AVAR CLEANSER	Non-Formulary	Non FDA Exclusion
AVAR LS CLEANSER	Non-Formulary	Non FDA Exclusion
AVAR-E EMOLLIENT	Non-Formulary	Non FDA Exclusion
<i>avidora</i>	Non-Formulary	Non FDA Exclusion
<i>avidora hp</i>	Non-Formulary	Non FDA Exclusion
<i>awanis</i>	Non-Formulary	Non FDA Exclusion
<i>azalta</i>	Non-Formulary	Non FDA Exclusion
<i>azalta hp</i>	Non-Formulary	Non FDA Exclusion
BENZAMYCIN	Non-Formulary	Formulary Exclusion
<i>benzoyl peroxide-erythromycin</i>	1	
<i>bp 10-1</i>	Non-Formulary	Non FDA Exclusion
CABTREO	3	
CLINDACIN ETZ EXTERNAL KIT	Non-Formulary	Non FDA Exclusion
<i>clindamycin phos-benzoyl perox</i>	1	
<i>clindamycin-tretinoin</i>	1	
CLINOIN	Non-Formulary	Non FDA Exclusion
<i>deoxia</i>	Non-Formulary	Non FDA Exclusion
<i>deoxiademtar</i>	Non-Formulary	Non FDA Exclusion
<i>deoxiatar</i>	Non-Formulary	Non FDA Exclusion
<i>deoxiavar</i>	Non-Formulary	Non FDA Exclusion
<i>diadimaxia</i>	Non-Formulary	Non FDA Exclusion
<i>diaoxia</i>	Non-Formulary	Non FDA Exclusion
<i>diasaxiatar</i>	Non-Formulary	Non FDA Exclusion
<i>diasdimaxia</i>	Non-Formulary	Non FDA Exclusion
<i>diasoxia</i>	Non-Formulary	Non FDA Exclusion
<i>dimoxia</i>	Non-Formulary	Non FDA Exclusion
<i>draxacey</i>	Non-Formulary	Non FDA Exclusion
<i>drixece</i>	Non-Formulary	Non FDA Exclusion
<i>dynoma</i>	Non-Formulary	Non FDA Exclusion
<i>eceoxia</i>	Non-Formulary	Non FDA Exclusion
EPIDUO	Non-Formulary	Formulary Exclusion
EPIDUO FORTE	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
<i>ethoxia</i>	Non-Formulary	Non FDA Exclusion
<i>fluoxia</i>	Non-Formulary	Non FDA Exclusion
<i>idyyxiatar</i>	Non-Formulary	Non FDA Exclusion
<i>inzdeaxiatar</i>	Non-Formulary	Non FDA Exclusion
<i>inzdeaxiavar</i>	Non-Formulary	Non FDA Exclusion
<i>inzdeoxia</i>	Non-Formulary	Non FDA Exclusion
<i>ithoxia</i>	Non-Formulary	Non FDA Exclusion
<i>lounzdomdioxatar</i>	Non-Formulary	Non FDA Exclusion
<i>melzara</i>	Non-Formulary	Non FDA Exclusion
NEUAC	1	
ONEXTON	2	ST; Step Therapy Requirements (TRIAL OF CLINDAMYCIN GEL OR TRETINOIN GEL 0.025% IN THE PAST 120 DAYS)
<i>onzdeaxiademtar</i>	Non-Formulary	Non FDA Exclusion
<i>onzdeaxiademvar</i>	Non-Formulary	Non FDA Exclusion
<i>onzdeaxiatar</i>	Non-Formulary	Non FDA Exclusion
<i>onzdeaxiavar</i>	Non-Formulary	Non FDA Exclusion
<i>onzdeaxiazar</i>	Non-Formulary	Non FDA Exclusion
<i>onzdeoxia</i>	Non-Formulary	Non FDA Exclusion
<i>oxiaice</i>	Non-Formulary	Non FDA Exclusion
<i>oxiatar</i>	Non-Formulary	Non FDA Exclusion
<i>oxiavar</i>	Non-Formulary	Non FDA Exclusion
<i>oxiavarry</i>	Non-Formulary	Non FDA Exclusion
<i>oxiavary</i>	Non-Formulary	Non FDA Exclusion
<i>oxiazar</i>	Non-Formulary	Non FDA Exclusion
PLEXION	Non-Formulary	Non FDA Exclusion
PLEXION CLEANSER	Non-Formulary	Non FDA Exclusion
PLEXION CLEANSING CLOTH	Non-Formulary	Non FDA Exclusion
<i>rumilo</i>	Non-Formulary	Non FDA Exclusion
<i>saroxia</i>	Non-Formulary	Non FDA Exclusion
<i>sirvana</i>	Non-Formulary	Non FDA Exclusion
<i>sorixia</i>	Non-Formulary	Non FDA Exclusion
<i>sss 10-5</i>	Non-Formulary	Non FDA Exclusion
<i>sulfacetamide sodium-sulfur cream 10-2 % external</i>	Non-Formulary	Non FDA Exclusion
<i>sulfacetamide sodium-sulfur cream 10-5 % external</i>	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
<i>sulfacetamide sodium-sulfur cream 9.8-4.8 % external</i>	1	
<i>sulfacetamide sodium-sulfur cream 9.8-4.8 % external</i>	Non-Formulary	Non FDA Exclusion
<i>sulfacetamide sodium-sulfur external emulsion</i>	Non-Formulary	Non FDA Exclusion
<i>sulfacetamide sodium-sulfur external lotion</i>	Non-Formulary	Non FDA Exclusion
<i>sulfacetamide sodium-sulfur liquid 10-2 % external</i>	1	
<i>sulfacetamide sodium-sulfur liquid 10-2 % external</i>	Non-Formulary	Non FDA Exclusion
<i>sulfacetamide sodium-sulfur liquid 10-5 % external</i>	1	
<i>sulfacetamide sodium-sulfur liquid 10-5 % external</i>	Non-Formulary	Non FDA Exclusion
<i>sulfacetamide sodium-sulfur liquid 9.8-4.8 % external</i>	Non-Formulary	Non FDA Exclusion
<i>sulfacetamide sodium-sulfur liquid 9-4 % external</i>	1	
<i>sulfacetamide sodium-sulfur liquid 9-4 % external</i>	Non-Formulary	Non FDA Exclusion
<i>sulfacetamide sodium-sulfur liquid 9-4.5 % external</i>	1	Non Essential Drug Exclusion
<i>sulfacetamide sodium-sulfur suspension 10-5 % external</i>	Non-Formulary	Non FDA Exclusion
<i>sulfacetamide sodium-sulfur suspension 8-4 % external</i>	1	
<i>sulfacetamide sodium-sulfur suspension 9-4.25 % external</i>	Non-Formulary	Non FDA Exclusion
<i>sulfacetamide sod-sulfur wash liquid 9-4 % external</i>	Non-Formulary	Non FDA Exclusion
<i>sulfacetamide sod-sulfur wash liquid 9-4.5 % external</i>	1	Non Essential Drug Exclusion
<i>sulfacetamide-sulfur in urea</i>	Non-Formulary	Non FDA Exclusion
SULFACLEANSE 8/4	1	
SUMAXIN	Non-Formulary	Non FDA Exclusion
SUMAXIN CP	Non-Formulary	Non FDA Exclusion
<i>tardeoxia</i>	Non-Formulary	Non FDA Exclusion
<i>tardimaxia</i>	Non-Formulary	Non FDA Exclusion
<i>taroxia</i>	Non-Formulary	Non FDA Exclusion
TWYNEO	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>unzdomdioxiazar</i>	Non-Formulary	Non FDA Exclusion
VANOXIDE-HC	Non-Formulary	Non FDA Exclusion
<i>vardimaxia</i>	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
<i>varoxia</i>	Non-Formulary	Non FDA Exclusion
ZACARE	Non-Formulary	Non FDA Exclusion
ZIANA	Non-Formulary	Formulary Exclusion
*Acne Products***		
ABSORICA	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ABSORICA LD	2	Non Essential Drug Exclusion
ACCUTANE	1	
<i>adapalene external cream</i>	1	
<i>adapalene external gel</i>	1	
<i>adapalene external pad</i>	3	ST; Non Essential Drug Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: Generic topical retinoid)
<i>adapalene external solution</i>	3	ST; Non Essential Drug Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: Generic topical retinoid)
AKLIEF	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: Generic topical retinoid)
ALTRENO	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: Generic topical retinoid)
AMNESTEEM	1	
ARAZLO	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ATRALIN	Non-Formulary	Formulary Exclusion
AZELEX	3	ST; Step Therapy Requirements (TRIAL OF CLINDAMYCIN GEL OR TRETINOIN GEL 0.025% IN THE PAST 120 DAYS)
BENZAC AC WASH	Non-Formulary	Formulary Exclusion
BENZEPRO	Non-Formulary	Non FDA Exclusion
BENZEPRO CREAMY WASH	Non-Formulary	Non FDA Exclusion; Non Essential Drug Exclusion
BENZEPRO FOAMING CLOTHS	Non-Formulary	Non FDA Exclusion
CLARAVIS	1	
DIFFERIN EXTERNAL CREAM	Non-Formulary	Formulary Exclusion
DIFFERIN GEL 0.3 % EXTERNAL	Non-Formulary	Formulary Exclusion
EPSOLAY	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion

Drug Name	Tier	Notes
<i>isotretinoin capsule 10 mg oral</i>	1	
<i>isotretinoin capsule 20 mg oral</i>	1	
<i>isotretinoin capsule 25 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>isotretinoin capsule 25 mg oral</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>isotretinoin capsule 30 mg oral</i>	1	
<i>isotretinoin capsule 35 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>isotretinoin capsule 35 mg oral</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>isotretinoin capsule 40 mg oral</i>	1	
PR BENZOYL PEROXIDE	Non-Formulary	Non FDA Exclusion
PR BENZOYL PEROXIDE WASH	Non-Formulary	Non FDA Exclusion; Non Essential Drug Exclusion
RETIN-A	Non-Formulary	Formulary Exclusion
RETIN-A MICRO PUMP GEL 0.06 % EXTERNAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
RETIN-A MICRO PUMP GEL 0.08 % EXTERNAL	Non-Formulary	Formulary Exclusion
<i>tazarotene external foam</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>tretinoin external cream</i>	1	
<i>tretinoin gel 0.01 % external</i>	1	
<i>tretinoin gel 0.025 % external</i>	1	
<i>tretinoin gel 0.025 % external</i>	Non-Formulary	Formulary Exclusion
<i>tretinoin gel 0.05 % external</i>	1	
<i>tretinoin microsphere gel 0.08 % external</i>	1	
<i>tretinoin microsphere pump gel 0.08 % external</i>	1	
WINLEVI	3	QL
<i>zaclir cleansing</i>	Non-Formulary	Non FDA Exclusion
ZENATANE	1	
<i>*Agents For External Genital And Perianal Warts***</i>		
VEREGEN	3	Non Essential Drug Exclusion
<i>*Agents For Facial Wrinkles - Hormones***</i>		
<i>sivora</i>	Non-Formulary	Non FDA Exclusion
<i>*Agents For Facial Wrinkles - Retinoids***</i>		
RENOVA	Non-Formulary	Formulary Exclusion
RENOVA PUMP	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
<i>*Alopecia Agents - Janus Kinus (Jak) Inhibitors***</i>		
LEQSELVI	Non-Formulary	PA; Specialty; Formulary Exclusion
LITFULO	3	PA; Specialty; QL
<i>*Analgesic Combinations - Topical***</i>		
A.A.G.C. KIT IN TERODERM	Non-Formulary	Non FDA Exclusion
<i>*Analgesics - Topical***</i>		
<i>enovarx-baclofen</i>	Non-Formulary	Non FDA Exclusion
<i>enovarx-tramadol</i>	Non-Formulary	Non FDA Exclusion
MISICARUB	Non-Formulary	Non FDA Exclusion
MUSCUSOLICE	Non-Formulary	Non FDA Exclusion
NEURAPTINE	Non-Formulary	Non FDA Exclusion
NEURORUB	Non-Formulary	Non FDA Exclusion
PRAKETAMIDE	Non-Formulary	Non FDA Exclusion
<i>*Antibiotic Mixtures Topical***</i>		
<i>batizia</i>	Non-Formulary	Non FDA Exclusion
<i>baxonil</i>	Non-Formulary	Non FDA Exclusion
<i>idaran</i>	Non-Formulary	Non FDA Exclusion
<i>nanran</i>	Non-Formulary	Non FDA Exclusion
<i>*Antibiotic Steroid Combinations - Topical***</i>		
NEO-SYNALAR	3	Non Essential Drug Exclusion
<i>*Antibiotics - Topical***</i>		
<i>gentamicin sulfate external</i>	1	
<i>mupirocin calcium</i>	1	
<i>mupirocin external</i>	1	
<i>*Antifungals - Topical Combinations***</i>		
CLOBEZIN	Non-Formulary	Non FDA Exclusion
<i>clotrimazole-betamethasone external cream</i>	1	
<i>dazinia</i>	Non-Formulary	Non FDA Exclusion
<i>delibon</i>	Non-Formulary	Non FDA Exclusion
<i>denvita</i>	Non-Formulary	Non FDA Exclusion
DERMACINRX THERAZOLE PAK	Non-Formulary	Non FDA Exclusion
<i>difmetioxime</i>	Non-Formulary	Non FDA Exclusion
EXODERM EXTERNAL LOTION	Non-Formulary	Non FDA Exclusion
<i>fenovia</i>	Non-Formulary	Non FDA Exclusion
<i>fervina</i>	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
<i>fidila</i>	Non-Formulary	Non FDA Exclusion
<i>filoma</i>	Non-Formulary	Non FDA Exclusion
<i>frivo</i>	Non-Formulary	Non FDA Exclusion
<i>hexiounyl</i>	Non-Formulary	Non FDA Exclusion
<i>hixdefrima</i>	Non-Formulary	Non FDA Exclusion
<i>hydrocortisone-iodoquinol</i>	Non-Formulary	Non FDA Exclusion
<i>imioxia</i>	Non-Formulary	Non FDA Exclusion
<i>iodoquinol-hc-aloe polysacch</i>	Non-Formulary	Non FDA Exclusion
<i>iodoquinol-hydrocortisone-aloe</i>	Non-Formulary	Non FDA Exclusion
<i>miconazole-zinc oxide-petrolat</i>	3	Non Essential Drug Exclusion
MYCOZYL HC	Non-Formulary	Non FDA Exclusion
<i>nystatin-triamcinolone</i>	1	
ONYCHO-MED	Non-Formulary	Non FDA Exclusion
<i>phedrax</i>	Non-Formulary	Non FDA Exclusion
<i>pheodoyo</i>	Non-Formulary	Non FDA Exclusion
<i>pheoxia</i>	Non-Formulary	Non FDA Exclusion
<i>pheyo</i>	Non-Formulary	Non FDA Exclusion
PODIATROLE	Non-Formulary	Non FDA Exclusion
VUSION	3	Non Essential Drug Exclusion
VYTONE	Non-Formulary	Non FDA Exclusion
*Antifungals - Topical***		
CICLODAN	1	
<i>ciclopirox external</i>	1	
<i>ciclopirox olamine external cream</i>	1	
<i>ciclopirox olamine external suspension</i>	Non-Formulary	Formulary Exclusion
<i>ciclopirox treatment</i>	Non-Formulary	Non FDA Exclusion
KLAYESTA	1	
MYCOZYL AL	Non-Formulary	Non FDA Exclusion
<i>naftifine hcl cream 2 % external</i>	Non-Formulary	Formulary Exclusion
<i>naftifine hcl external gel</i>	1	
NYAMYC	1	
<i>nystatin external</i>	1	
NYSTOP	1	
*Anti-Inflammatory Agents - Topical***		
<i>diclofenac epolamine</i>	3	
<i>diclofenac sodium solution 1.5 % external</i>	1	QL

Drug Name	Tier	Notes
<i>diclofenac sodium solution 2 % external</i>	1	ST; Step Therapy Requirements (TRIAL OF GENERIC DICLOFENAC 1% GEL OR DICLOFENAC 1.5% DROPS IN THE PAST 120 DAYS); QL
<i>enovarx-diclofenac sodium</i>	Non-Formulary	Non FDA Exclusion
<i>enovarx-ibuprofen</i>	Non-Formulary	Non FDA Exclusion
<i>enovarx-naproxen</i>	Non-Formulary	Non FDA Exclusion
FLECTOR	3	
FROTEK	Non-Formulary	Non FDA Exclusion
KETORUB	Non-Formulary	Non FDA Exclusion
LICART	3	ST; Non Essential Drug Exclusion; Step Therapy Requirements (TRIAL OF FLECTOR PATCH IN THE PAST 120 DAYS)
LIXOFEN	Non-Formulary	Non FDA Exclusion
<i>napro</i>	Non-Formulary	Non FDA Exclusion
VENNGEL ONE	Non-Formulary	Non FDA Exclusion
VENNGEL TWO	Non-Formulary	Non FDA Exclusion
XICLO	Non-Formulary	Non FDA Exclusion
*Anti-Inflammatory Combinations - Topical***		
<i>capsinac</i>	Non-Formulary	Non FDA Exclusion
DERMACINRX DICLOLIDOL	Non-Formulary	Non FDA Exclusion
DICLOGEN	Non-Formulary	Non FDA Exclusion
<i>diclona</i>	Non-Formulary	Non FDA Exclusion
<i>diclopr</i>	Non-Formulary	Non FDA Exclusion
DICLOSAICIN	Non-Formulary	Non FDA Exclusion
<i>diclostream</i>	Non-Formulary	Non FDA Exclusion
<i>diclovix m</i>	Non-Formulary	Non FDA Exclusion
<i>dimentho</i>	Non-Formulary	Non FDA Exclusion
<i>dual complex formula 1 kit</i>	Non-Formulary	Non FDA Exclusion
<i>fbl kit</i>	Non-Formulary	Non FDA Exclusion
FENOVAR	Non-Formulary	Non FDA Exclusion
ICLOFENAC CP	Non-Formulary	Non FDA Exclusion
K.B.G.L IN TERODERM	Non-Formulary	Non FDA Exclusion
LEXTOL	Non-Formulary	Non FDA Exclusion
ORTHAPHEN	Non-Formulary	Non FDA Exclusion
PROFINAC	Non-Formulary	Non FDA Exclusion
<i>sure result dss premium pack</i>	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
<i>triple complex formula 3 kit</i>	Non-Formulary	Non FDA Exclusion
VAROPHEN	Non-Formulary	Non FDA Exclusion
<i>vp fc kit</i>	Non-Formulary	Non FDA Exclusion
<i>vp gkl kit</i>	Non-Formulary	Non FDA Exclusion
XICLOFEN	Non-Formulary	Non FDA Exclusion
ZICLOPRO	Non-Formulary	Non FDA Exclusion
*Antineoplastic Alkylating Agents - Topical***		
VALCHLOR	2	PA; Specialty; QL
*Antineoplastic Antimetabolites - Topical***		
<i>fluorouracil cream 0.5 % external</i>	2	Non Essential Drug Exclusion
<i>fluorouracil cream 5 % external</i>	1	
TOLAK	Non-Formulary	Formulary Exclusion
*Antineoplastic Or Premalignant Lesion Agent - Comb***		
<i>kazuri</i>	Non-Formulary	Non FDA Exclusion
KEFUNOVA	Non-Formulary	Non FDA Exclusion
<i>keraxa</i>	Non-Formulary	Non FDA Exclusion
<i>kerida</i>	Non-Formulary	Non FDA Exclusion
<i>kynara</i>	Non-Formulary	Non FDA Exclusion
<i>quidroxzar</i>	Non-Formulary	Non FDA Exclusion
<i>quihoxaxia</i>	Non-Formulary	Non FDA Exclusion
<i>quihoxvar</i>	Non-Formulary	Non FDA Exclusion
<i>roaoxia</i>	Non-Formulary	Non FDA Exclusion
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***		
<i>diclofenac sodium gel 3 % external</i>	1	
*Antineoplastic Retinoids - Topical***		
PANRETIN	3	Specialty; QL
*Antipruritics - Topical***		
<i>doxepin hcl external</i>	1	Non Essential Drug Exclusion
PRUDOXIN	3	Non Essential Drug Exclusion
ZONALON	3	Non Essential Drug Exclusion
*Antipsoriatic Combinations***		
<i>diooxia</i>	Non-Formulary	Non FDA Exclusion
NUDERMRXPAK 120	Non-Formulary	Non FDA Exclusion
NUDERMRXPAK 60	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
<i>purazil</i>	Non-Formulary	Non FDA Exclusion
TRIONEX	Non-Formulary	Non FDA Exclusion
<i>*Antipsoriatrics - Systemic***</i>		
<i>acitretin</i>	1	QL
BIMZELX	2	PA; Specialty
COSENTYX	Non-Formulary	PA; Specialty; Formulary Exclusion
COSENTYX (300 MG DOSE)	Non-Formulary	PA; Specialty; Formulary Exclusion
COSENTYX SENSOREADY (300 MG)	Non-Formulary	PA; Specialty; Formulary Exclusion
COSENTYX SENSOREADY PEN	Non-Formulary	PA; Specialty; Formulary Exclusion
COSENTYX UNOREADY	Non-Formulary	PA; Specialty; Formulary Exclusion
ILUMYA	3	PA; Specialty
IMULDOSA SUBCUTANEOUS	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
OTULFI SUBCUTANEOUS	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
PYZCHIVA SUBCUTANEOUS	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
SELARSDI SUBCUTANEOUS SOLUTION	Non-Formulary	Specialty; PA messaging (Rebateable Exclusion)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
SILIQ	Non-Formulary	PA; Specialty; Formulary Exclusion
SKYRIZI PEN	2	PA; Specialty
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; Specialty
SOTYKTU	2	PA; Specialty; QL
SPEVIGO INTRAVENOUS	Non-Formulary	Medical Only Exclusion
SPEVIGO SUBCUTANEOUS	3	PA; Specialty
STARJEMZA SUBCUTANEOUS	Non-Formulary	Specialty; PA messaging (Rebateable Exclusion)
STELARA SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
STEQEYMA SUBCUTANEOUS	2	PA; Specialty
TALTZ	2	PA; Specialty
TREMFYA ONE-PRESS	2	PA; Specialty

Drug Name	Tier	Notes
TREMFYA PEN SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	2	PA; Specialty
TREMFYA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	2	PA; Specialty
<i>ustekinumab subcutaneous</i>	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
<i>ustekinumab-aauz</i>	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
<i>ustekinumab-aekn solution prefilled syringe 45 mg/0.5ml subcutaneous</i>	2	PA; Specialty
<i>ustekinumab-aekn solution prefilled syringe 45 mg/0.5ml subcutaneous</i>	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion); Ustekinumab-aekn preferred NDCs 51759-413-32 and 51759-414-32
<i>ustekinumab-aekn solution prefilled syringe 90 mg/ml subcutaneous</i>	2	PA; Specialty
<i>ustekinumab-aekn solution prefilled syringe 90 mg/ml subcutaneous</i>	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion); Ustekinumab-aekn preferred NDCs 51759-413-32 and 51759-414-32
<i>ustekinumab-ttwe subcutaneous solution</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>ustekinumab-ttwe subcutaneous solution prefilled syringe</i>	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
WEZLANA SUBCUTANEOUS	Non-Formulary	Specialty; PA messaging (Rebateable Exclusion)
YESINTEK SUBCUTANEOUS	2	PA; Specialty
*Antipsoriatrics***		
<i>calcipotriene external cream</i>	1	
<i>calcipotriene external ointment</i>	1	
CALCITRENE	1	
<i>calcitriol external</i>	3	
SORILUX	3	Non Essential Drug Exclusion
<i>tazarotene external cream</i>	1	
<i>tazarotene external gel</i>	1	
TAZORAC	Non-Formulary	Formulary Exclusion
VECTICAL	3	
VTAMA	2	PA; QL
ZITHRANOL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
*Antiseborrheic Combinations***		
<i>dafilor</i>	Non-Formulary	Non FDA Exclusion
<i>dionaris</i>	Non-Formulary	Non FDA Exclusion
<i>divendo</i>	Non-Formulary	Non FDA Exclusion
<i>haxchlo</i>	Non-Formulary	Non FDA Exclusion
<i>haxchlodrex</i>	Non-Formulary	Non FDA Exclusion
<i>haxdrax</i>	Non-Formulary	Non FDA Exclusion
<i>micuraderm</i>	Non-Formulary	Non FDA Exclusion
NUTRASEB	Non-Formulary	Non FDA Exclusion
PROMISEB	Non-Formulary	Non FDA Exclusion
*Antiseborrheic Products***		
<i>glycolic acid solution</i>	Non-Formulary	Non FDA Exclusion
OVACE PLUS WASH	Non-Formulary	Non FDA Exclusion
OVACE WASH	Non-Formulary	Non FDA Exclusion
PLEXION NS	Non-Formulary	Non FDA Exclusion
<i>selenium sulfide external lotion</i>	1	
<i>selenium sulfide external shampoo</i>	Non-Formulary	Non FDA Exclusion
<i>sodium sulfacetamide</i>	Non-Formulary	Non FDA Exclusion
<i>sodium sulfacetamide wash liquid 10 % external</i>	1	
<i>sodium sulfacetamide wash liquid 10 % external</i>	Non-Formulary	Non FDA Exclusion
<i>sulfacetamide sodium (cleans)</i>	Non-Formulary	Non FDA Exclusion
<i>sulfacetamide sodium external</i>	Non-Formulary	Non FDA Exclusion
*Antiviral Topical Combinations***		
XERESE	3	Non Essential Drug Exclusion
*Antivirals - Topical***		
<i>acyclovir external cream</i>	1	Non Essential Drug Exclusion
<i>acyclovir external ointment</i>	1	
DENAVIR	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>penciclovir</i>	1	Non Essential Drug Exclusion
ZELSUVMI	3	PA
ZOVIRAX EXTERNAL CREAM	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ZOVIRAX EXTERNAL OINTMENT	Non-Formulary	Formulary Exclusion
*Astringents***		
XERAC AC SOLUTION 6.25 % EXTERNAL	Non-Formulary	Formulary Exclusion
XERAC AC SOLUTION 6.25 % EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***		
ANZUPGO	Non-Formulary	PA; Formulary Exclusion; QL
CIBINQO	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
OPZELURA	2	PA; QL
*Atopic Dermatitis - Monoclonal Antibodies***		
ADBRY	2	PA; Specialty
DUPIXENT	2	PA; Specialty
EBGLYSS	2	PA; Specialty
*Burn Products***		
SILVADENE	Non-Formulary	Formulary Exclusion
<i>silver sulfadiazine external</i>	1	
SSD	1	
SULFAMYLON	3	
*Cauterizing Agent Combinations***		
ARZOL SILVER NIT APPLICATORS	Non-Formulary	Non FDA Exclusion
*Cauterizing Agents***		
<i>silver nitrate external</i>	Non-Formulary	Non FDA Exclusion
*Corticosteroids - Topical***		
ADVANCED ALLERGY COLLECTION	Non-Formulary	Non FDA Exclusion
<i>ala-cort</i>	1	
<i>alclometasone dipropionate external cream</i>	1	
<i>amcinonide external cream</i>	3	ST; Step Therapy Requirements (TRIAL OF BETAMETHASONE 0.1% OINT, FLUTICASONE 0.005% OINT, TRIAMCINOLONE 0.5% (OINT, CREAM), OR MOMETASONE 0.1% OINT IN THE PAST 120 DAYS)
<i>betamethasone dipropionate aug external cream</i>	1	
<i>betamethasone dipropionate aug external lotion</i>	1	
<i>betamethasone dipropionate aug external ointment</i>	1	
<i>betamethasone dipropionate external</i>	1	
<i>betamethasone valerate external cream</i>	1	
<i>betamethasone valerate external foam</i>	1	Non Essential Drug Exclusion
<i>betamethasone valerate external ointment</i>	1	

Drug Name	Tier	Notes
BRYHALI	3	Non Essential Drug Exclusion
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate cream 0.025 % external</i>	3	ST; Non Essential Drug Exclusion; Step Therapy Requirements (TRIAL OF BETAMETH 0.05% OINT/AUG CRM, FLUOCINONIDE 0.05% GEL/OINT/SOLN/CRM, OR DESOXIMET CRM/GEL/OINT IN THE PAST 120 DAYS)
<i>clobetasol propionate cream 0.05 % external</i>	1	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emulsion</i>	1	
<i>clobetasol propionate external foam</i>	1	
<i>clobetasol propionate external gel</i>	1	
<i>clobetasol propionate external liquid</i>	1	
<i>clobetasol propionate external lotion</i>	1	
<i>clobetasol propionate external ointment</i>	1	
<i>clobetasol propionate external shampoo</i>	1	
<i>clobetasol propionate external solution</i>	1	
CLOBEX	Non-Formulary	Formulary Exclusion
CLOBEX SPRAY	Non-Formulary	Formulary Exclusion
<i>clocortolone pivalate</i>	1	ST; Step Therapy Requirements (TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS)
CLODAN	1	
CORDRAN	3	
DERMA-SMOOTH/FS BODY	Non-Formulary	Formulary Exclusion
DERMA-SMOOTH/FS SCALP	Non-Formulary	Formulary Exclusion
<i>desonide external cream</i>	1	
<i>desonide external lotion</i>	1	
<i>desonide external ointment</i>	1	
<i>desoximetasone external cream</i>	1	
<i>desoximetasone external liquid</i>	1	
<i>desoximetasone external ointment</i>	1	

Drug Name	Tier	Notes
<i>diflorasone diacetate external cream</i>	3	ST; Non Essential Drug Exclusion; Step Therapy Requirements (TRIAL OF BETAMETH 0.05% OINT/AUG CRM, FLUOCINONIDE 0.05% GEL/OINT/SOLN/CRM, OR DESOXIMET CRM/GEL/OINT IN THE PAST 120 DAYS)
<i>diflorasone diacetate external ointment</i>	1	Non Essential Drug Exclusion
DIPROLENE	Non-Formulary	Formulary Exclusion
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide external</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluocinonide external</i>	1	
<i>fluticasone propionate external cream</i>	1	
<i>fluticasone propionate external ointment</i>	1	
<i>halcinonide external cream</i>	1	ST; Step Therapy Requirements (TRIAL OF BETAMETH 0.05% OINT/AUG CRM, FLUOCINONIDE 0.05% GEL/OINT/SOLN/CRM, OR DESOXIMET CRM/GEL/OINT IN THE PAST 120 DAYS)
<i>halcinonide external solution</i>	3	ST; Step Therapy Requirements (TRIAL OF BETAMETH 0.05% OINT/AUG CRM, FLUOCINONIDE 0.05% GEL/OINT/SOLN/CRM, OR DESOXIMET CRM/GEL/OINT IN THE PAST 120 DAYS)
<i>halobetasol propionate external cream</i>	1	
<i>halobetasol propionate external ointment</i>	1	
<i>hydrocortisone acetate cream 2.5 % external</i>	3	
<i>hydrocortisone butyrate external lotion</i>	1	ST; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS)
<i>hydrocortisone cream 1 % external (rx)</i>	1	

Drug Name	Tier	Notes
<i>hydrocortisone cream 2.5 % external</i>	1	
<i>hydrocortisone external solution</i>	3	ST; Step Therapy Requirements (TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS)
<i>hydrocortisone ointment 1 % external (rx)</i>	1	
<i>hydrocortisone ointment 2.5 % external</i>	1	
<i>hydrocortisone valerate</i>	1	
HYDROXATE	Non-Formulary	Non FDA Exclusion
HYDROXYM	Non-Formulary	Non FDA Exclusion
IMPOYZ	3	ST; Non Essential Drug Exclusion; Step Therapy Requirements (TRIAL OF BETAMETH 0.05% OINT/AUG CRM, FLUOCINONIDE 0.05% GEL/OINT/SOLN/CRM, OR DESOXIMET CRM/GEL/OINT IN THE PAST 120 DAYS)
LEXETTE	1	Non Essential Drug Exclusion
MICORT HC	3	Non Essential Drug Exclusion
<i>mometasone furoate external</i>	1	
NUCORT	Non-Formulary	Non FDA Exclusion
SERNIVO	3	ST; Step Therapy Requirements (TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS)
SYNALAR	Non-Formulary	Formulary Exclusion
TEXACORT	3	ST; Step Therapy Requirements (TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS)
TOPICORT	Non-Formulary	Formulary Exclusion
TOPICORT SPRAY	Non-Formulary	Formulary Exclusion
TOVET	1	
<i>triamcinolone acetanide external cream</i>	1	
<i>triamcinolone acetanide external lotion</i>	1	
<i>triamcinolone acetanide ointment 0.025 % external</i>	1	
<i>triamcinolone acetanide ointment 0.05 % external</i>	1	Non Essential Drug Exclusion

Drug Name	Tier	Notes
<i>triamcinolone acetonide ointment 0.1 % external</i>	1	
<i>triamcinolone acetonide ointment 0.5 % external</i>	1	
<i>triamcinolone in absorbase</i>	1	Non Essential Drug Exclusion
TRIAMVEX (CREAM)	Non-Formulary	Non FDA Exclusion
TRIDERM	1	
ULTRAVATE	3	Non Essential Drug Exclusion
VANOS	Non-Formulary	Formulary Exclusion
*Depigmenting Agents***		
BLANCHE	Non-Formulary	Non FDA Exclusion
<i>hydroquinone external</i>	Non-Formulary	Non FDA Exclusion
<i>kaxm</i>	Non-Formulary	Non FDA Exclusion
<i>keido</i>	Non-Formulary	Non FDA Exclusion
<i>kexm</i>	Non-Formulary	Non FDA Exclusion
<i>kutea</i>	Non-Formulary	Non FDA Exclusion
<i>kuxm</i>	Non-Formulary	Non FDA Exclusion
<i>medorfa</i>	Non-Formulary	Non FDA Exclusion
<i>medorfa hp</i>	Non-Formulary	Non FDA Exclusion
<i>medorfa hp plus</i>	Non-Formulary	Non FDA Exclusion
<i>medorfa lp</i>	Non-Formulary	Non FDA Exclusion
<i>medorfa plus</i>	Non-Formulary	Non FDA Exclusion
*Depigmenting Combinations***		
<i>kataraxap</i>	Non-Formulary	Non FDA Exclusion
KATARVIA	Non-Formulary	Non FDA Exclusion
<i>katarya</i>	Non-Formulary	Non FDA Exclusion
<i>kataryaxn</i>	Non-Formulary	Non FDA Exclusion
<i>ketarya</i>	Non-Formulary	Non FDA Exclusion
<i>kevaraxap</i>	Non-Formulary	Non FDA Exclusion
<i>kevartia</i>	Non-Formulary	Non FDA Exclusion
<i>kevarya</i>	Non-Formulary	Non FDA Exclusion
<i>keya</i>	Non-Formulary	Non FDA Exclusion
<i>kotaraxap</i>	Non-Formulary	Non FDA Exclusion
<i>kutar</i>	Non-Formulary	Non FDA Exclusion
<i>kutarvia</i>	Non-Formulary	Non FDA Exclusion
<i>kutaryaxm</i>	Non-Formulary	Non FDA Exclusion
<i>kutaryaxmpa</i>	Non-Formulary	Non FDA Exclusion
<i>kuvarya</i>	Non-Formulary	Non FDA Exclusion
<i>kuvarye</i>	Non-Formulary	Non FDA Exclusion
<i>mavilo</i>	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
<i>mavilo hp</i>	Non-Formulary	Non FDA Exclusion
<i>mavilo lp</i>	Non-Formulary	Non FDA Exclusion
<i>mecorix</i>	Non-Formulary	Non FDA Exclusion
<i>mecorix hp</i>	Non-Formulary	Non FDA Exclusion
<i>mecorix plus</i>	Non-Formulary	Non FDA Exclusion
<i>mekam</i>	Non-Formulary	Non FDA Exclusion
<i>mekam hp</i>	Non-Formulary	Non FDA Exclusion
<i>melidu</i>	Non-Formulary	Non FDA Exclusion
<i>melondis</i>	Non-Formulary	Non FDA Exclusion
<i>melondis plus</i>	Non-Formulary	Non FDA Exclusion
<i>mimora</i>	Non-Formulary	Non FDA Exclusion
<i>mokura</i>	Non-Formulary	Non FDA Exclusion
<i>mokura lp</i>	Non-Formulary	Non FDA Exclusion
<i>mokura mod</i>	Non-Formulary	Non FDA Exclusion
<i>mokura plus</i>	Non-Formulary	Non FDA Exclusion
<i>molexi</i>	Non-Formulary	Non FDA Exclusion
<i>mythius</i>	Non-Formulary	Non FDA Exclusion
<i>myvori</i>	Non-Formulary	Non FDA Exclusion
<i>prooxia</i>	Non-Formulary	Non FDA Exclusion
TRI-LUMA	Non-Formulary	Formulary Exclusion
<i>yaxatarxyn</i>	Non-Formulary	Non FDA Exclusion
<i>yokatar</i>	Non-Formulary	Non FDA Exclusion
<i>*Emollient/Keratolytic Agents***</i>		
DERMACINRX URACIN	Non-Formulary	Non FDA Exclusion
DERMACINRX UREA	Non-Formulary	Non FDA Exclusion
DERMACURE	Non-Formulary	Non FDA Exclusion
HYDRO 40	Non-Formulary	Formulary Exclusion
URAMAXIN	Non-Formulary	Formulary Exclusion
<i>urea cream 20 % external (rx)</i>	Non-Formulary	Non FDA Exclusion
<i>urea cream 39 % external</i>	Non-Formulary	Non FDA Exclusion
<i>urea cream 39 % external</i>	Non-Formulary	Formulary Exclusion
<i>urea cream 39.5 % external</i>	Non-Formulary	Non FDA Exclusion
<i>urea cream 40 % external</i>	Non-Formulary	Non FDA Exclusion
<i>urea cream 40 % external</i>	Non-Formulary	Formulary Exclusion
<i>urea cream 41 % external</i>	Non-Formulary	Non FDA Exclusion
<i>urea lotion 40 % external</i>	Non-Formulary	Non FDA Exclusion
<i>urea lotion 40 % external</i>	Non-Formulary	Formulary Exclusion
<i>xurea</i>	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
<i>*Emollient/Keratolytic Combinations***</i>		
PRONAL	Non-Formulary	Non FDA Exclusion
xirun	Non-Formulary	Non FDA Exclusion
<i>*Emollients***</i>		
ammonium lactate external	1	
vitamin c brightening serum	Non-Formulary	Non FDA Exclusion
<i>*Enzymes - Topical***</i>		
NEXOBRID	Non-Formulary	Medical Only Exclusion
SANTYL	3	QL
<i>*Eyelid Cleansers & Lubricants***</i>		
ACUICYN	Non-Formulary	Non FDA Exclusion
AVENOVA	Non-Formulary	Non FDA Exclusion
<i>*Glabellar Lines (Frown Lines) Agents***</i>		
BOTOX COSMETIC	Non-Formulary	Medical Only Exclusion
JEUVEAU	Non-Formulary	Medical Only Exclusion
<i>*Hair Growth Agent - Combinations***</i>		
finapid	Non-Formulary	Non FDA Exclusion
finapod	Non-Formulary	Non FDA Exclusion
finapodtar	Non-Formulary	Non FDA Exclusion
flyprogpitar	Non-Formulary	Non FDA Exclusion
harisis	Non-Formulary	Non FDA Exclusion
harviva	Non-Formulary	Non FDA Exclusion
harviva hp	Non-Formulary	Non FDA Exclusion
hemtara	Non-Formulary	Non FDA Exclusion
hemtara hp	Non-Formulary	Non FDA Exclusion
hentis	Non-Formulary	Non FDA Exclusion
hentis hp	Non-Formulary	Non FDA Exclusion
hesmilla	Non-Formulary	Non FDA Exclusion
hevona	Non-Formulary	Non FDA Exclusion
holixia	Non-Formulary	Non FDA Exclusion
holizar	Non-Formulary	Non FDA Exclusion
honista	Non-Formulary	Non FDA Exclusion
hovitra	Non-Formulary	Non FDA Exclusion
oxopid	Non-Formulary	Non FDA Exclusion
oxopidaxiaqup	Non-Formulary	Non FDA Exclusion
oxopod	Non-Formulary	Non FDA Exclusion
pidprogtar	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
<i>podoxia</i>	Non-Formulary	Non FDA Exclusion
<i>podprog</i>	Non-Formulary	Non FDA Exclusion
<i>podprogtar</i>	Non-Formulary	Non FDA Exclusion
<i>podtar</i>	Non-Formulary	Non FDA Exclusion
<i>tetpidtar</i>	Non-Formulary	Non FDA Exclusion
<i>*Imidazole-Related Antifungals - Topical***</i>		
<i>clotrimazole external</i>	1	
<i>econazole nitrate external cream</i>	1	
<i>econazole nitrate external foam</i>	3	Non Essential Drug Exclusion
ECOZA	3	Non Essential Drug Exclusion
ERTACZO	3	Non Essential Drug Exclusion
EXELDERM	3	
JUBLIA	2	Non Essential Drug Exclusion
<i>ketoconazole external cream</i>	1	QL
<i>ketoconazole external foam</i>	1	Non Essential Drug Exclusion
<i>ketoconazole external shampoo</i>	1	
KETODAN	1	Non Essential Drug Exclusion
<i>luliconazole</i>	3	
LUZU	3	
<i>oxiconazole nitrate</i>	1	
OXISTAT	3	
<i>sulconazole nitrate</i>	3	
<i>*Immunomodulators Imidazoquinolinamines - Topical***</i>		
<i>imiquimod cream 3.75 % external</i>	1	Non Essential Drug Exclusion
<i>imiquimod cream 5 % external</i>	1	
<i>imiquimod pump</i>	1	Non Essential Drug Exclusion
ZYCLARA PUMP	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>*Immunosuppressive Agents - Topical Combinations***</i>		
<i>elyzia</i>	Non-Formulary	Non FDA Exclusion
<i>oxianujo</i>	Non-Formulary	Non FDA Exclusion
<i>*Interleukin-31 Receptor Antagonists - Systemic***</i>		
NEMLUVIO	Non-Formulary	PA; Specialty; Formulary Exclusion

Drug Name	Tier	Notes
*Keratolytic/Antimitotic/Vesicant Agents***		
CONDYLOX	Non-Formulary	Formulary Exclusion
KERALYT EXTERNAL SHAMPOO	Non-Formulary	Non FDA Exclusion
KERALYT GEL 6 % EXTERNAL	Non-Formulary	Non FDA Exclusion
PODOCON-25	Non-Formulary	Non FDA Exclusion
<i>podofilox external gel</i>	1	
SALICATE	Non-Formulary	Non FDA Exclusion
<i>salicylic acid er</i>	Non-Formulary	Non FDA Exclusion
<i>salicylic acid external shampoo</i>	Non-Formulary	Non FDA Exclusion
<i>salicylic acid external solution</i>	Non-Formulary	Non FDA Exclusion
<i>salicylic acid gel 6 % external</i>	Non-Formulary	Non FDA Exclusion
<i>salicylic acid wart remover</i>	Non-Formulary	Non FDA Exclusion
<i>salicylic acid-cleanser</i>	Non-Formulary	Non FDA Exclusion
SALVAX	Non-Formulary	Non FDA Exclusion
SALYCIM	Non-Formulary	Non FDA Exclusion
ULTRASAL-ER	Non-Formulary	Non FDA Exclusion
VIRASAL	Non-Formulary	Non FDA Exclusion
XALIX	Non-Formulary	Non FDA Exclusion
YCANTH	Non-Formulary	Medical Only Exclusion
*Keratolytic/Antimitotic/Vesicant Combinations***		
GORDOFILM	Non-Formulary	Non FDA Exclusion
<i>pyrogalllic acid</i>	Non-Formulary	Non FDA Exclusion
SALVAX DUO PLUS	Non-Formulary	Non FDA Exclusion
UREA-SALICYLIC ACID	Non-Formulary	Non FDA Exclusion
<i>weleris</i>	Non-Formulary	Non FDA Exclusion
*Liniments***		
<i>methyl salicylate external liquid</i>	Non-Formulary	Formulary Exclusion
<i>turpentine external</i>	Non-Formulary	Formulary Exclusion
*Local Anesthetics - Topical***		
ASTERO	Non-Formulary	Non FDA Exclusion
BRUSELIX EXTERNAL	Non-Formulary	Non FDA Exclusion
DERMACINRX LIDOCAINE EXTERNAL GEL	Non-Formulary	Non FDA Exclusion
DERMACINRX LIDOGEL	Non-Formulary	Non FDA Exclusion
<i>dyclopro</i>	3	
<i>eha</i>	Non-Formulary	Non FDA Exclusion
<i>enovarx-lidocaine hcl</i>	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
GLYDO	Non-Formulary	Medical Only Exclusion; QL
LDO PLUS	Non-Formulary	Non FDA Exclusion
<i>lidocaine hcl cream 3 % external (rx)</i>	Non-Formulary	Non FDA Exclusion
<i>lidocaine hcl cream 4.12 % external</i>	Non-Formulary	Non FDA Exclusion
<i>lidocaine hcl external solution</i>	1	
<i>lidocaine hcl urethral/mucosal</i>	Non-Formulary	Medical Only Exclusion; QL
<i>lidocaine ointment 5 % external</i>	1	QL
<i>lidocaine patch 5 % external</i>	1	QL
LIDOCAN PATCH 5 % EXTERNAL	1	QL
LIDOCAN PATCH 5 % EXTERNAL	Non-Formulary	Non FDA Exclusion
<i>lidocanna</i>	Non-Formulary	Non FDA Exclusion
LIDODERM	Non-Formulary	Formulary Exclusion; QL
<i>lidopin</i>	Non-Formulary	Non FDA Exclusion
LIDOREX	Non-Formulary	Non FDA Exclusion
LIDORUB	Non-Formulary	Non FDA Exclusion
<i>lidorx</i>	Non-Formulary	Non FDA Exclusion
LIDO-SORB	Non-Formulary	Non FDA Exclusion
LIDOTRAL	Non-Formulary	Non FDA Exclusion
LIDOTRAL ROLL-ON	Non-Formulary	Non FDA Exclusion
LIDOTRAN	Non-Formulary	Non FDA Exclusion
LIDTOPIC	Non-Formulary	Non FDA Exclusion
LIDTOPIC MAX	Non-Formulary	Non FDA Exclusion
LYDEXA	Non-Formulary	Non FDA Exclusion
NEUROZYL	Non-Formulary	Non FDA Exclusion
PROXIVOL	Non-Formulary	Non FDA Exclusion
QUTENZA	Non-Formulary	Medical Only Exclusion
QUTENZA (2 PATCH)	Non-Formulary	Medical Only Exclusion
QUTENZA (4 PATCH)	Non-Formulary	Medical Only Exclusion
TRIDACAINE II	1	QL
TRIDACAINE III	1	QL
<i>zionodil</i>	Non-Formulary	Non FDA Exclusion
<i>zionodil 100</i>	Non-Formulary	Non FDA Exclusion
ZTLIDO	3	Non Essential Drug Exclusion
*Macrolide Immunosuppressants - Topical***		
<i>hovyn</i>	Non-Formulary	Non FDA Exclusion
HYFTOR	3	PA; Specialty
<i>nujo</i>	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
<i>nuju</i>	Non-Formulary	Non FDA Exclusion
<i>pimecrolimus</i>	1	ST; Step Therapy Requirements (TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS)
<i>tacrolimus external</i>	1	ST; Step Therapy Requirements (TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS)
<i>veven</i>	Non-Formulary	Non FDA Exclusion
*Melanocortin Receptor Agonists (Uv Protective)***		
SCENESSE	Non-Formulary	Medical Only Exclusion
*Microtubule Inhibitors - Topical***		
KLISYRI (250 MG)	3	QL
KLISYRI (350 MG)	3	QL
*Misc. Dermatological Products***		
ALEVICYN ANTIPRURITIC	Non-Formulary	Non FDA Exclusion
ALEVICYN ANTIPRURITIC SG	Non-Formulary	Non FDA Exclusion
CERACADE	Non-Formulary	Non FDA Exclusion
CERAMAX	Non-Formulary	Non FDA Exclusion
DERMASO PLUS	Non-Formulary	Non FDA Exclusion
DEXERYL	Non-Formulary	Non FDA Exclusion
EMULSION SB	Non-Formulary	Non FDA Exclusion
EPICERAM	Non-Formulary	Non FDA Exclusion
GENADUR	Non-Formulary	Non FDA Exclusion
HALUCORT	Non-Formulary	Non FDA Exclusion
HPR PLUS	Non-Formulary	Non FDA Exclusion
HPR PLUS HYDROGEL	Non-Formulary	Non FDA Exclusion
<i>iliderm</i>	Non-Formulary	Non FDA Exclusion
KAMDOY	Non-Formulary	Non FDA Exclusion
KIVIK	Non-Formulary	Non FDA Exclusion
LEVICYN	Non-Formulary	Non FDA Exclusion
LOYON	Non-Formulary	Non FDA Exclusion
MIMYX	Non-Formulary	Non FDA Exclusion
NEOSALUS	Non-Formulary	Non FDA Exclusion
PENLEN	Non-Formulary	Non FDA Exclusion
PHLAG SPRAY	Non-Formulary	Non FDA Exclusion
PR CREAM	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
PRESERA	Non-Formulary	Non FDA Exclusion
PRUCLAIR	Non-Formulary	Non FDA Exclusion
PRUMYX	Non-Formulary	Non FDA Exclusion
SEBUDERM	Non-Formulary	Non FDA Exclusion
STRATA CTX	Non-Formulary	Non FDA Exclusion
STRATA MARK	Non-Formulary	Non FDA Exclusion
STRATA XRT	Non-Formulary	Non FDA Exclusion
SYNERDERM	Non-Formulary	Non FDA Exclusion
*Misc. Topical Combinations***		
DERMACINRX CLORHEXACIN	Non-Formulary	Non FDA Exclusion
<i>dermacinrx surgical combopak</i>	Non-Formulary	Non FDA Exclusion
NUSURGEPAK SURGICAL PREP/CARE	Non-Formulary	Non FDA Exclusion
*Misc. Topical***		
<i>arnica flower</i>	Non-Formulary	Formulary Exclusion
<i>boric acid external</i>	Non-Formulary	Formulary Exclusion
DRYSOL	3	
PROSILK EXTERNAL	Non-Formulary	Non FDA Exclusion
QBREXZA	3	PA
SOFDRA	Non-Formulary	PA; Formulary Exclusion
*Oxaborole-Related Antifungals - Topical***		
<i>tavaborole</i>	Non-Formulary	PA; Formulary Exclusion
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***		
EUCRISA	2	PA; QL
ZORYVE	2	PA; QL
*Photodynamic Therapy Agents - Topical***		
AMELUZ	Non-Formulary	Formulary Exclusion
LEVULAN KERASTICK	Non-Formulary	Formulary Exclusion
*Prostaglandins - Topical***		
<i>bimatoprost external</i>	Non-Formulary	Formulary Exclusion
LATISSE	Non-Formulary	Formulary Exclusion
*Rosacea Agents***		
<i>azelaic acid external</i>	1	
<i>brimonidine tartrate external</i>	1	
<i>dazomon</i>	Non-Formulary	Non FDA Exclusion
<i>doxycycline</i>	1	PA

Drug Name	Tier	Notes
EMROSI	3	PA; QL
FINACEA EXTERNAL FOAM	2	
<i>ivermectin external cream</i>	1	ST; Step Therapy Requirements (TRIAL OF FINACEA GEL OR FOAM IN THE PAST 120 DAYS)
METROCREAM	Non-Formulary	Formulary Exclusion
METROGEL	Non-Formulary	Formulary Exclusion
<i>metronidazole external cream</i>	1	
<i>metronidazole external gel</i>	1	
<i>metronidazole external lotion</i>	Non-Formulary	Formulary Exclusion
MIRVASO	Non-Formulary	Formulary Exclusion
NORITATE	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ORACEA	2	PA
<i>remyda</i>	Non-Formulary	Non FDA Exclusion
RHOFADE	3	Non Essential Drug Exclusion
SOOLANTRA	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF FINACEA GEL OR FOAM IN THE PAST 120 DAYS)
ZILXI	2	Non Essential Drug Exclusion
*Rosacea Combinations***		
<i>aveida</i>	Non-Formulary	Non FDA Exclusion
<i>aveidaoxia</i>	Non-Formulary	Non FDA Exclusion
<i>dazaveidaoxia</i>	Non-Formulary	Non FDA Exclusion
<i>rensoti</i>	Non-Formulary	Non FDA Exclusion
<i>restimo</i>	Non-Formulary	Non FDA Exclusion
<i>rocelix</i>	Non-Formulary	Non FDA Exclusion
<i>rositara</i>	Non-Formulary	Non FDA Exclusion
<i>rovis</i>	Non-Formulary	Non FDA Exclusion
*Scabicides & Pediculicides***		
CROTAN	3	Non Essential Drug Exclusion
<i>malathion</i>	1	
NATROBA	3	
OVIDE	Non-Formulary	Formulary Exclusion
<i>permethrin external</i>	1	
PRURADIK	3	Non Essential Drug Exclusion
<i>spinosad</i>	3	
<i>sulfurated lime</i>	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
*Scar Treatment Products***		
CELACYN	Non-Formulary	Non FDA Exclusion
COPASIL EXTERNAL	Non-Formulary	Non FDA Exclusion
JUVAZIN	Non-Formulary	Non FDA Exclusion
RECEDO	Non-Formulary	Non FDA Exclusion
scarsilk external	Non-Formulary	Non FDA Exclusion
STRATA TRIZ	Non-Formulary	Non FDA Exclusion
*Seborrheic Keratosis Products**		
ESKATA	Non-Formulary	Medical Only Exclusion
*Skin Cleansers***		
EPICYN	Non-Formulary	Non FDA Exclusion
HYCLODEX	Non-Formulary	Non FDA Exclusion
HYPOCYN	Non-Formulary	Non FDA Exclusion
HYPOCYN ANTIPRURITIC	Non-Formulary	Non FDA Exclusion
*Skin Protectants***		
benzoin	Non-Formulary	Formulary Exclusion
benzoin compound	Non-Formulary	Formulary Exclusion
SCARTRATE	Non-Formulary	Non FDA Exclusion
*Steroid-Local Anesthetic Combinations***		
CORTANE-B	Non-Formulary	Formulary Exclusion
EPIFOAM	3	ST; Step Therapy Requirements (TRIAL OF HYDROCORTISONE/PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS)
LIDOTRAL + HYDROCORTISONE CREAM 3.88-1 % EXTERNAL	Non-Formulary	Non FDA Exclusion
LIDOTRAL + HYDROCORTISONE CREAM 5-1 % EXTERNAL	Non-Formulary	Non FDA Exclusion; Non Essential Drug Exclusion
PRAMOSONE EXTERNAL LOTION	2	
PRAMOSONE OINTMENT 1-1 % EXTERNAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF HYDROCORTISONE/PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS)
PRAMOSONE OINTMENT 1-2.5 % EXTERNAL	Non-Formulary	Formulary Exclusion
RADIAURA	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
<i>*Tar Products***</i>		
<i>coal tar external</i>	Non-Formulary	Non FDA Exclusion
<i>*Tissue Replacements***</i>		
AFFINITY	Non-Formulary	Non FDA Exclusion
AMNIOCORE AMNIOTIC MEMBRANE	Non-Formulary	Non FDA Exclusion
AMNIOFIX	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
AMNIOTEXT	Non-Formulary	Non FDA Exclusion
<i>amphenol-40</i>	Non-Formulary	Medical Only Exclusion
APLIGRAF	Non-Formulary	Medical Only Exclusion
CORETEXT	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
CYGNUS DUAL	Non-Formulary	Non FDA Exclusion
EPICORD SHEET 2 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPICORD SHEET 3 CM X 5 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
EPIFIX	Non-Formulary	Non FDA Exclusion
EPIFIX MICRONIZED	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
GRAFIX CORE 1.5CM X 2CM	Non-Formulary	Non FDA Exclusion
GRAFIX CORE 16MM	Non-Formulary	Non FDA Exclusion
GRAFIX CORE 2CM X 3CM	Non-Formulary	Non FDA Exclusion
GRAFIX CORE 3CM X 4CM	Non-Formulary	Non FDA Exclusion
GRAFIX CORE 5CM X 5CM	Non-Formulary	Non FDA Exclusion
GRAFIX PRIME 1.5CM X 2CM	Non-Formulary	Non FDA Exclusion
GRAFIX PRIME 16MM	Non-Formulary	Non FDA Exclusion
GRAFIX PRIME 2CM X 3CM	Non-Formulary	Non FDA Exclusion
GRAFIX PRIME 3CM X 4CM	Non-Formulary	Non FDA Exclusion
GRAFIX PRIME 5CM X 5CM	Non-Formulary	Non FDA Exclusion
GRAFIX XC 7.5CM X 15CM	Non-Formulary	Non FDA Exclusion
KARDIAMEMBRANE	Non-Formulary	Non FDA Exclusion
NEOX 100	Non-Formulary	Non FDA Exclusion
NEOX CORD 1K	Non-Formulary	Non FDA Exclusion
NOVACHOR	Non-Formulary	Non FDA Exclusion
NUCEL	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
NUSHIELD	Non-Formulary	Non FDA Exclusion
OSTEOCONDUCTIVE MATRIX PLUS	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
PALINGEN FLOW	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PALINGEN HYDROMEMBRANE	Non-Formulary	Non FDA Exclusion
PALINGEN INOVOFLO	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PALINGEN MEMBRANE	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS HYDROMEMBRANE	Non-Formulary	Non FDA Exclusion
PALINGEN XPLUS MEMBRANE	Non-Formulary	Non FDA Exclusion
PROTEXT	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>simpligraft</i>	Non-Formulary	Non FDA Exclusion
STRAVIX	Non-Formulary	Non FDA Exclusion
TRUSKIN	Non-Formulary	Non FDA Exclusion
VIA MATRIX SHEET 2 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
VIA MATRIX SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
VIA MATRIX SHEET 4 CM X 6 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
<i>*Topical Anesthetic Combinations***</i>		
ACCUCAINE	Non-Formulary	Medical Only Exclusion
<i>agoneaze</i>	Non-Formulary	Non FDA Exclusion
<i>anodyne lpt</i>	Non-Formulary	Non FDA Exclusion
CADIRAMD	Non-Formulary	Non FDA Exclusion
CETACAINE	Non-Formulary	Non FDA Exclusion
DERMACINRX PHN	Non-Formulary	Non FDA Exclusion
DERMACINRX ZRM	Non-Formulary	Non FDA Exclusion
ELEMAR PATCH	Non-Formulary	Non FDA Exclusion
<i>enznonuty</i>	Non-Formulary	Non FDA Exclusion
<i>l.e.t.</i>	Non-Formulary	Non FDA Exclusion
<i>l.e.t. (racepinephrine)</i>	Non-Formulary	Non FDA Exclusion
LIDO BDK	Non-Formulary	Non FDA Exclusion
<i>lidocaine-prilocaine external cream</i>	1	QL
<i>lidocaine-prilocaine external kit</i>	Non-Formulary	Non FDA Exclusion
LIDOPURE PATCH	Non-Formulary	Non FDA Exclusion
<i>lido-racepinephrine-tetracaine</i>	Non-Formulary	Non FDA Exclusion
<i>lidostream</i>	Non-Formulary	Non FDA Exclusion
LIDOTHOL	Non-Formulary	Non FDA Exclusion
LIDOTHOL ES	Non-Formulary	Non FDA Exclusion
LIDOTRAL-MENTHOL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
<i>lidovix l</i>	Non-Formulary	Non FDA Exclusion
LIVIXIL PAK	Non-Formulary	Non FDA Exclusion
LM PLUS RELIEF	Non-Formulary	Non FDA Exclusion
LMR PLUS	Non-Formulary	Non FDA Exclusion
<i>nendrux</i>	Non-Formulary	Non FDA Exclusion
<i>nobela</i>	Non-Formulary	Non FDA Exclusion
<i>nolira</i>	Non-Formulary	Non FDA Exclusion
<i>nynutey</i>	Non-Formulary	Non FDA Exclusion
<i>paingo kft</i>	Non-Formulary	Non FDA Exclusion
<i>prilovix</i>	Non-Formulary	Non FDA Exclusion
<i>prilovix plus</i>	Non-Formulary	Non FDA Exclusion
RELADOR PAK	Non-Formulary	Non FDA Exclusion
RELADOR PAK PLUS	Non-Formulary	Non FDA Exclusion
SOOTHEE	Non-Formulary	Non FDA Exclusion
STERILE TOPICAL L.E.T. GEL	Non-Formulary	Non FDA Exclusion
SX1 MEDICATED POST-OPERATIVE	Non-Formulary	Non FDA Exclusion
SYNTHERMA PLUS	Non-Formulary	Non FDA Exclusion
<i>topical l.e.t.</i>	Non-Formulary	Non FDA Exclusion
TRUBREXA	Non-Formulary	Non FDA Exclusion
VENIPUNCTURE PX1 PHLEBOTOMY	Non-Formulary	Non FDA Exclusion
<i>wayzen</i>	Non-Formulary	Non FDA Exclusion
<i>wpr plus wound healing system</i>	Non-Formulary	Non FDA Exclusion
XYLIDERM	Non-Formulary	Non FDA Exclusion
<i>zeruvia</i>	Non-Formulary	Non FDA Exclusion
*Topical Anesthetic Gases***		
CRYODOSE TA	Non-Formulary	Non FDA Exclusion
<i>ethyl chloride</i>	Non-Formulary	Non FDA Exclusion
GEBAUERS PAIN EASE	Non-Formulary	Non FDA Exclusion
GEBAUERS SPRAY AND STRETCH	Non-Formulary	Non FDA Exclusion
HURRI-FREEZE MEDIUM STREAM	Non-Formulary	Non FDA Exclusion
HURRI-FREEZE MIST SPRAY	Non-Formulary	Non FDA Exclusion
*Topical Selective Retinoid X Receptor Agonists***		
<i>bexarotene external</i>	1	PA; Specialty; QL
TARGRETIN EXTERNAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
*Topical Steroid Combinations***		
<i>acioxia</i>	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
<i>calcipotriene-betameth diprop</i>	1	ST; Step Therapy Requirements (TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS)
<i>chlohux</i>	Non-Formulary	Non FDA Exclusion
<i>chlooxia</i>	Non-Formulary	Non FDA Exclusion
<i>diochloy</i>	Non-Formulary	Non FDA Exclusion
<i>divinix</i>	Non-Formulary	Non FDA Exclusion
<i>domela</i>	Non-Formulary	Non FDA Exclusion
DUOBRII	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF 1 OF THE FOLLOWING: BETAMETHASONE AUGMENTED 0.05%(CRM,GEL,LTN,OINT), DE SOXIMETASONE (CRM,GEL,OINT), FLUOCINONIDE (CRM,GEL), CLOBETASOL (EXCEPT FOAM/SHAMPOO) OR HALOBETASOL (CRM,OINT) IN PAST 120 DAYS); QL
ENSTILAR	2	
FLUOPAR	Non-Formulary	Non FDA Exclusion
<i>ilexor</i>	Non-Formulary	Non FDA Exclusion
NUTRIARX CREAMPAK	Non-Formulary	Non FDA Exclusion
<i>plenura</i>	Non-Formulary	Non FDA Exclusion
<i>sanadermr skin repair</i>	Non-Formulary	Non FDA Exclusion
SCALACORT DK	Non-Formulary	Non FDA Exclusion
SCARZEN SKIN REPAIR	Non-Formulary	Non FDA Exclusion
TACLONEX	3	ST; Step Therapy Requirements (TRIAL OF TOPICAL CORTICOSTEROID IN THE PAST 120 DAYS)
<i>teliora</i>	Non-Formulary	Non FDA Exclusion
<i>tetoxia</i>	Non-Formulary	Non FDA Exclusion
TRIASIL	Non-Formulary	Non FDA Exclusion
TRIVIX	Non-Formulary	Non FDA Exclusion
WYNZORA	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF GENERIC TACLONEX OINTMENT IN THE PAST 120 DAYS)

Drug Name	Tier	Notes
<i>*Type II 5-Alpha Reductase Inhibitors***</i>		
<i>finasteride tablet 1 mg oral</i>	Non-Formulary	Formulary Exclusion
PROPECIA	Non-Formulary	Formulary Exclusion
<i>*Wound Care Combinations***</i>		
<i>b & c</i>	Non-Formulary	Non FDA Exclusion; Non Essential Drug Exclusion
<i>balsam peru-castor oil</i>	Non-Formulary	Non FDA Exclusion; Non Essential Drug Exclusion
<i>bpc</i>	Non-Formulary	Non FDA Exclusion; Non Essential Drug Exclusion
REGENECARE	Non-Formulary	Non FDA Exclusion
SCARCARE GEL-PAD KIT/LARGE	Non-Formulary	Non FDA Exclusion
VENELEX	Non-Formulary	Non FDA Exclusion; Non Essential Drug Exclusion
XEROFORM OCCLUSIVE GAUZE PATCH	Non-Formulary	Non FDA Exclusion
XEROFORM OCCLUSIVE GAUZE STRIP EXTERNAL PAD	Non-Formulary	Non FDA Exclusion
XEROFORM OIL EMULSION 2"X2"	Non-Formulary	Non FDA Exclusion
XEROFORM OIL EMULSION GAUZE	Non-Formulary	Non FDA Exclusion
XEROFORM OIL EMULSION STRIP	Non-Formulary	Non FDA Exclusion
XEROFORM OIL ROLL 4"X9'	Non-Formulary	Non FDA Exclusion
XEROFORM PETROLAT GAUZE 1"X8"	Non-Formulary	Non FDA Exclusion
XEROFORM PETROLAT GAUZE 5"X9"	Non-Formulary	Non FDA Exclusion
XEROFORM PETROLAT PATCH 2"X2"	Non-Formulary	Non FDA Exclusion
XEROFORM PETROLAT PATCH 4"X4"	Non-Formulary	Non FDA Exclusion
<i>xeroform petrolatum dres 4"x4"</i>	Non-Formulary	Non FDA Exclusion
<i>xeroform petrolatum dres 5"x9"</i>	Non-Formulary	Non FDA Exclusion
XEROFORM PETROLATUM ROLL 4"X9'	Non-Formulary	Non FDA Exclusion
<i>*Wound Cleansers/Decubitus Ulcer Therapy***</i>		
ALEVICYN DERMAL SPRAY	Non-Formulary	Non FDA Exclusion
DELUO	Non-Formulary	Non FDA Exclusion
LEVICYN DERMAL SPRAY	Non-Formulary	Non FDA Exclusion
MICROCYN	Non-Formulary	Non FDA Exclusion
MICROCYN SKIN AND WOUND	Non-Formulary	Non FDA Exclusion
VASHE WOUND	Non-Formulary	Non FDA Exclusion
<i>*Wound Dressings***</i>		
<i>abravo</i>	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
<i>aceso ag</i>	Non-Formulary	Non FDA Exclusion
ACTICOAT	Non-Formulary	Non FDA Exclusion
ACTICOAT 7	Non-Formulary	Non FDA Exclusion
ACTICOAT ANTIMICROBIAL	Non-Formulary	Non FDA Exclusion
ACTICOAT FLEX 3	Non-Formulary	Non FDA Exclusion
ACTICOAT FLEX 3 4"X4"	Non-Formulary	Non FDA Exclusion
ACTICOAT FLEX 7	Non-Formulary	Non FDA Exclusion
ACTICOAT SURGICAL	Non-Formulary	Non FDA Exclusion
ALLEVYN AG ADHESIVE	Non-Formulary	Non FDA Exclusion
ALLEVYN AG GENTLE	Non-Formulary	Non FDA Exclusion
ALLEVYN AG GENTLE BORDER	Non-Formulary	Non FDA Exclusion
ALLEVYN AG NON-ADHESIVE	Non-Formulary	Non FDA Exclusion
ALLEVYN AG SACRUM 6-3/4"	Non-Formulary	Non FDA Exclusion
ALLEVYN AG SACRUM 9"X9"	Non-Formulary	Non FDA Exclusion
ALLEVYN GENTLE	Non-Formulary	Non FDA Exclusion
AQUACEL AG BURN	Non-Formulary	Non FDA Exclusion
AQUACEL AG FOAM PAD 12.5X12.5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
AQUACEL AG FOAM PAD 17.5X17.5CM EXTERNAL	Non-Formulary	Non FDA Exclusion
ARIDA	Non-Formulary	Non FDA Exclusion
<i>atopavo</i>	Non-Formulary	Non FDA Exclusion
AZADROX	Non-Formulary	Non FDA Exclusion
BASADROX	Non-Formulary	Non FDA Exclusion
<i>bilayer matrix wound dressing</i>	Non-Formulary	Non FDA Exclusion
BIOSTEP	Non-Formulary	Non FDA Exclusion
BIOSTEP AG	Non-Formulary	Non FDA Exclusion
COLLANEX	Non-Formulary	Non FDA Exclusion
CURAFOAM AG FOAM DRESSING	Non-Formulary	Non FDA Exclusion
CURITY HYPERTONIC NACL STRIP	Non-Formulary	Non FDA Exclusion
CURITY NACL DRESSING 6"X6-3/4"	Non-Formulary	Non FDA Exclusion
DERPIXA	Non-Formulary	Non FDA Exclusion
DURAFIBER	Non-Formulary	Non FDA Exclusion
DURAFIBER AG	Non-Formulary	Non FDA Exclusion
DYNAFOAM AG FOAM DRESSING	Non-Formulary	Non FDA Exclusion
DYNAGINATE AG CA ALG ROPE 30CM	Non-Formulary	Non FDA Exclusion
DYNAGINATE AG SILVER CAL 2"X2"	Non-Formulary	Non FDA Exclusion
DYNAGINATE AG SILVER CAL 4"X5"	Non-Formulary	Non FDA Exclusion
DYNAGINATE AG SILVER CAL 4"X8"	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
ENDOFORM DERMAL TEMPLATE	Non-Formulary	Non FDA Exclusion
ENDOFORM DERMAL/FENESTRATED	Non-Formulary	Non FDA Exclusion
FILSUVEZ	3	PA; Specialty
<i>haproderm</i>	Non-Formulary	Non FDA Exclusion
HYDROFERA BLUE 4"X4"	Non-Formulary	Non FDA Exclusion
HYDROFERA BLUE 6"X6"	Non-Formulary	Non FDA Exclusion
HYDROFERA BLUE FOAM DRESSING	Non-Formulary	Non FDA Exclusion
HYDROFERA BLUE FOAM/TUNNELING	Non-Formulary	Non FDA Exclusion
HYDROFERA BLUE MRF DRESSING	Non-Formulary	Non FDA Exclusion
HYDROFERA BLUE READY FOAM	Non-Formulary	Non FDA Exclusion
<i>hygel</i>	Non-Formulary	Non FDA Exclusion
INNOVAMATRIX AC	Non-Formulary	Non FDA Exclusion
KENDALL ALGINATE 12" ROPE	Non-Formulary	Non FDA Exclusion
KENDALL ALGINATE DRESS 2"X2"	Non-Formulary	Non FDA Exclusion
KENDALL ALGINATE DRESS 4"X8"	Non-Formulary	Non FDA Exclusion
KENDALL AMORPHOUS WOUND	Non-Formulary	Non FDA Exclusion
KENDALL HYDROGEL GAUZE 2"X2"	Non-Formulary	Non FDA Exclusion
KENDALL HYDROGEL GAUZE 4"X4"	Non-Formulary	Non FDA Exclusion
KENDALL HYDROGEL GAUZE 4"X8"	Non-Formulary	Non FDA Exclusion
KENDALL HYDROGEL WOUND DRESS	Non-Formulary	Non FDA Exclusion
KENDALL ZINC CA ALGINATE 4"X4"	Non-Formulary	Non FDA Exclusion
KERAGEL	Non-Formulary	Non FDA Exclusion
KERAGELT	Non-Formulary	Non FDA Exclusion
KERAMATRIX REPLICINE 10CMX10CM	Non-Formulary	Non FDA Exclusion
KERAMATRIX REPLICINE 2CMX3CM	Non-Formulary	Non FDA Exclusion
KERAMATRIX REPLICINE 5CMX5CM	Non-Formulary	Non FDA Exclusion
KERASTAT	Non-Formulary	Non FDA Exclusion
L-MESITRAN SOFT WOUND	Non-Formulary	Non FDA Exclusion
LUXAMEND	Non-Formulary	Non FDA Exclusion
MEDIHONEY CA ALGINATE 2"X2"	Non-Formulary	Non FDA Exclusion
MEDIHONEY CA ALGINATE 4"X5"	Non-Formulary	Non FDA Exclusion
MEDIHONEY WOUND & BURN DRESSING	Non-Formulary	Non FDA Exclusion
MEDIHONEY WOUND/BURN DRESSING	Non-Formulary	Non FDA Exclusion
MEPILEX AG	Non-Formulary	Non FDA Exclusion
MICROMATRIX WOUND POWDER	Non-Formulary	Non FDA Exclusion
MIRO3D FIBERS	Non-Formulary	Non FDA Exclusion
MIRO3D WOUND MATRIX 10 X 5 X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
MIRO3D WOUND MATRIX 2 X 2 X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRO3D WOUND MATRIX 3 X 3 X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRO3D WOUND MATRIX 4 X 4 X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRO3D WOUND MATRIX 5 X 5 X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRO3D WOUND MATRIX 7 X 5 X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT	Non-Formulary	Non FDA Exclusion
MIRODERM BIO MATRIX FENESTRAT+	Non-Formulary	Non FDA Exclusion
MIRODRY WOUND MATRIX SHEET 2 CM X 2 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODRY WOUND MATRIX SHEET 3 CM X 3 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODRY WOUND MATRIX SHEET 4 CM X 4 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODRY WOUND MATRIX SHEET 5 CM X 10 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODRY WOUND MATRIX SHEET 5 CM X 5 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIRODRY WOUND MATRIX SHEET 5 CM X 7 CM EXTERNAL	Non-Formulary	Non FDA Exclusion
MIROTRACT WOUND MATRIX	Non-Formulary	Non FDA Exclusion
NORMLGEL AG	Non-Formulary	Non FDA Exclusion
OASIS ULTRA MATRIX FENESTRATED	Non-Formulary	Non FDA Exclusion
OASIS ULTRA TRI-LAYER MATRIX	Non-Formulary	Non FDA Exclusion
OASIS WOUND MATRIX FENESTRATED	Non-Formulary	Non FDA Exclusion
OCM WOUND CARE MATRIX	Non-Formulary	Non FDA Exclusion
PETROLEUM GAUZE NON-WOVEN 3X9"	Non-Formulary	Non FDA Exclusion
PURAPLY	Non-Formulary	Non FDA Exclusion
PURAPLY 1.6CM	Non-Formulary	Non FDA Exclusion
PURAPLY ANTIMICRO 3.76X3.76CM	Non-Formulary	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 2X2CM	Non-Formulary	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 2X4CM	Non-Formulary	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 3.02CM	Non-Formulary	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 3X4CM	Non-Formulary	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 4X4CM	Non-Formulary	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 5X5CM	Non-Formulary	Non FDA Exclusion
PURAPLY ANTIMICROBIAL 6X9CM	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
PURAPLY ANTIMICROBIAL 8X16CM	Non-Formulary	Non FDA Exclusion
PURAPLY XT ANTIMICROBIAL	Non-Formulary	Non FDA Exclusion
PURAPLY XT ANTIMICROBIAL 5X5CM	Non-Formulary	Non FDA Exclusion
PURAPLY XT ANTIMICROBIAL 6X9CM	Non-Formulary	Non FDA Exclusion
RADIAPLEXRX	Non-Formulary	Non FDA Exclusion
RESTORE SILVER DRESSING EXTERNAL PAD	Non-Formulary	Non FDA Exclusion
<i>safrycyn</i>	Non-Formulary	Non FDA Exclusion
SILIGENTLE AG FOAM DRESSING	Non-Formulary	Non FDA Exclusion
SILIGENTLE AG SILVER FOAM DRES	Non-Formulary	Non FDA Exclusion
SILVERSEAL HYDROGEL DRESSING	Non-Formulary	Non FDA Exclusion
SILVRSTAT WOUND DRESSING	Non-Formulary	Non FDA Exclusion
SOLOX	Non-Formulary	Non FDA Exclusion
SONAFINE	Non-Formulary	Non FDA Exclusion
STRATA GRT	Non-Formulary	Non FDA Exclusion
XCELLISTEM WOUND POWDER	Non-Formulary	Non FDA Exclusion
<i>zanabin hydrogel</i>	Non-Formulary	Non FDA Exclusion
<i>zenifiber ag external pad</i>	Non-Formulary	Non FDA Exclusion
<i>zenifoam ag pad 2"x2" external</i>	Non-Formulary	Non FDA Exclusion
<i>zenifoam ag pad 4"x5" external</i>	Non-Formulary	Non FDA Exclusion
*Wound Treatment - Autologous Cellular Gene Therapy***		
ZEVASKYN BATCH UP TO 12 SHEETS	Non-Formulary	Medical Only Exclusion
*Wound Treatment - Gene Therapy***		
VYJUVEK	Non-Formulary	Medical Only Exclusion
DIAGNOSTIC PRODUCTS		
*Diagnostic Biologicals***		
<i>alfalfa injection</i>	Non-Formulary	Medical Only Exclusion
<i>almond (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>alternaria alternat (diagnost)</i>	Non-Formulary	Medical Only Exclusion
<i>american elm (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>american lobster (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
APLISOL	Non-Formulary	Medical Only Exclusion
<i>apple (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>aspergillus fumigat (diagnost)</i>	Non-Formulary	Medical Only Exclusion
<i>aspergillus fumigatus intradermal</i>	Non-Formulary	Medical Only Exclusion
<i>atlantic cod (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>atlantic salmon (diagnostic)</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>atlantic/eastern oyster(diagn)</i>	Non-Formulary	Medical Only Exclusion
<i>aureobasidium pullulans intradermal</i>	Non-Formulary	Medical Only Exclusion
<i>avocado (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>banana (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>beef (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>bipolaris sorokin (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>black walnut (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>black willow (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>blue crab (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>botrytis cinerea (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>brazil nut (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>brown shrimp (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>candida albicans skn tst antgn</i>	Non-Formulary	Medical Only Exclusion
CANDIN	Non-Formulary	Medical Only Exclusion
<i>cantaloupe (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>casein (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>cashew nut (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>celery (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>chicken meat (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>cladosporium sphaer (diagnost)</i>	Non-Formulary	Medical Only Exclusion
<i>cocoa bean (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>coconut (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>corn (zea mays) (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>cow milk (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>crab (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>dog epithelium (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>eastern cottonwood(diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>egg white (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>english plantain (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>english walnut (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>hazelnut (filbert)(diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>horse epithelium (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>lambs quarters (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>mosquito (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>mountain cedar (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>mouse epithelium (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>nettle (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>northern quahog clam(diagnost)</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>oat (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>oat grain (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>orange (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>peanut (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>pecan nut (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>penicillium notatum (diagnost)</i>	Non-Formulary	Medical Only Exclusion
<i>pineapple (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>pistachio nut (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>pork (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>red maple (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>red oak (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>rice (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>saccharomyces cerevisiae intradermal</i>	Non-Formulary	Medical Only Exclusion
<i>sagebrush (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>sea scallops (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>sesame seed (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>shrimp (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>soybean (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
SPHERUSOL	Non-Formulary	Medical Only Exclusion
<i>strawberry (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>sweet cherry (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>sweet corn (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>tomato (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>trichophyton mentag (diagnost)</i>	Non-Formulary	Medical Only Exclusion
TUBERSOL	Non-Formulary	Medical Only Exclusion
<i>western juniper (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>white alder (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>white ash (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>white birch (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>white potato (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>whole egg (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>whole grain barley(diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>whole wheat (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
*Diagnostic Drugs***		
<i>adenosine (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
ARIDOL	Non-Formulary	Formulary Exclusion
BLUDIGO	Non-Formulary	Medical Only Exclusion
CHIRHOSTIM	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
CORTROSYN	Non-Formulary	Medical Only Exclusion
<i>cosyntropin</i>	Non-Formulary	Medical Only Exclusion
CYSVIEW	Non-Formulary	Medical Only Exclusion
CYTALUX	Non-Formulary	Medical Only Exclusion
<i>dipyridamole intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>d-xylose</i>	Non-Formulary	Formulary Exclusion
GLEOLAN	Non-Formulary	Medical Only Exclusion
<i>glucagon hcl (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
GVOKE VIALDX	Non-Formulary	Medical Only Exclusion
HISTATROL	Non-Formulary	Medical Only Exclusion
IC GREEN	Non-Formulary	Medical Only Exclusion
<i>indocyanine green intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>isosulfan blue</i>	Non-Formulary	Medical Only Exclusion
KINEVAC	Non-Formulary	Medical Only Exclusion
LEXISCAN	Non-Formulary	Medical Only Exclusion
LUMISIGHT	Non-Formulary	Medical Only Exclusion
<i>methacholine chloride inhalation</i>	Non-Formulary	Non FDA Exclusion
METOPIRONE	Non-Formulary	Specialty; Formulary Exclusion
<i>positive skin test control</i>	Non-Formulary	Medical Only Exclusion
PRE-PEN	Non-Formulary	Medical Only Exclusion
PROVOCHOLINE INHALATION KIT	3	
PROVOCHOLINE INHALATION SOLUTION RECONSTITUTED	Non-Formulary	Formulary Exclusion
<i>regadenoson</i>	Non-Formulary	Medical Only Exclusion
R-GENE 10	Non-Formulary	Medical Only Exclusion
SECREFLO	Non-Formulary	Medical Only Exclusion
<i>sincalide</i>	Non-Formulary	Medical Only Exclusion
SPY AGENT GREEN	Non-Formulary	Medical Only Exclusion
SPY- MIS KIT	Non-Formulary	Medical Only Exclusion
SPY-PHI KIT	Non-Formulary	Medical Only Exclusion
THYROGEN	Non-Formulary	Medical Only Exclusion
VUEBLU	Non-Formulary	Medical Only Exclusion
*Diagnostic Infection Test Combinations***		
COBAS LIAT SARS-COV-2-AB ASSAY	Non-Formulary	Non FDA Exclusion
COBAS LIAT SARS-COV-2-AB CNTRL	Non-Formulary	Non FDA Exclusion
FLOWFLEX+ RSV+FLU A/B+COVID	Non-Formulary	Non FDA Exclusion
LUCIRA COVID-19 & FLU TEST	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
SOFIA2 FLU+SARS ANTIGEN FIA	Non-Formulary	Non FDA Exclusion
STATUS COVID-19/FLU A	Non-Formulary	Non FDA Exclusion
TYFAST FLU A/B COVID-19 MULTIP	Non-Formulary	Non FDA Exclusion
<i>*Diagnostic Products, Misc.***</i>		
BREEZA FOR ORAL IODINATED CONT	Non-Formulary	Non FDA Exclusion
BREEZA NEUTRAL ABD/PELVIC IMAG	Non-Formulary	Non FDA Exclusion
<i>*Diagnostic Radiopharmaceuticals - Brain***</i>		
AMYVID	Non-Formulary	Medical Only Exclusion
DATSCAN	Non-Formulary	Medical Only Exclusion
NEURACEQ	Non-Formulary	Medical Only Exclusion
TAUVID	Non-Formulary	Medical Only Exclusion
VIZAMYL	Non-Formulary	Medical Only Exclusion
<i>*Diagnostic Radiopharmaceuticals - Cardiac***</i>		
<i>ammonia n 13</i>	Non-Formulary	Medical Only Exclusion
CARDIOGEN-82	Non-Formulary	Medical Only Exclusion
CARDIOLITE	Non-Formulary	Medical Only Exclusion
FLYRCADO	Non-Formulary	Medical Only Exclusion
MYOVIEW	Non-Formulary	Medical Only Exclusion
MYOVIEW 30ML	Non-Formulary	Medical Only Exclusion
<i>technetium tc 99m sestamibi</i>	Non-Formulary	Medical Only Exclusion
<i>*Diagnostic Radiopharmaceuticals - Endocrine***</i>		
ADREVIEW	Non-Formulary	Medical Only Exclusion
DETECTNET	Non-Formulary	Medical Only Exclusion
DOTATOC GA 68	Non-Formulary	Medical Only Exclusion
<i>indium in 111 dtpa</i>	Non-Formulary	Medical Only Exclusion
<i>indium in-111 pentetreotide</i>	Non-Formulary	Medical Only Exclusion
NETSPOT	Non-Formulary	Medical Only Exclusion
<i>*Diagnostic Radiopharmaceuticals - Gases***</i>		
<i>xenon xe 133</i>	Non-Formulary	Medical Only Exclusion
<i>*Diagnostic Radiopharmaceuticals - Hepatobiliary***</i>		
CHOLETEC	Non-Formulary	Medical Only Exclusion
<i>technetium tc 99m mebrofenin</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>*Diagnostic Radiopharmaceuticals - Lymphatic System**</i>		
LYMPHOSEEK	Non-Formulary	Medical Only Exclusion
<i>*Diagnostic Radiopharmaceuticals - Miscellaneous***</i>		
CERIANNA	Non-Formulary	Medical Only Exclusion
<i>fludeoxyglucose f 18</i>	Non-Formulary	Medical Only Exclusion
LEU TECHNELITE	Non-Formulary	Medical Only Exclusion
NEUROLITE	Non-Formulary	Medical Only Exclusion
TECHNELITE	Non-Formulary	Medical Only Exclusion
<i>technet tc 99m sulfur colloid</i>	Non-Formulary	Medical Only Exclusion
<i>technetium tc 99m pyrophos</i>	Non-Formulary	Medical Only Exclusion
<i>volumex</i>	Non-Formulary	Medical Only Exclusion
<i>*Diagnostic Radiopharmaceuticals - Prostatic***</i>		
AXUMIN	Non-Formulary	Medical Only Exclusion
<i>gallium ga 68 gozetotide</i>	Non-Formulary	Medical Only Exclusion
GOZELLIX CONFIGURATION A	Non-Formulary	Medical Only Exclusion
GOZELLIX CONFIGURATION B	Non-Formulary	Medical Only Exclusion
ILLUCCIX CONFIGURATION A	Non-Formulary	Medical Only Exclusion
ILLUCCIX CONFIGURATION B	Non-Formulary	Medical Only Exclusion
POSLUMA	Non-Formulary	Medical Only Exclusion
PYLARIFY	Non-Formulary	Medical Only Exclusion
<i>*Diagnostic Radiopharmaceuticals - Skeletal***</i>		
<i>sodium fluoride f 18</i>	Non-Formulary	Medical Only Exclusion
<i>technetium tc 99m medronate</i>	Non-Formulary	Medical Only Exclusion
<i>*Diagnostic Radiopharmaceuticals- Immune Cell Radiolabeling**</i>		
CERETEC	Non-Formulary	Medical Only Exclusion
<i>indium in 111 oxyquinoline</i>	Non-Formulary	Medical Only Exclusion
<i>*Diagnostic Supplies***</i>		
<i>cervical specimen collection</i>	Non-Formulary	Non FDA Exclusion
<i>ultrasound gel</i>	Non-Formulary	Non FDA Exclusion
<i>*Diagnostic Tests***</i>		
12-PANEL POC TOXICOLOGY SYSTEM	Non-Formulary	Medical Only Exclusion
A1CNOW + PROFESSIONAL SYSTEM	3	
ACCU-CHEK AVIVA PLUS IN VITRO	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
ACCU-CHEK GUIDE TEST	Non-Formulary	Formulary Exclusion; QL
ACCU-CHEK SMARTVIEW	Non-Formulary	Formulary Exclusion; QL
ACCUTREND GLUCOSE	Non-Formulary	Formulary Exclusion; QL
ADVANCE INTUITION TEST	Non-Formulary	Formulary Exclusion; QL
ADVANCE MICRO-DRAW TEST	Non-Formulary	Formulary Exclusion; QL
ADVOCATE REDI-CODE IN VITRO	Non-Formulary	Formulary Exclusion; QL
ADVOCATE REDI-CODE+ TEST	Non-Formulary	Formulary Exclusion; QL
ADVOCATE TEST	Non-Formulary	Formulary Exclusion; QL
AGAMATRIX AMP TEST	Non-Formulary	Formulary Exclusion; QL
AGAMATRIX JAZZ TEST	Non-Formulary	Formulary Exclusion; QL
AGAMATRIX PRESTO TEST	Non-Formulary	Formulary Exclusion; QL
ASSURE 3 TEST	Non-Formulary	Formulary Exclusion; QL
ASSURE 4 TEST	Non-Formulary	Formulary Exclusion; QL
ASSURE II	Non-Formulary	Formulary Exclusion; QL
ASSURE II CHECK	Non-Formulary	Formulary Exclusion; QL
ASSURE PLATINUM	Non-Formulary	Formulary Exclusion; QL
ASSURE PRISM MULTI TEST	Non-Formulary	Formulary Exclusion; QL
ASSURE PRO TEST	Non-Formulary	Formulary Exclusion; QL
ASSURE TITANIUM STRIP IN VITRO	Non-Formulary	Formulary Exclusion; QL
ASSURE TITANIUM STRIP IN VITRO	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. MBR FREE MTR FREESTYL/PRECSN (BIN#610020;GRP#99992432;ID: ERXMEDPERFORM)ASCENSIA (BIN#01884;PCN3F;GRP#MGDC ARE;ID:CNMC7246982)); QL
BIOTEL CARE TEST STRIPS	Non-Formulary	Formulary Exclusion; QL
<i>blood glucose test strip in vitro</i>	Non-Formulary	Formulary Exclusion; Step Therapy Requirements (FREESTYL, PRECISN, ASCENSIA PREFERRED. MBR TO OBTAIN FREE METER. MBR FREE MTR FREESTYL/PRECSN (BIN#610020;GRP#99992432;ID: ERXMEDPERFORM)ASCENSIA (BIN#01884;PCN3F;GRP#MGDC ARE;ID:CNMC7246982)); QL
<i>blood glucose test strip in vitro</i>	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
<i>blood glucose test strips 333</i>	Non-Formulary	Formulary Exclusion; QL
BLULINK GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
CARESENS N GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
CARESENS S GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
CARETOUCH TEST	Non-Formulary	Formulary Exclusion; QL
<i>cholesterol and lipid test</i>	Non-Formulary	Non FDA Exclusion
CLEVER CHEK AUTO-CODE TEST	Non-Formulary	Formulary Exclusion; QL
CLEVER CHEK AUTO-CODE VOICE IN VITRO	Non-Formulary	Formulary Exclusion; QL
CLEVER CHEK TEST	Non-Formulary	Formulary Exclusion; QL
CLEVER CHOICE AUTO-CODE TEST	Non-Formulary	Formulary Exclusion; QL
CLEVER CHOICE MICRO TEST	Non-Formulary	Formulary Exclusion; QL
CLEVER CHOICE NO CODING	Non-Formulary	Formulary Exclusion; QL
CLEVER CHOICE TALK SYSTEM IN VITRO	Non-Formulary	Formulary Exclusion; QL
CONTOUR NEXT TEST	2	QL
CONTOUR PLUS TEST	2	QL
CONTOUR TEST	2	QL
COOL BLOOD GLUCOSE TEST STRIPS	Non-Formulary	Formulary Exclusion; QL
CVS ADVANCED GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
<i>cvs glucose meter test strips</i>	Non-Formulary	Formulary Exclusion; QL
<i>cvs true metrix glucose test</i>	Non-Formulary	Formulary Exclusion; QL
D-CARE BLOOD GLUCOSE	Non-Formulary	Formulary Exclusion; QL
DIATHRIVE BLOOD GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
DIATHRIVE GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
DIATHRIVE+ GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
DUO-CARE TEST	Non-Formulary	Formulary Exclusion; QL
DX1 ORAGENOMIC DNA SCREEN	Non-Formulary	Medical Only Exclusion
DX2 ORAGENOMIC DNA SCREEN	Non-Formulary	Medical Only Exclusion
EASY MAX BLOOD GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
<i>easy plus ii glucose test</i>	Non-Formulary	Formulary Exclusion; QL
EASY STEP TEST	Non-Formulary	Formulary Exclusion; QL
<i>easy talk blood glucose test</i>	Non-Formulary	Formulary Exclusion; QL
<i>easy talk plus ii test strips</i>	Non-Formulary	Formulary Exclusion; QL
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO	Non-Formulary	Formulary Exclusion; QL
EASY TOUCH TEST	Non-Formulary	Formulary Exclusion; QL
<i>easy trak blood glucose test</i>	Non-Formulary	Formulary Exclusion; QL
<i>easy trak ii glucose test</i>	Non-Formulary	Formulary Exclusion; QL
EASYGLUCO	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
EASYMAX 15 TEST	Non-Formulary	Formulary Exclusion; QL
EASYMAX TEST	Non-Formulary	Formulary Exclusion; QL
EASYPRO BLOOD GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
EASYPRO PLUS IN VITRO	Non-Formulary	Formulary Exclusion; QL
<i>element compact test</i>	Non-Formulary	Formulary Exclusion; QL
ELEMENT TEST	Non-Formulary	Formulary Exclusion; QL
EMBRACE BLOOD GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
EMBRACE EVO BLOOD GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
EMBRACE PRO GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
EMBRACE TALK GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	Non-Formulary	Formulary Exclusion; QL
<i>eq blood glucose test</i>	Non-Formulary	Formulary Exclusion; QL
EVOLUTION AUTOCODE IN VITRO	Non-Formulary	Formulary Exclusion; QL
FIFTY50 GLUCOSE TEST 2.0	Non-Formulary	Formulary Exclusion; QL
<i>fondcircle blood glucose test</i>	Non-Formulary	Formulary Exclusion; QL
FORA 6 CONNECT	Non-Formulary	Formulary Exclusion; QL
FORA 6 CONNECT/GTEL TEST	Non-Formulary	Formulary Exclusion; QL
FORA D40/G31 BLOOD GLUCOSE	Non-Formulary	Formulary Exclusion; QL
FORA G20 BLOOD GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
FORA GD20 TEST	Non-Formulary	Formulary Exclusion; QL
FORA GD50 BLOOD GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
FORA GTEL BLOOD GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
FORA TN'G ADVANCE PRO IN VITRO	Non-Formulary	Formulary Exclusion; QL
FORA TN'G/TN'G VOICE	Non-Formulary	Formulary Exclusion; QL
FORA V10 BLOOD GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
FORA V30A BLOOD GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
FORACARE GD40 TEST	Non-Formulary	Formulary Exclusion; QL
FORACARE PREMIUM V10 TEST	Non-Formulary	Formulary Exclusion; QL
FORACARE TEST N GO TEST	Non-Formulary	Formulary Exclusion; QL
FREESTYLE INSULINX TEST	2	QL
FREESTYLE LITE TEST	2	QL
FREESTYLE PRECISION NEO TEST	2	QL
FREESTYLE TEST	2	QL
<i>ge100 blood glucose test</i>	Non-Formulary	Formulary Exclusion; QL
GENULTIMATE TEST	Non-Formulary	Formulary Exclusion; QL
<i>ght test</i>	Non-Formulary	Formulary Exclusion; QL
GLUCO PERFECT 3 TEST	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
GLUCOCARD 01 SENSOR PLUS	Non-Formulary	Formulary Exclusion; QL
GLUCOCARD EXPRESSION TEST	Non-Formulary	Formulary Exclusion; QL
GLUCOCARD SHINE TEST	Non-Formulary	Formulary Exclusion; QL
GLUCOCARD VITAL TEST	Non-Formulary	Formulary Exclusion; QL
GLUCOCARD X-SENSOR	Non-Formulary	Formulary Exclusion; QL
GLUCOCOM TEST	Non-Formulary	Formulary Exclusion; QL
GLUCONAVII BLOOD GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
<i>glucose meter test</i>	Non-Formulary	Formulary Exclusion; QL
<i>gnp easy touch glucose test</i>	Non-Formulary	Formulary Exclusion; QL
GNP TRUE METRIX GLUCOSE STRIPS	Non-Formulary	Formulary Exclusion; QL
GNP TRUETRACK SMART SYSTEM	Non-Formulary	Formulary Exclusion; QL
GNP TRUETRACK TEST STRIPS	Non-Formulary	Formulary Exclusion; QL
GOJJI BLOOD GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
GOJJI BLOOD TEST STRIP/LANCETS	Non-Formulary	Formulary Exclusion; QL
<i>home pap kit</i>	Non-Formulary	Medical Only Exclusion
HW EMBRACE PRO GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
HW EMBRACE TALK GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
IGLUCOSE TEST STRIPS	Non-Formulary	Formulary Exclusion; QL
IHEALTH BLOOD GLUCOSE TEST STR	Non-Formulary	Formulary Exclusion; QL
IN TOUCH BLOOD GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
INFINITY BLOOD GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
INFINITY VOICE IN VITRO STRIP	Non-Formulary	Formulary Exclusion; QL
KROGER HEALTHPRO GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
<i>medicated dna collection</i>	Non-Formulary	Medical Only Exclusion
MEIJER TRUETEST TEST	Non-Formulary	Formulary Exclusion; QL
MEIJER TRUETRACK TEST	Non-Formulary	Formulary Exclusion; QL
MICRODOT TEST	Non-Formulary	Formulary Exclusion; QL
MM BLULINK GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
MM EASY TOUCH GLUCOSE	Non-Formulary	Formulary Exclusion; QL
MYGLUCOHEALTH TEST	Non-Formulary	Formulary Exclusion; QL
NEUTEK 2TEK TEST	Non-Formulary	Formulary Exclusion; QL
NOVA MAX GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
ON CALL EXPRESS BLOOD GLUCOSE	Non-Formulary	Formulary Exclusion; QL
<i>one drop test</i>	Non-Formulary	Formulary Exclusion; QL
ONETOUCH ULTRA	Non-Formulary	Formulary Exclusion; QL
ONETOUCH ULTRA BLUE TEST	Non-Formulary	Formulary Exclusion; QL
ONETOUCH ULTRA TEST	Non-Formulary	Formulary Exclusion; QL
ONETOUCH VERIO IN VITRO STRIP	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
OPTIUMEZ TEST	Non-Formulary	Formulary Exclusion; QL
<i>ph strips</i>	3	
PHARMACIST CHOICE AUTOCODE	Non-Formulary	Formulary Exclusion; QL
<i>pharmacist choice no coding</i>	Non-Formulary	Formulary Exclusion; QL
PIP BLOOD GLUCOSE TEST STRIP	Non-Formulary	Formulary Exclusion; QL
POCKETCHEM EZ TEST	Non-Formulary	Formulary Exclusion; QL
POGO AUTOMATIC TEST CARTRIDGES	Non-Formulary	Formulary Exclusion; QL
PRECISION XTRA BLOOD GLUCOSE	2	QL
PRO DNA COLLECTION	Non-Formulary	Medical Only Exclusion
<i>pro voice v8/v9 glucose</i>	Non-Formulary	Formulary Exclusion; QL
PRODIGY NO CODING BLOOD GLUC IN VITRO	Non-Formulary	Formulary Exclusion; QL
PTS PANELS EGLU TEST	Non-Formulary	Formulary Exclusion; QL
PTS PANELS LIPID PANEL+EGLU	Non-Formulary	Formulary Exclusion; QL
QUICK TOUCH BLOOD GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
QUICKTEK TEST	Non-Formulary	Formulary Exclusion; QL
REFUAH PLUS BLOOD GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
RELION BLOOD GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
RELION CONFIRM/MICRO TEST	Non-Formulary	Formulary Exclusion; QL
RELION GLUCOSE TEST STRIPS	Non-Formulary	Formulary Exclusion; QL
RELION PREMIER TEST	Non-Formulary	Formulary Exclusion; QL
RELION PRIME TEST	Non-Formulary	Formulary Exclusion; QL
RELION TRUE METRIX TEST STRIPS	Non-Formulary	Formulary Exclusion; QL
RELION ULTIMA TEST	Non-Formulary	Formulary Exclusion; QL
RIGHTEST GS100 BLOOD GLUCOSE	Non-Formulary	Formulary Exclusion; QL
RIGHTEST GS300 BLOOD GLUCOSE	Non-Formulary	Formulary Exclusion; QL
RIGHTEST GS550 BLOOD GLUCOSE	Non-Formulary	Formulary Exclusion; QL
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	Non-Formulary	Formulary Exclusion; QL
RIGHTEST GT333 GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
SMARTEST BLOOD GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
SOLUS V2 TEST	Non-Formulary	Formulary Exclusion; QL
TOXICOLOGY MED COLLECTION SYS	Non-Formulary	Medical Only Exclusion
<i>true focus blood glucose strip</i>	Non-Formulary	Formulary Exclusion; QL
TRUE METRIX BLOOD GLUCOSE TEST	Non-Formulary	Formulary Exclusion; QL
TRUE METRIX PRO BLOOD GLUCOSE	3	QL
TRUETEST TEST	Non-Formulary	Formulary Exclusion; QL
TRUETRACK TEST	Non-Formulary	Formulary Exclusion; QL
<i>udsx medicated system</i>	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
<i>udsxmp medicated system</i>	Non-Formulary	Non FDA Exclusion
UNISTRIP1 GENERIC	Non-Formulary	Formulary Exclusion; QL
<i>verasens blood glucose test</i>	Non-Formulary	Formulary Exclusion; QL
VIVAGUARD INO TEST STRIPS	Non-Formulary	Formulary Exclusion; QL
<i>*Digital Diagnostic Aids***</i>		
CANVAS DX DIAGNOSIS AID AUTISM	Non-Formulary	Non FDA Exclusion
<i>*Infection Tests***</i>		
ACCUA SARS-COV-2	Non-Formulary	Non FDA Exclusion
BINAXNOW COVID-19 AG CARD	Non-Formulary	Non FDA Exclusion
COBAS LIAT SARS-COV-2 ASSAY	Non-Formulary	Non FDA Exclusion
COBAS LIAT SARS-COV-2 CONTROL	Non-Formulary	Non FDA Exclusion
<i>covid-19 otc antigen 1-pack</i>	Non-Formulary	Non FDA Exclusion
<i>covid-19 otc antigen 2-pack</i>	Non-Formulary	Non FDA Exclusion
CUE COVID-19 TEST	Non-Formulary	Non FDA Exclusion
CUE HEALTH MONITORING SYSTEM	Non-Formulary	Non FDA Exclusion
DXTERITY COVID-19 HOME TEST	Non-Formulary	Non FDA Exclusion
EVERLYWELL COVID-19 HOME TEST	Non-Formulary	Non FDA Exclusion
ID NOW COVID-19	Non-Formulary	Non FDA Exclusion
ID NOW COVID-19 2.0 TEST	Non-Formulary	Non FDA Exclusion
ID NOW COVID-19 CONTROL	Non-Formulary	Non FDA Exclusion
ID NOW INFLUENZA A & B 2	Non-Formulary	Non FDA Exclusion
ID NOW INFLUENZA A & B 2 CONTR	Non-Formulary	Non FDA Exclusion
ID NOW RSV	Non-Formulary	Non FDA Exclusion
ID NOW RSV CONTROL SWAB	Non-Formulary	Non FDA Exclusion
ID NOW STREP A2	Non-Formulary	Non FDA Exclusion
ID NOW STREP A2 CONTROL SWAB	Non-Formulary	Non FDA Exclusion
LUCIRA CHECK IT COVID-19 TEST	Non-Formulary	Non FDA Exclusion
LUCIRA COVID-19 ALL-IN-ONE	Non-Formulary	Non FDA Exclusion
LYRA DIRECT SARS-COV-2 ASSAY	Non-Formulary	Non FDA Exclusion
LYRA SARS-COV-2 ASSAY	Non-Formulary	Non FDA Exclusion
PIXEL COVID-19 PCR HOME TEST	Non-Formulary	Non FDA Exclusion
QUICKVUE + STREP A TEST	Non-Formulary	Non FDA Exclusion
QUICKVUE DIPSTICK STREP A TEST	Non-Formulary	Non FDA Exclusion
QUICKVUE INFLUENZA A+B TEST	Non-Formulary	Non FDA Exclusion
QUICKVUE IN-LINE STREP A TEST	Non-Formulary	Non FDA Exclusion
QUICKVUE SARS ANTIGEN TEST	Non-Formulary	Non FDA Exclusion
SIMPLICITY COVID-19 AT-HOME	Non-Formulary	Non FDA Exclusion
SOFIA INFLUENZA A+B FIA	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
SOFIA SARS ANTIGEN FIA	Non-Formulary	Non FDA Exclusion
SOFIA STREP A FIA	Non-Formulary	Non FDA Exclusion
SOFIA STREP A+ FIA	Non-Formulary	Non FDA Exclusion
SOFIA2 SARS ANTIGEN FIA	Non-Formulary	Non FDA Exclusion
XPRT XPRESS SARS-COV-2	Non-Formulary	Non FDA Exclusion
<i>*Miscellaneous Contrast Media Combinations***</i>		
BL-C	Non-Formulary	Non FDA Exclusion
<i>*Miscellaneous Contrast Media***</i>		
CLARISCAN	Non-Formulary	Medical Only Exclusion
DEFINITY	Non-Formulary	Medical Only Exclusion
DEFINITY RT	Non-Formulary	Medical Only Exclusion
DOTAREM	Non-Formulary	Medical Only Exclusion
ELUCIREM	Non-Formulary	Medical Only Exclusion
EOVIST	Non-Formulary	Medical Only Exclusion
EXEM	Non-Formulary	Medical Only Exclusion
GADAVIST	Non-Formulary	Medical Only Exclusion
<i>gadobutrol</i>	Non-Formulary	Medical Only Exclusion
<i>gadoterate meglumine</i>	Non-Formulary	Medical Only Exclusion
<i>gadoteridol</i>	Non-Formulary	Medical Only Exclusion
LUMASON	Non-Formulary	Medical Only Exclusion
MULTIHANCE	Non-Formulary	Medical Only Exclusion
OMNISCAN	Non-Formulary	Medical Only Exclusion
OPTISON	Non-Formulary	Medical Only Exclusion
PROHANCE	Non-Formulary	Medical Only Exclusion
VUEWAY	Non-Formulary	Medical Only Exclusion
XENOVUE	Non-Formulary	Medical Only Exclusion
<i>*Multiple Skin Tests***</i>		
<i>cockroach mixed (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>sheep sorrel-dock (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
<i>short-giant ragweed (diagnostic)</i>	Non-Formulary	Medical Only Exclusion
T.R.U.E. TEST	Non-Formulary	Formulary Exclusion
<i>*Radiographic Contrast Media - Barium***</i>		
<i>barium sulfate</i>	Non-Formulary	Formulary Exclusion
E-Z-DISK	Non-Formulary	Formulary Exclusion
E-Z-HD	Non-Formulary	Formulary Exclusion
LIQUID E-Z-PAQUE	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
LIQUID POLIBAR PLUS	Non-Formulary	Non FDA Exclusion
READI-CAT 2	Non-Formulary	Formulary Exclusion
SITZMARKS	Non-Formulary	Non FDA Exclusion
SITZMARKS COMBO PACKAGE	Non-Formulary	Non FDA Exclusion
SITZMARKS FOR KIDS	Non-Formulary	Non FDA Exclusion
TAGITOL V	Non-Formulary	Formulary Exclusion
VANILLA SILQ	Non-Formulary	Non FDA Exclusion
VARIBAR HONEY	Non-Formulary	Formulary Exclusion
VARIBAR NECTAR	Non-Formulary	Formulary Exclusion
VARIBAR PUDDING	Non-Formulary	Formulary Exclusion
VARIBAR THIN HONEY	Non-Formulary	Formulary Exclusion
VARIBAR THIN LIQUID	Non-Formulary	Formulary Exclusion
<i>*Radiographic Contrast Media - Iodinated***</i>		
CONRAY	Non-Formulary	Medical Only Exclusion
CYSTO-CONRAY II	Non-Formulary	Medical Only Exclusion
CYSTOGRAFIN	Non-Formulary	Medical Only Exclusion
CYSTOGRAFIN-DILUTE	Non-Formulary	Medical Only Exclusion
<i>diatrizoate meglumine & sodium</i>	Non-Formulary	Formulary Exclusion
GASTROGRAFIN	Non-Formulary	Formulary Exclusion
<i>iodixanol</i>	Non-Formulary	Medical Only Exclusion
<i>iohexol</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>iopamidol</i>	Non-Formulary	Medical Only Exclusion
ISOVUE-200	Non-Formulary	Medical Only Exclusion
ISOVUE-250	Non-Formulary	Medical Only Exclusion
ISOVUE-300	Non-Formulary	Medical Only Exclusion
ISOVUE-370	Non-Formulary	Medical Only Exclusion
ISOVUE-M 200	Non-Formulary	Medical Only Exclusion
ISOVUE-M 300	Non-Formulary	Medical Only Exclusion
LIPIODOL	Non-Formulary	Medical Only Exclusion
MD-GASTROVIEW	Non-Formulary	Formulary Exclusion
OMNIPAQUE INTRAVENOUS	Non-Formulary	Medical Only Exclusion
OMNIPAQUE ORAL	Non-Formulary	Formulary Exclusion
OMNIPAQUE SOLUTION 180 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
OMNIPAQUE SOLUTION 240 MG/ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
OMNIPAQUE SOLUTION 240 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
OMNIPAQUE SOLUTION 300 MG/ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
OMNIPAQUE SOLUTION 300 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
ULTRAVIST SOLUTION 62 % INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ULTRAVIST SOLUTION 62 % INJECTION	Non-Formulary	Medical Only Exclusion
ULTRAVIST SOLUTION 77 % INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ULTRAVIST SOLUTION 77 % INJECTION	Non-Formulary	Medical Only Exclusion
VISIPAQUE	Non-Formulary	Medical Only Exclusion
<i>*Radiographic Contrast Media - Iron Oxide***</i>		
FERABRIGHT	Non-Formulary	Medical Only Exclusion
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
<i>*Dietary Management Product Combinations***</i>		
ASTAMED MYO	Non-Formulary	Non FDA Exclusion
AXONA	Non-Formulary	Non FDA Exclusion
CEREFOLIN	Non-Formulary	Non FDA Exclusion
CEREFOLIN BRAIN WELLNESS	Non-Formulary	Non FDA Exclusion
CEREFOLIN NAC	Non-Formulary	Non FDA Exclusion
DEPLIN 15	Non-Formulary	Non FDA Exclusion
DEPLIN 7.5	Non-Formulary	Non FDA Exclusion
ELFOLATE PLUS	Non-Formulary	Non FDA Exclusion
ENLYTE	Non-Formulary	Non FDA Exclusion
FOLBIC RF	Non-Formulary	Non FDA Exclusion
FOLTANX	Non-Formulary	Non FDA Exclusion
FOLTANX RF	Non-Formulary	Non FDA Exclusion
FOLTX	Non-Formulary	Non FDA Exclusion
FOSTEUM	Non-Formulary	Non FDA Exclusion
FOSTEUM PLUS	Non-Formulary	Non FDA Exclusion
LDL CARE	Non-Formulary	Non FDA Exclusion
LIMBREL250	Non-Formulary	Non FDA Exclusion
LIMBREL500	Non-Formulary	Non FDA Exclusion
<i>l-methylfolate forte</i>	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
<i>l-methylfolate-algae</i>	Non-Formulary	Non FDA Exclusion
<i>l-methylfolate-algae-b12-b6</i>	Non-Formulary	Non FDA Exclusion
<i>lormate</i>	Non-Formulary	Non FDA Exclusion
<i>medactiv</i>	Non-Formulary	Non FDA Exclusion
METAFOLBIC	Non-Formulary	Non FDA Exclusion
METAFOLBIC PLUS	Non-Formulary	Non FDA Exclusion
METANX	Non-Formulary	Non FDA Exclusion
METANX FC	Non-Formulary	Non FDA Exclusion
METANXPRO NERVE HEALTH	Non-Formulary	Non FDA Exclusion
<i>methylfol-algae-b12-acetylcyst</i>	Non-Formulary	Non FDA Exclusion
<i>neoke bhb</i>	Non-Formulary	Non FDA Exclusion
NICAPRIN	Non-Formulary	Non FDA Exclusion
PODIAPN	Non-Formulary	Non FDA Exclusion
<i>pro-critic</i>	Non-Formulary	Non FDA Exclusion
PROLEEVA	Non-Formulary	Non FDA Exclusion
<i>proleva</i>	Non-Formulary	Non FDA Exclusion
PROTEOLIN ORAL TABLET	Non-Formulary	Non FDA Exclusion
RHEUMATE	Non-Formulary	Non FDA Exclusion
TOBAKIENT	Non-Formulary	Non FDA Exclusion
VASCULERA	Non-Formulary	Non FDA Exclusion
<i>vb6 p5p</i>	Non-Formulary	Non FDA Exclusion
<i>westab max</i>	Non-Formulary	Non FDA Exclusion
<i>xyzbac</i>	Non-Formulary	Non FDA Exclusion
<i>zyvexol</i>	Non-Formulary	Non FDA Exclusion
<i>*Dietary Management Products***</i>		
AVAILNEX	Non-Formulary	Non FDA Exclusion
DEPLIN FC	Non-Formulary	Non FDA Exclusion
ELFOLATE	Non-Formulary	Non FDA Exclusion
ENTERAGAM	Non-Formulary	Non FDA Exclusion
GALAXTRA	Non-Formulary	Non FDA Exclusion
LIMBREL	Non-Formulary	Non FDA Exclusion
<i>l-methylfolate</i>	Non-Formulary	Non FDA Exclusion
VASCAZEN	Non-Formulary	Non FDA Exclusion
XAQUIL XR	Non-Formulary	Non FDA Exclusion
<i>*Nutritional Supplements - Diet Aids***</i>		
APP SLIM RMS	Non-Formulary	Non FDA Exclusion
<i>*Nutritional Supplements***</i>		
AMINOPMRMS	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
ASILNASALRMS	Non-Formulary	Non FDA Exclusion
CAMINO PRO COMPLETE/GLYTACTIN	Non-Formulary	Non FDA Exclusion
ENU NUTRITIONAL SHAKE	Non-Formulary	Non FDA Exclusion
ENU PRO3 PLUS	Non-Formulary	Non FDA Exclusion
<i>equacare jr</i>	Non-Formulary	Non FDA Exclusion
ESSENTIAL CARE JR ORAL POWDER	Non-Formulary	Non FDA Exclusion
FIBERSOURCE HN	Non-Formulary	Non FDA Exclusion
GLYTACTIN BETTERMILK 15	Non-Formulary	Non FDA Exclusion
GLYTACTIN BETTERMILK DE-LITE	Non-Formulary	Non FDA Exclusion
GLYTACTIN BUILD 10PE	Non-Formulary	Non FDA Exclusion
GLYTACTIN BUILD 20/20	Non-Formulary	Non FDA Exclusion
GLYTACTIN BUILD 20/20 PKU	Non-Formulary	Non FDA Exclusion
GLYTACTIN BURST	Non-Formulary	Non FDA Exclusion
GLYTACTIN COMPLETE 10PE	Non-Formulary	Non FDA Exclusion
GLYTACTIN RESTORE 10	Non-Formulary	Non FDA Exclusion
GLYTACTIN RESTORE 5	Non-Formulary	Non FDA Exclusion
GLYTACTIN RESTORE LITE 10	Non-Formulary	Non FDA Exclusion
GLYTACTIN RESTORE LITE 10PE	Non-Formulary	Non FDA Exclusion
GLYTACTIN RTD 10	Non-Formulary	Non FDA Exclusion
GLYTACTIN RTD 15	Non-Formulary	Non FDA Exclusion
GLYTACTIN RTD LITE 15	Non-Formulary	Non FDA Exclusion
GLYTACTIN SWIRL 15	Non-Formulary	Non FDA Exclusion
GLYTACTIN SWIRL 15PE	Non-Formulary	Non FDA Exclusion
HCU EASY	Non-Formulary	Non FDA Exclusion
HCU EXPRESS 15 PLUS+	Non-Formulary	Non FDA Exclusion
HCU EXPRESS 20 PLUS+	Non-Formulary	Non FDA Exclusion
HOMACTIN AA PLUS	Non-Formulary	Non FDA Exclusion
ISOVACTIN AA PLUS	Non-Formulary	Non FDA Exclusion
KATE FARMS PEPTIDE 1.5 ENTERAL	Non-Formulary	Non FDA Exclusion
KATE FARMS STANDARD 1.4 ENTERAL	Non-Formulary	Non FDA Exclusion
KETOVIE	Non-Formulary	Non FDA Exclusion
KETOVIE 3:1	Non-Formulary	Non FDA Exclusion
KETOVIE 4:1	Non-Formulary	Non FDA Exclusion
KETOVIE PEPTIDE	Non-Formulary	Non FDA Exclusion
NOURISH	Non-Formulary	Non FDA Exclusion
PHENYLADE GMP MIX DHA/FIBER	Non-Formulary	Non FDA Exclusion
PKU EASY MICROTABS	Non-Formulary	Non FDA Exclusion
PKU EASY MICROTABS PLUS	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
PKU EXPRESS 15 PLUS+	Non-Formulary	Non FDA Exclusion
PKU EXPRESS 20 PLUS+	Non-Formulary	Non FDA Exclusion
<i>thrivacin 30</i>	Non-Formulary	Non FDA Exclusion
<i>thrivacin detox</i>	Non-Formulary	Non FDA Exclusion
TYLACTIN BUILD 20PE TYR	Non-Formulary	Non FDA Exclusion
TYLACTIN COMPLETE 15 PE	Non-Formulary	Non FDA Exclusion
TYLACTIN RESTORE 10	Non-Formulary	Non FDA Exclusion
TYLACTIN RESTORE 5PE	Non-Formulary	Non FDA Exclusion
TYLACTIN RTD 15	Non-Formulary	Non FDA Exclusion
TYR EXPRESS 15 PLUS+	Non-Formulary	Non FDA Exclusion
TYR EXPRESS 20 PLUS+	Non-Formulary	Non FDA Exclusion
VILACTIN AA PLUS	Non-Formulary	Non FDA Exclusion
*Sweeteners***		
<i>sodium saccharin</i>	Non-Formulary	Formulary Exclusion
DIGESTIVE AIDS		
*Digestive Enzymes***		
CREON	2	
PANCREAZE	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF CREON AND ZENPEP IN THE PAST 365 DAYS)
PERTZYE	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF CREON AND ZENPEP IN THE PAST 365 DAYS)
SUCRAID	3	PA; Specialty
VIOKACE	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF CREON AND ZENPEP IN THE PAST 365 DAYS)
ZENPEP	2	
DIURETICS		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide er</i>	1	
<i>acetazolamide oral</i>	1	
<i>acetazolamide sodium</i>	Non-Formulary	Medical Only Exclusion
<i>dichlorphenamide</i>	1	PA; Specialty
KEVEYIS	Non-Formulary	PA; Specialty; Formulary Exclusion
<i>methazolamide oral</i>	1	

Drug Name	Tier	Notes
ORMALVI	1	PA; Specialty
*Diuretic Combinations***		
<i>spironolactone-hctz</i>	1	
<i>triamterene-hctz</i>	1	
*Loop Diuretics***		
<i>bumetanide injection</i>	Non-Formulary	Medical Only Exclusion
<i>bumetanide oral</i>	1	
BUMEX	Non-Formulary	Formulary Exclusion
EDECIN	Non-Formulary	Formulary Exclusion
ENBUMYST	Non-Formulary	PA; Formulary Exclusion; QL
<i>ethacrynate sodium</i>	Non-Formulary	Medical Only Exclusion
<i>ethacrynic acid</i>	1	
FUROSCIX	3	PA; Specialty; QL
<i>furosemide in sodium chloride</i>	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
<i>furosemide injection</i>	Non-Formulary	Medical Only Exclusion
<i>furosemide oral tablet</i>	1	
<i>furosemide solution 10 mg/ml oral</i>	1	
<i>furosemide solution 8 mg/ml oral</i>	3	
LASIX	Non-Formulary	Formulary Exclusion
LASIX ONYU	3	PA; Specialty; QL
SOAANZ	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>torsemide tablet 10 mg oral</i>	1	
<i>torsemide tablet 100 mg oral</i>	1	
<i>torsemide tablet 20 mg oral</i>	2	
<i>torsemide tablet 20 mg oral</i>	1	
<i>torsemide tablet 5 mg oral</i>	1	
*Osmotic Diuretics***		
<i>mannitol intravenous</i>	Non-Formulary	Medical Only Exclusion
OSMITROL	Non-Formulary	Medical Only Exclusion
*Potassium Sparing Diuretics***		
ALDACTONE	Non-Formulary	Formulary Exclusion
<i>amiloride hcl oral</i>	1	
CAROSPIR	Non-Formulary	PA; Formulary Exclusion
DYRENIUM	Non-Formulary	Formulary Exclusion
<i>spironolactone oral suspension</i>	1	PA
<i>spironolactone oral tablet</i>	1	

Drug Name	Tier	Notes
<i>triamterene oral</i>	1	
<i>*Thiazides And Thiazide-Like Diuretics***</i>		
<i>chlorothiazide sodium</i>	Non-Formulary	Medical Only Exclusion
<i>chlorthalidone</i>	1	
DIURIL	3	
HEMICLOR	3	
<i>hydrochlorothiazide oral</i>	1	
<i>indapamide</i>	1	
INZIRQO	3	PA
<i>metolazone</i>	1	
THALITONE	3	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
<i>*Abortifacient - Progesterone Receptor Antagonists***</i>		
MIFEPREX	Non-Formulary	Formulary Exclusion
<i>mifepristone tablet 200 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>*Acid Sphingomyelinase Deficiency (Asmd) - Agents***</i>		
XENPOZYME	Non-Formulary	Medical Only Exclusion
<i>*Adenosine Deaminase Scid Treatment - Agents***</i>		
REVCovi	2	PA; Specialty
<i>*Alkaptonuria (Aku) Treatment - Agents***</i>		
HARLIKU	3	PA; Specialty
<i>*Alpha-Mannosidosis Treatment - Agents***</i>		
LAMZEDE	Non-Formulary	Medical Only Exclusion
<i>*Arginase 1 Deficiency (Arg1-D) - Agents***</i>		
LOARGYS	Non-Formulary	PA; New to Market Exclusion; Specialty
<i>*Aromatic Amino Acid Decarboxylate Deficiency - Agents***</i>		
KEBILIDI	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
*Atp-Sensitive Potassium Channel Activators***		
VYKAT XR	3	PA; Specialty
*Bisphosphonates***		
ACTONEL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: ALENDRONATE OR IBANDRONATE); QL
<i>alendronate sodium</i>	1	QL
ATELVIA	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: ALENDRONATE OR IBANDRONATE); QL
BINOSTO	3	Non Essential Drug Exclusion; QL
FOSAMAX	Non-Formulary	Formulary Exclusion; QL
FOSAMAX PLUS D	3	QL
<i>ibandronate sodium intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>ibandronate sodium oral</i>	1	QL
<i>pamidronate disodium</i>	Non-Formulary	Medical Only Exclusion
RECLAST	Non-Formulary	PA; Medical Only Exclusion
<i>risedronate sodium oral tablet</i>	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE: ALENDRONATE OR IBANDRONATE); QL
<i>risedronate sodium oral tablet delayed release</i>	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: ALENDRONATE OR IBANDRONATE); QL
<i>zoledronic acid</i>	Non-Formulary	PA; Medical Only Exclusion
*Calcimimetic Agents***		
<i>cinacalcet hcl tablet 30 mg oral</i>	1	Specialty
<i>cinacalcet hcl tablet 60 mg oral</i>	1	Specialty
<i>cinacalcet hcl tablet 90 mg oral</i>	1	Specialty; QL
PARSABIV	Non-Formulary	Medical Only Exclusion
SENSIPAR TABLET 30 MG ORAL	Non-Formulary	Specialty; Formulary Exclusion
SENSIPAR TABLET 60 MG ORAL	Non-Formulary	Specialty; Formulary Exclusion
SENSIPAR TABLET 90 MG ORAL	Non-Formulary	Specialty; Formulary Exclusion; QL

Drug Name	Tier	Notes
*Calcitonins***		
<i>calcitonin (salmon)</i>	1	QL
MIACALCIN	Non-Formulary	Formulary Exclusion; QL
*Carnitine Replenisher - Agents***		
CARNITOR INTRAVENOUS	Non-Formulary	Medical Only Exclusion
CARNITOR ORAL	Non-Formulary	Formulary Exclusion
CARNITOR SF	Non-Formulary	Formulary Exclusion
<i>levocarnitine injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>levocarnitine intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>levocarnitine oral solution</i>	1	
<i>levocarnitine oral tablet</i>	1	
<i>levocarnitine sf</i>	1	
*Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***		
XPHOZAH	Non-Formulary	PA; Formulary Exclusion
*Corticotropin***		
ACTHAR	3	PA; Specialty
ACTHAR GEL	3	PA; Specialty
CORTROPHIN	3	PA; Specialty
CORTROPHIN GEL	3	PA; Specialty
Corticotropin-Releasing Factor (Crf) Receptor Type 1 Antag		
CRENESSITY	3	PA; Specialty; QL
*Cortisol Synthesis Inhibitors***		
RECORLEV	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
*Dopamine Receptor Agonists***		
<i>cabergoline</i>	1	
*Fabry Disease - Agents***		
ELFABRIO	Non-Formulary	PA; Medical Only Exclusion; Specialty
FABRAZYME	3	PA; Specialty; QL
GALAFOLD	3	PA; Specialty; QL
*Gaa Deficiency Treatment - Agents***		
LUMIZYME	Non-Formulary	PA; Medical Only Exclusion; Specialty
NEXVIAZYME	Non-Formulary	PA; Specialty; Formulary Exclusion

Drug Name	Tier	Notes
OPFOLDA	Non-Formulary	PA; Specialty; Formulary Exclusion
POMBILITI	Non-Formulary	PA; Specialty; Formulary Exclusion
*Gnrh/Lhrh Antagonists***		
<i>cetorelix acetate</i>	2	PA; Specialty
CETROTIDE	Non-Formulary	PA; Specialty; Formulary Exclusion
FYREMADEL	1	PA; Specialty
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	1	PA; Specialty
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	Non-Formulary	PA; Specialty; Formulary Exclusion
ORILISSA	2	PA; QL
*Growth Hormone Receptor Antagonists***		
SOMAVERT	3	PA; Specialty
*Growth Hormone Releasing Hormones (Ghrh)***		
EGRIFTA SV	3	PA; Specialty; QL
EGRIFTA WR	3	PA; Specialty; QL
*Growth Hormones***		
GENOTROPIN	2	PA; Specialty
GENOTROPIN MINIQUICK	2	PA; Specialty
HUMATROPE	Non-Formulary	PA; Specialty; Formulary Exclusion
NGENLA	Non-Formulary	PA; Specialty; Formulary Exclusion
NORDITROPIN FLEXP	2	PA; Specialty
NUTROPIN AQ NUSPIN 10	Non-Formulary	PA; Specialty; Formulary Exclusion
NUTROPIN AQ NUSPIN 20	Non-Formulary	PA; Specialty; Formulary Exclusion
NUTROPIN AQ NUSPIN 5	Non-Formulary	PA; Specialty; Formulary Exclusion
OMNITROPE	3	PA; Specialty
SEROSTIM	Non-Formulary	PA; Specialty; Formulary Exclusion
SKYTROFA	2	PA; Specialty
SOGROYA	2	PA; Specialty

Drug Name	Tier	Notes
ZOMACTON	Non-Formulary	PA; Specialty; Formulary Exclusion
<i>*Hereditary Orotic Aciduria Treatment - Agents**</i>		
XURIDEN	3	PA; Specialty
<i>*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***</i>		
nitisinone	1	PA; Specialty
NITYR	2	PA; Specialty
ORFADIN ORAL CAPSULE	Non-Formulary	PA; Specialty; Formulary Exclusion
ORFADIN ORAL SUSPENSION	2	PA; Specialty
<i>*Homocystinuria Treatment - Agents***</i>		
betaine	1	PA; Specialty
CYSTADANE	Non-Formulary	PA; Specialty; Formulary Exclusion
<i>*Hyperammonemia Treatment - Agents***</i>		
CARBAGLU	Non-Formulary	PA; Specialty; Formulary Exclusion
carglumic acid	1	PA; Specialty
<i>*Hyperparathyroid Treatment - Vitamin D Analogs***</i>		
calcitriol intravenous	Non-Formulary	Medical Only Exclusion
calcitriol oral capsule	1	
calcitriol oral solution	Non-Formulary	Formulary Exclusion
doxercalciferol intravenous	Non-Formulary	Medical Only Exclusion
paricalcitol intravenous	Non-Formulary	Medical Only Exclusion
paricalcitol oral	Non-Formulary	Formulary Exclusion
RAYALDEE	2	
ROCALTROL	Non-Formulary	Formulary Exclusion
ZEMPLAR INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZEMPLAR ORAL	Non-Formulary	Formulary Exclusion
<i>*Hypoparathyroid Treatment - Parathyroid Hormone Analogs***</i>		
YORVIPATH	3	PA; Specialty; QL
<i>*Hypophosphatasia (Hpp) Agents***</i>		
STRENSIQ	2	PA; Specialty

Drug Name	Tier	Notes
<i>*Insulin-Like Growth Factor-1 Receptor Inhibitors(Igf-1R)***</i>		
TEPEZZA	Non-Formulary	Medical Only Exclusion
<i>*Insulin-Like Growth Factors (Somatomedins)***</i>		
INCRELEX	2	PA; Specialty
<i>*Leptin Analogues***</i>		
MYALEPT	3	PA; Specialty
<i>*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***</i>		
FENSOLVI (6 MONTH) KIT 45 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
FENSOLVI (6 MONTH) KIT 45 MG SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion; QL with criteria
LUPRON DEPOT-PED (1-MONTH)	2	PA; Specialty; QL
LUPRON DEPOT-PED (3-MONTH)	2	PA; Specialty; QL
LUPRON DEPOT-PED (6-MONTH)	2	PA; Specialty; QL
SUPPRELIN LA	3	PA; Specialty; QL
SYNAREL	3	PA; Specialty
TRIPTODUR	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
<i>*Lipoprotein Lipase Deficiency (Lpld) Deficiency - Agents***</i>		
REDEMPLO	3	PA; Specialty; QL
TRYNGOLZA	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
<i>*Lysosomal Acid Lipase (Lal) Deficiency - Agents***</i>		
KANUMA	Non-Formulary	Medical Only Exclusion
<i>*Melanocortin 4 (Mc4) Receptor Agonists***</i>		
IMCIVREE	3	PA; Specialty
<i>*Mitochondrial Cardiolipin Binders***</i>		
FORZINITY	3	PA; Specialty; QL
<i>*Molybdenum Cofactor Deficiency (Mocd) - Agents***</i>		
NULIBRY	3	PA; Specialty

Drug Name	Tier	Notes
<i>*Mucopolysaccharidosis I (Mps I) - Agents***</i>		
ALDURAZYME	Non-Formulary	Medical Only Exclusion
<i>*Mucopolysaccharidosis Ii (Mps Ii) - Agents***</i>		
ELAPRASE	Non-Formulary	PA; Medical Only Exclusion; Specialty; QL
<i>*Mucopolysaccharidosis Iv (Mps Iv) - Agents***</i>		
VIMIZIM	Non-Formulary	Medical Only Exclusion
<i>*Mucopolysaccharidosis Vi (Mps Vi) - Agents***</i>		
NAGLAZYME	Non-Formulary	Medical Only Exclusion
<i>*Mucopolysaccharidosis Vii (Mps Vii) - Agents***</i>		
MEPSEVII	Non-Formulary	Medical Only Exclusion
<i>*Natriuretic Peptides***</i>		
VOXZOGO	3	PA; Specialty
<i>*Neurokinin 1 & 3 (Nk1/Nk3) Receptor Antagonists***</i>		
LYNKUET	Non-Formulary	PA; Formulary Exclusion; QL
<i>*Neurokinin 3 (Nk3) Receptor Antagonists***</i>		
VEOZAH	3	
<i>*Non-Steroidal Mineralocorticoid Receptor Antagonists***</i>		
KERENDIA	3	PA; QL
<i>*Ovulation Stimulants-Gonadotropins***</i>		
FOLLISTIM AQ	3	PA; Specialty
GONAL-F	2	PA; Specialty
GONAL-F RFF REDIJECT	2	PA; Specialty
MENOPUR	3	PA; Specialty
NOVAREL	2	PA
OVIDREL	2	PA
PREGNYL	3	PA
<i>*Ovulation Stimulants-Synthetic***</i>		
CLOMID	1	PA

Drug Name	Tier	Notes
<i>clomiphene citrate oral</i>	1	PA
MILOPHENE	1	PA
<i>*Parathyroid Hormone And Derivatives***</i>		
BONSITY	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
FORTEO	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
<i>teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous</i>	1	PA; Specialty; QL
<i>teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous</i>	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
TYMLOS	2	PA; Specialty; QL
<i>*Phenylketonuria Treatment - Agents***</i>		
JAVYGTOR	1	Specialty
KUVAN	2	Specialty
PALYNZIQ	3	PA; Specialty; QL
<i>sapropterin dihydrochloride</i>	1	Specialty
SEPHIENCE	3	PA; Specialty
ZELVYSIA	1	Specialty
<i>*Rank Ligand (Rankl) Inhibitors***</i>		
AUKELSO	Non-Formulary	PA messaging (Rebateable Exclusion)
BILDYOS	Non-Formulary	PA messaging (Rebateable Exclusion)
BILPREVDA	Non-Formulary	PA messaging (Rebateable Exclusion)
BOMYNTRA	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
BOSAYA	Non-Formulary	PA messaging (Rebateable Exclusion)
CONEXXENCE	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
ENOBY	Non-Formulary	Specialty; PA messaging (Rebateable Exclusion)
JUBBONTI	Non-Formulary	Specialty; PA messaging (Rebateable Exclusion)
OSENVELT	2	PA; Specialty
OSPOMYV	Non-Formulary	Specialty; PA messaging (Rebateable Exclusion)

Drug Name	Tier	Notes
PROLIA SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
PROLIA SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion; QL with criteria
STOBOCLO	2	PA; Specialty
WYOST	Non-Formulary	Specialty; PA messaging (Rebateable Exclusion)
XGEVA	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
XTRENBO	Non-Formulary	Specialty; PA messaging (Rebateable Exclusion)
<i>*Sclerostin Inhibitors***</i>		
EVENITY SOLUTION PREFILLED SYRINGE 105 MG/1.17ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
EVENITY SOLUTION PREFILLED SYRINGE 105 MG/1.17ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion; QL with criteria
<i>*Selective Estrogen Receptor Modulators (Sermis)***</i>		
EVISTA	Non-Formulary	Formulary Exclusion
OSPHENA	3	
<i>raloxifene hcl</i>	1	
<i>*Selective Vasopressin V2-Receptor Antagonists***</i>		
JYNARQUE	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
SAMSCA	Non-Formulary	Specialty; Formulary Exclusion; QL
<i>tolvaptan oral tablet therapy pack</i>	1	Specialty; QL
<i>tolvaptan tablet 15 mg oral</i>	1	Specialty; QL
<i>tolvaptan tablet 15 mg oral</i>	1	PA; Specialty; QL
<i>tolvaptan tablet 30 mg oral</i>	1	Specialty; QL
<i>tolvaptan tablet 30 mg oral</i>	1	PA; Specialty; QL
<i>*Somatostatic Agents***</i>		
BYNFEZIA PEN	Non-Formulary	PA; Specialty; Formulary Exclusion
<i>lanreotide acetate solution 120 mg/0.5ml subcutaneous</i>	1	PA; Specialty
<i>lanreotide acetate solution 120 mg/0.5ml subcutaneous</i>	Non-Formulary	PA; Specialty; Formulary Exclusion
MYCAPSSA	3	PA; Specialty
<i>octreotide acetate intramuscular</i>	1	PA; Specialty

Drug Name	Tier	Notes
<i>octreotide acetate solution 100 mcg/ml injection</i>	1	Specialty
<i>octreotide acetate solution 1000 mcg/ml injection</i>	Non-Formulary	Medical Only Exclusion; Specialty
<i>octreotide acetate solution 200 mcg/ml injection</i>	1	Specialty
<i>octreotide acetate solution 50 mcg/ml injection</i>	1	Specialty
<i>octreotide acetate solution 500 mcg/ml injection</i>	Non-Formulary	Medical Only Exclusion; Specialty
<i>octreotide acetate subcutaneous</i>	2	PA; Specialty
PALSONIFY	3	PA; Specialty
SANDOSTATIN LAR DEPOT	Non-Formulary	PA; Specialty; Formulary Exclusion
SANDOSTATIN SOLUTION 100 MCG/ML INJECTION	Non-Formulary	Specialty; Formulary Exclusion
SANDOSTATIN SOLUTION 50 MCG/ML INJECTION	Non-Formulary	Specialty; Formulary Exclusion
SANDOSTATIN SOLUTION 500 MCG/ML INJECTION	Non-Formulary	Medical Only Exclusion; Specialty
SIGNIFOR	3	PA; Specialty
SIGNIFOR LAR	3	PA; Specialty
SOMATULINE DEPOT SOLUTION 120 MG/0.5ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion
SOMATULINE DEPOT SOLUTION 60 MG/0.2ML SUBCUTANEOUS	2	PA; Specialty
SOMATULINE DEPOT SOLUTION 90 MG/0.3ML SUBCUTANEOUS	2	PA; Specialty
<i>*Tripeptidyl Peptidase 1 Deficiency Treatment - Agents***</i>		
BRINEURA	Non-Formulary	Medical Only Exclusion
<i>*Urea Cycle Disorder - Agents***</i>		
BUPHENYL	Non-Formulary	PA; Specialty; Formulary Exclusion
<i>glycerol phenylbutyrate</i>	1	PA; Specialty
OLPRUVA (2 GM DOSE)	3	PA; Specialty
OLPRUVA (3 GM DOSE)	3	PA; Specialty
OLPRUVA (4 GM DOSE)	3	PA; Specialty
OLPRUVA (5 GM DOSE)	3	PA; Specialty
OLPRUVA (6 GM DOSE)	3	PA; Specialty
OLPRUVA (6.67 GM DOSE)	3	PA; Specialty
PHEBURANE	3	PA; Specialty
RAVICTI	3	PA; Specialty
<i>sod benz-sod phenylacet</i>	Non-Formulary	Medical Only Exclusion
<i>sodium phenylbutyrate oral</i>	1	PA; Specialty

Drug Name	Tier	Notes
*Vasopressin***		
DDAVP INJECTION	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
DDAVP ORAL	Non-Formulary	Formulary Exclusion
DDAVP PF	Non-Formulary	Medical Only Exclusion
<i>desmopressin ace spray refrig</i>	1	
<i>desmopressin acetate injection</i>	Non-Formulary	Medical Only Exclusion
<i>desmopressin acetate nasal</i>	Non-Formulary	Non FDA Exclusion
<i>desmopressin acetate oral</i>	1	
<i>desmopressin acetate pf</i>	Non-Formulary	Medical Only Exclusion
TERLIVAZ	Non-Formulary	Medical Only Exclusion
<i>vasopressin +rfid</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>vasopressin solution 20 unit/ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>vasopressin solution 20 unit/ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>vasopressin-dextrose</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>vasopressin-sodium chloride injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>vasopressin-sodium chloride intravenous</i>	Non-Formulary	Medical Only Exclusion
VASOSTRICT	Non-Formulary	Medical Only Exclusion
*X-Linked Hypophosphatemia (Xlh) Treatment - Agents***		
CRYSVITA	3	PA; Specialty
ESTROGENS		
*Estrogen & Androgen***		
COVARYX	Non-Formulary	Formulary Exclusion
COVARYX HS	Non-Formulary	Formulary Exclusion
EEMT	Non-Formulary	Formulary Exclusion
EEMT HS	Non-Formulary	Formulary Exclusion
<i>est estrogens-methyltest</i>	Non-Formulary	Formulary Exclusion
<i>est estrogens-methyltest ds</i>	Non-Formulary	Formulary Exclusion
<i>est estrogens-methyltest hs</i>	Non-Formulary	Formulary Exclusion
ESTRATEST H.S.	Non-Formulary	Formulary Exclusion
*Estrogen & Progestin***		
ABIGALE	1	
ABIGALE LO	1	
ACTIVELLA	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
ANGELIQ	3	
BIJUVA	2	
CLIMARA PRO	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF COMBIPATCH IN THE PAST 120 DAYS)
COMBIPATCH	2	
<i>estradiol-norethindrone acet</i>	1	
FYAVOLV	1	
JINTELI	1	
MIMVEY	1	
<i>norethindrone-eth estradiol</i>	1	
PREMPHASE	2	
PREMPRO	2	
*Estrogen-Progestin-Gnrh Antagonist***		
MYFEMBREE	2	PA
ORIAHNN	2	PA
*Estrogens***		
ALORA	3	
CLIMARA	Non-Formulary	Formulary Exclusion
DELESTROGEN	Non-Formulary	Formulary Exclusion
DEPO-ESTRADIOL	3	
DIVIGEL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS)
DOTTI	1	
<i>ec-rx estradiol</i>	Non-Formulary	Non FDA Exclusion
ELESTRIN	3	ST; Step Therapy Requirements (TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS)
<i>estradiol gel 0.25 mg/0.25gm transdermal</i>	1	ST; Step Therapy Requirements (TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS)

Drug Name	Tier	Notes
<i>estradiol gel 0.5 mg/0.5gm transdermal</i>	1	ST; Step Therapy Requirements (TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS)
<i>estradiol gel 0.75 mg/0.75gm transdermal</i>	1	ST; Step Therapy Requirements (TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS)
<i>estradiol gel 0.75 mg/1.25 gm (0.06%) transdermal</i>	1	
<i>estradiol gel 1 mg/gm transdermal</i>	1	ST; Step Therapy Requirements (TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS)
<i>estradiol gel 1.25 mg/1.25gm transdermal</i>	1	ST; Step Therapy Requirements (TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS)
<i>estradiol implant</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>estradiol oral</i>	1	
<i>estradiol transdermal patch twice weekly</i>	1	
<i>estradiol transdermal patch weekly</i>	1	
<i>estradiol valerate intramuscular</i>	1	
ESTROGEL	Non-Formulary	Formulary Exclusion
<i>estrogens conjugated</i>	1	
EVAMIST	3	ST; Step Therapy Requirements (TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS)
LYLLANA	1	
MENOSTAR	3	
MINIVELLE	Non-Formulary	Formulary Exclusion
PREMARIN INJECTION	Non-Formulary	Medical Only Exclusion
PREMARIN ORAL	2	
VIVELLE-DOT	Non-Formulary	Formulary Exclusion
<i>*Estrogen-Selective Estrogen Receptor Modulator Comb***</i>		
DUAVEE	2	

Drug Name	Tier	Notes
FLUOROQUINOLONES		
*Fluoroquinolones***		
BAXDELA INTRAVENOUS	Non-Formulary	Medical Only Exclusion
BAXDELA ORAL	3	PA; QL
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
CIPRO ORAL TABLET	Non-Formulary	Formulary Exclusion
<i>ciprofloxacin hcl oral</i>	1	
<i>ciprofloxacin in d5w</i>	Non-Formulary	Medical Only Exclusion
<i>levofloxacin in d5w</i>	Non-Formulary	Medical Only Exclusion
<i>levofloxacin intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>levofloxacin oral</i>	1	
<i>moxifloxacin hcl in nacl</i>	Non-Formulary	Medical Only Exclusion
<i>moxifloxacin hcl intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>moxifloxacin hcl oral</i>	1	
GASTROINTESTINAL AGENTS - MISC.		
*5-Ht4 Receptor Agonists***		
MOTEGRITY	Non-Formulary	Formulary Exclusion; QL
<i>prucalopride succinate</i>	1	QL
*Bile Acid Synthesis Disorder Agents***		
CHOLBAM	3	PA; Specialty
CTEXLI	2	PA; Specialty
*Cic Agents - Guanylate Cyclase-C (Gc- C) Agonists***		
TRULANCE	2	QL
*Gallstone Solubilizing Agents***		
RELTONE	3	Non Essential Drug Exclusion
URSO FORTE	Non-Formulary	Formulary Exclusion
<i>ursodiol capsule 200 mg oral</i>	3	Non Essential Drug Exclusion
<i>ursodiol capsule 300 mg oral</i>	1	
<i>ursodiol capsule 400 mg oral</i>	3	Non Essential Drug Exclusion
<i>ursodiol oral tablet</i>	1	
URSODIOL+SYRSPEND SF	Non-Formulary	Non FDA Exclusion
*Gastrointestinal Antiallergy Agents***		
<i>cromolyn sodium oral</i>	1	
GASTROCROM	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
<i>*Gastrointestinal Chloride Channel Activators***</i>		
AMITIZA	Non-Formulary	Formulary Exclusion; QL
lubiprostone	1	QL
<i>*Gastrointestinal Stimulants***</i>		
dexpanthenol injection	Non-Formulary	Non FDA Exclusion
GIMOTI	3	PA; Specialty
metoclopramide hcl +rfd	Non-Formulary	Medical Only Exclusion
metoclopramide hcl injection	Non-Formulary	Medical Only Exclusion
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	3	
metoclopramide hcl solution 5 mg/5ml oral	1	
REGLAN TABLET 10 MG ORAL	Non-Formulary	Formulary Exclusion
<i>*Glucagon-Like Peptide-2 (Glp-2) Analogs***</i>		
GATTEX	3	PA; Specialty; QL
<i>*Hepatotropics - Thyroid Hormone Receptor-Beta Agonists***</i>		
REZDIFFRA	3	PA; Specialty; QL
<i>*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***</i>		
LINZESS	2	QL
<i>*Ibs Agent - Mu-Opioid Receptor Agonists***</i>		
VIBERZI	2	QL
<i>*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***</i>		
alosetron hcl	1	
LOTRONEX	Non-Formulary	Formulary Exclusion
<i>*Ibs Agent - Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***</i>		
IBSRELA	Non-Formulary	PA; Formulary Exclusion
<i>*Ileal Bile Acid Transporter (Ibat) Inhibitors***</i>		
BYLVAY	3	PA; Specialty
BYLVAY (PELLETS)	3	PA; Specialty
LIVMARLI	3	PA; Specialty

Drug Name	Tier	Notes
<i>*Inflammatory Bowel Agents***</i>		
APRISO	Non-Formulary	Formulary Exclusion
AZULFIDINE	Non-Formulary	Formulary Exclusion
AZULFIDINE EN-TABS	Non-Formulary	Formulary Exclusion
<i>balsalazide disodium</i>	1	
CANASA	Non-Formulary	Formulary Exclusion
DIPENTUM	3	
LIALDA	Non-Formulary	Formulary Exclusion
<i>mesalamine er oral capsule extended release 24 hour</i>	1	
<i>mesalamine oral</i>	1	
<i>mesalamine rectal</i>	1	
<i>mesalamine-cleanser</i>	1	
PENTASA CAPSULE EXTENDED RELEASE 250 MG ORAL	3	
PENTASA CAPSULE EXTENDED RELEASE 500 MG ORAL	Non-Formulary	Formulary Exclusion
ROWASA	3	
<i>sulfasalazine oral</i>	1	
<i>*Integrin Receptor Antagonists***</i>		
ENTYVIO	Non-Formulary	PA; Specialty; Formulary Exclusion
ENTYVIO PEN	3	PA; Specialty
<i>*Interleukin Antagonists***</i>		
IMULDOSA INTRAVENOUS	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
OMVOH	2	PA; Specialty
OMVOH (300 MG DOSE)	2	PA; Specialty
OTULFI INTRAVENOUS	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
PYZCHIVA INTRAVENOUS	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
SELARSDI INTRAVENOUS	2	PA; Specialty
SKYRIZI INTRAVENOUS	2	PA; Specialty; QL
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	2	PA; Specialty; QL
STARJEMZA INTRAVENOUS	Non-Formulary	Specialty; PA messaging (Rebateable Exclusion)
STELARA INTRAVENOUS	Non-Formulary	PA; Specialty; Formulary Exclusion

Drug Name	Tier	Notes
STEQEYMA INTRAVENOUS	2	PA; Specialty
TREMFYA INTRAVENOUS	2	PA; Specialty
TREMFYA PEN SOLUTION AUTO-INJECTOR 200 MG/2ML SUBCUTANEOUS	2	PA; Specialty
TREMFYA SOLUTION PREFILLED SYRINGE 200 MG/2ML SUBCUTANEOUS	2	PA; Specialty
TREMFYA-CD/UC INDUCTION	2	PA; Specialty
<i>ustekinumab intravenous</i>	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
<i>ustekinumab-ttwe intravenous</i>	Non-Formulary	PA; Specialty; PA messaging (Rebateable Exclusion)
WEZLANA INTRAVENOUS	Non-Formulary	Specialty; PA messaging (Rebateable Exclusion)
YESINTEK INTRAVENOUS	2	PA; Specialty
<i>*Intestinal Acidifiers***</i>		
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose encephalopathy</i>	1	
<i>*Live Fecal Microbiota (Human)**</i>		
REBYOTA	Non-Formulary	Medical Only Exclusion
VOWST	3	PA; Specialty; QL
<i>*Peripheral Opioid Receptor Antagonists***</i>		
MOVANTIK	2	
RELISTOR	3	PA
SYMPROIC	2	
<i>*Peroxisome Proliferator-Activated Receptor Agonists***</i>		
IQIRVO	2	PA; Specialty; QL
<i>*Phosphate Binder Agents***</i>		
AURYXIA	3	ST; Step Therapy Requirements (TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS); QL
<i>calcium acetate (phos binder)</i>	1	
<i>calcium acetate tablet 667 mg oral</i>	1	

Drug Name	Tier	Notes
<i>ferric citrate</i>	3	ST; Step Therapy Requirements (TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS); QL
FOSRENOL ORAL PACKET	3	ST; Step Therapy Requirements (TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS); QL
FOSRENOL ORAL TABLET CHEWABLE	Non-Formulary	Formulary Exclusion
<i>lanthanum carbonate</i>	1	
RENVELA	Non-Formulary	Formulary Exclusion
<i>sevelamer carbonate</i>	1	
<i>sevelamer hcl</i>	1	
VELPHORO	2	QL
<i>*Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)***</i>		
VELSIPITY	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
<i>*Tryptophan Hydroxylase Inhibitors***</i>		
XERMELO	3	PA; Specialty
<i>*Tumor Necrosis Factor Alpha Blockers***</i>		
AVSOLA	3	PA; Specialty
CIMZIA	3	PA; Specialty
CIMZIA (1 SYRINGE)	3	PA; Specialty
CIMZIA (2 SYRINGE)	3	PA; Specialty
CIMZIA-STARTER	3	PA; Specialty
INFLECTRA	Non-Formulary	PA; Specialty; Formulary Exclusion
<i>infliximab</i>	3	PA; Specialty
REMICADE	Non-Formulary	PA; Specialty; Formulary Exclusion
RENFLEXIS	3	PA; Specialty
ZYMFENTRA (1 PEN)	Non-Formulary	PA; Specialty; Formulary Exclusion

Drug Name	Tier	Notes
ZYMFENTRA (2 PEN)	Non-Formulary	PA; Specialty; Formulary Exclusion
ZYMFENTRA (2 SYRINGE)	Non-Formulary	PA; Specialty; Formulary Exclusion
GENERAL ANESTHETICS		
*Anesthetics - Misc.***		
AMIDATE	Non-Formulary	Medical Only Exclusion
<i>anesthesia s/i-40a</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>anesthesia s/i-40h</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>anesthesia s/i-40s</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
DIPRIVAN	Non-Formulary	Medical Only Exclusion
<i>etomidate intravenous</i>	Non-Formulary	Medical Only Exclusion
KETALAR	Non-Formulary	Medical Only Exclusion
<i>ketamine hcl intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ketamine hcl solution 0.6 mg/ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ketamine hcl solution 1 mg/ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ketamine hcl solution 10 mg/ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>ketamine hcl solution 10 mg/ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ketamine hcl solution 100 mg/ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>ketamine hcl solution 50 mg/ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>ketamine hcl solution prefilled syringe 100 mg/2ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ketamine hcl solution prefilled syringe 20 mg/2ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ketamine hcl solution prefilled syringe 25 mg/ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>ketamine hcl solution prefilled syringe 50 mg/5ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ketamine hcl solution prefilled syringe 50 mg/ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ketamine hcl sublingual</i>	Non-Formulary	Non FDA Exclusion
<i>ketamine hcl-sodium chloride injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ketamine hcl-sodium chloride solution 100-0.85 mg/50ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
<i>ketamine hcl-sodium chloride solution 1000-0.65 mg/100ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ketamine hcl-sodium chloride solution 1000-0.69 mg/100ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ketamine hcl-sodium chloride solution 1000-0.9 mg/100ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ketamine hcl-sodium chloride solution 1250-0.9 mg/250ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ketamine hcl-sodium chloride solution 200-0.85 mg/100ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>ketamine hcl-sodium chloride solution 2500-0.9 mg/250ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ketamine hcl-sodium chloride solution 500-0.8 mg/100ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ketamine hcl-sodium chloride solution 500-0.9 mg/250ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ketamine hcl-sodium chloride solution prefilled syringe 10-0.9 mg/ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ketamine hcl-sodium chloride solution prefilled syringe 100-0.9 mg/10ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ketamine hcl-sodium chloride solution prefilled syringe 20-0.9 mg/2ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ketamine hcl-sodium chloride solution prefilled syringe 50-0.9 mg/5ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>ketamine hcl-sodium chloride solution prefilled syringe 50-0.9 mg/5ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>propofol</i>	Non-Formulary	Medical Only Exclusion
*Barbiturate Anesthetics***		
BREVITAL SODIUM	Non-Formulary	Medical Only Exclusion
<i>methohexital sodium injection</i>	Non-Formulary	Medical Only Exclusion
<i>methohexital sodium intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
*Volatile Anesthetics***		
<i>desflurane</i>	Non-Formulary	Formulary Exclusion
FORANE	Non-Formulary	Formulary Exclusion
<i>isoflurane</i>	Non-Formulary	Formulary Exclusion
<i>sevoflurane</i>	Non-Formulary	Formulary Exclusion
SUPRANE	Non-Formulary	Formulary Exclusion
TERRELL	Non-Formulary	Formulary Exclusion
ULTANE	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
GENITOURINARY AGENTS - MISCELLANEOUS		
*5-Alpha Reductase Inhibitors***		
AVODART	Non-Formulary	Formulary Exclusion
<i>dutasteride oral</i>	1	
<i>finasteride tablet 5 mg oral</i>	1	
PROSCAR	Non-Formulary	Formulary Exclusion
*Alpha 1-Adrenoceptor Antagonists***		
<i>alfuzosin hcl er</i>	1	
CARDURA XL	3	
RAPAFLO	Non-Formulary	Formulary Exclusion
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	
UROXATRAL	Non-Formulary	Formulary Exclusion
*Citrates***		
<i>cytra-2</i>	1	
ORACIT	Non-Formulary	Formulary Exclusion
<i>potassium citrate er</i>	1	
<i>potassium citrate-citric acid solution 1100-334 mg/5ml oral</i>	Non-Formulary	Formulary Exclusion
<i>potassium citrate-citric acid solution 1100-334 mg/5ml oral</i>	Non-Formulary	Non FDA Exclusion
<i>sod citrate-citric acid solution 1.5-1 gm/15ml oral</i>	Non-Formulary	Non FDA Exclusion
<i>sod citrate-citric acid solution 3-2 gm/30ml oral</i>	Non-Formulary	Non FDA Exclusion
<i>sod citrate-citric acid solution 500-334 mg/5ml oral (rx)</i>	1	
<i>sod citrate-citric acid solution 500-334 mg/5ml oral (rx)</i>	Non-Formulary	Non FDA Exclusion
<i>tricitrates</i>	Non-Formulary	Non FDA Exclusion
UROCIT-K 10	Non-Formulary	Formulary Exclusion
UROCIT-K 15	Non-Formulary	Formulary Exclusion
*Cystinosis Agents***		
CYSTAGON	2	PA; Specialty
PROCYSBI	3	PA; Specialty
*Genitourinary Irrigants***		
<i>acetic acid irrigation</i>	Non-Formulary	Formulary Exclusion
ARGYLE STERILE SALINE	Non-Formulary	Non FDA Exclusion
CURITY STERILE SALINE	Non-Formulary	Non FDA Exclusion
<i>glycine irrigation</i>	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
<i>glycine urologic</i>	Non-Formulary	Formulary Exclusion
RENACIDIN	Non-Formulary	Formulary Exclusion
<i>sodium chloride solution 0.9 % irrigation</i>	Non-Formulary	Non FDA Exclusion
<i>sodium chloride solution 0.9 % irrigation</i>	Non-Formulary	Formulary Exclusion
<i>sorbitol irrigation</i>	Non-Formulary	Formulary Exclusion
<i>sorbitol-mannitol</i>	Non-Formulary	Formulary Exclusion
<i>*Igan Agents - A Prolif Inducing Ligand (April) Blocker***</i>		
VOYXACT	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>*Igan Agents - Endothelin & Angiotensin Ii Receptor Antag***</i>		
FILSPARI	2	PA; Specialty
<i>*Igan Agents - Endothelin Receptor Antagonist***</i>		
VANRAFIA	2	PA; Specialty
<i>*Interstitial Cystitis Agents***</i>		
ELMIRON	Non-Formulary	PA; Formulary Exclusion
<i>pentosan polysulfate sodium oral</i>	Non-Formulary	Non FDA Exclusion
RIMSO-50	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
<i>*Phosphates***</i>		
K-PHOS NO 2	2	
<i>*Prostatic Hypertrophy Agent Combinations***</i>		
<i>dutasteride-tamsulosin hcl</i>	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF FINASTERIDE 5MG, ALFUZOSIN, DOXAZOSIN, PRAZOSIN, SILODOSIN, TAMSULOSIN OR TERAZOSIN IN THE PAST 120 DAYS)
ENTADFI	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
JALYN	3	ST; Step Therapy Requirements (TRIAL OF FINASTERIDE 5MG, ALFUZOSIN, DOXAZOSIN, PRAZOSIN, SILODOSIN, TAMSULOSIN OR TERAZOSIN IN THE PAST 120 DAYS)

Drug Name	Tier	Notes
<i>*Small Interfering Ribonucleic Acid Agents (Sirna)***</i>		
OXLUMO	Non-Formulary	Medical Only Exclusion
RIVFLOZA	3	PA; Specialty
<i>*Urinary Analgesics***</i>		
<i>phenazopyridine hcl tablet 100 mg oral</i>	Non-Formulary	Non FDA Exclusion
<i>phenazopyridine hcl tablet 100 mg oral</i>	1	
<i>phenazopyridine hcl tablet 200 mg oral</i>	Non-Formulary	Non FDA Exclusion
<i>phenazopyridine hcl tablet 200 mg oral</i>	1	
PYRIDIUM	3	
<i>*Urinary Stone Agents***</i>		
LITHOSTAT	3	
THIOLA	Non-Formulary	PA; Specialty; Formulary Exclusion
THIOLA EC	Non-Formulary	PA; Specialty; Formulary Exclusion
<i>tiopronin</i>	1	PA; Specialty
VENXXIVA	1	PA; Specialty
<i>*Vesicoureteral Reflux (Vur) Agent Combinations***</i>		
DEFLUX	Non-Formulary	Medical Only Exclusion
GOUT AGENTS		
<i>*Gout Agent Combinations***</i>		
<i>colchicine-probenecid</i>	1	
<i>*Gout Agents***</i>		
<i>allopurinol sodium</i>	Non-Formulary	Medical Only Exclusion
<i>allopurinol tablet 100 mg oral</i>	1	
<i>allopurinol tablet 200 mg oral</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>allopurinol tablet 300 mg oral</i>	1	
ALOPRIM	Non-Formulary	Medical Only Exclusion
<i>colchicine oral</i>	1	
<i>febuxostat</i>	1	
KRYSTEXXA SOLUTION 8 MG/50ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion
KRYSTEXXA SOLUTION 8 MG/ML INTRAVENOUS	Non-Formulary	Medical Only Exclusion; QL
MITIGARE	Non-Formulary	Formulary Exclusion
ULORIC	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
*Uricosurics***		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
Agents For Congenital Thrombotic Thrombocytopenic Purpura		
<i>adzynma</i>	3	PA; Specialty
*Aminolevulinate Synthase 1-Directed Sirna***		
GIVLAARI	Non-Formulary	Medical Only Exclusion
*Antihemophilic Products - Antithrombin-Directed Sirna***		
QFITLIA	3	PA; Specialty
*Antihemophilic Products - Gene Therapy Agents***		
HEMGENIX	Non-Formulary	Medical Only Exclusion
ROCTAVIAN	Non-Formulary	Medical Only Exclusion
*Antihemophilic Products - Monoclonal Antibodies***		
ALHEMO	3	PA; Specialty
HEMLIBRA	2	PA; Specialty
HYMPAVZI	3	PA; Specialty; QL
*Antihemophilic Products***		
ADVATE	2	Specialty
<i>adynovate</i>	2	Specialty
AFSTYLA	2	Specialty
ALPHANATE	2	Specialty
ALPHANINE SD	2	Specialty
ALPROLIX	2	Specialty
ALTUVIIIIO	2	Specialty
BALFAXAR	Non-Formulary	Medical Only Exclusion
BENEFIX	2	Specialty
COAGADEX	2	Specialty
CORIFACT	2	Specialty
ELOCTATE	2	Specialty
ESPEROCT	2	Specialty
FEIBA	2	Specialty
FIBRYGA	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
HEMOFIL M	3	Specialty
HUMATE-P	2	Specialty
IDELVION	2	Specialty
IXINITY	2	Specialty
JIVI	2	Specialty
KCENTRA	Non-Formulary	Medical Only Exclusion
KOATE	3	Specialty
KOATE-DVI	3	Specialty
KOVALTRY	2	Specialty
NOVOEIGHT	2	Specialty
NOVOSEVEN RT	2	Specialty
NUWIQ	2	Specialty
<i>obizur</i>	2	Specialty
PROFILNINE	2	Specialty
REBINYN	2	Specialty
RECOMBINATE	2	Specialty
RIASTAP	Non-Formulary	Medical Only Exclusion
<i>rixubis</i>	2	Specialty
SEVENFACT	3	Specialty
TRETTEN	2	Specialty
VONVENDI	2	Specialty
WILATE	2	Specialty
XYNTHA	2	Specialty
XYNTHA SOLOFUSE	2	Specialty
<i>*Anti-Von Willebrand Factor Agents***</i>		
CABLIVI	3	PA; Specialty
<i>*Bradykinin B2 Receptor Antagonists***</i>		
FIRAZYR	Non-Formulary	PA; Specialty; Formulary Exclusion
<i>icatibant acetate</i>	1	PA; Specialty
SAJAZIR	1	PA; Specialty
<i>*Bruton's Tyrosine Kinase (Btk) Inhibitors***</i>		
WAYRILZ	3	PA; Specialty
<i>*C1 Esterase Inhibitors***</i>		
BERINERT	3	PA; Specialty
CINRYZE	2	PA; Specialty
HAEGARDA	2	PA; Specialty

Drug Name	Tier	Notes
RUCONEST	3	PA; Specialty
*Complement C1 Inhibitors***		
ENJAYMO	Non-Formulary	Medical Only Exclusion
*Complement C3 Inhibitors***		
EMPAVELI	3	PA; Specialty; QL
*Complement C5 Inhibitors***		
BKEMV	Non-Formulary	Medical Only Exclusion
EPYSQLI	Non-Formulary	Medical Only Exclusion
PIASKY	Non-Formulary	Medical Only Exclusion
SOLIRIS	Non-Formulary	Medical Only Exclusion
ULTOMIRIS	Non-Formulary	Medical Only Exclusion
VEOPOZ	Non-Formulary	Medical Only Exclusion
ZILBRYSQ	3	PA; Specialty
*Complement C5a Inhibitors***		
gohibic	Non-Formulary	Medical Only Exclusion
*Complement C5a Receptor Inhibitors***		
TAVNEOS	3	PA; Specialty
*Complement Factor B Inhibitors***		
FABHALTA	2	PA; Specialty
*Complement Factor D Inhibitors***		
VOYDEYA	3	PA; Specialty; QL
*Complement Masp-2 Inhibitors***		
YARTEMLEA	Non-Formulary	Medical Only Exclusion
*Direct-Acting P2y12 Inhibitors***		
BRILINTA	2	QL
KENGREAL	Non-Formulary	Medical Only Exclusion
ticagrelor	1	QL
*Glycoprotein Iib/Iiia Receptor Inhibitors***		
AGGRASTAT	Non-Formulary	Medical Only Exclusion
eptifibatide	Non-Formulary	Medical Only Exclusion
tirofiban hcl in nacl	Non-Formulary	Medical Only Exclusion
*Hematorheologic Agents***		
pentoxifylline er	1	
*Hemin***		
PANHEMATIN	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>*Human Protein C***</i>		
CEPROTIN	Non-Formulary	Medical Only Exclusion
<i>*Phosphodiesterase Iii Inhibitors***</i>		
<i>cilostazol</i>	1	
<i>*Plasma Expanders***</i>		
<i>hetastarch-nacl</i>	Non-Formulary	Medical Only Exclusion
HEXTEND	Non-Formulary	Medical Only Exclusion
LMD IN D5W	Non-Formulary	Medical Only Exclusion
LMD IN NACL	Non-Formulary	Medical Only Exclusion
<i>*Plasma Factor Xiia Inhibitors - Monoclonal Antibodies***</i>		
ANDEMBRY	2	PA; Specialty
<i>*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***</i>		
TAKHZYRO	2	PA; Specialty
<i>*Plasma Kallikrein Inhibitors***</i>		
EKTERLY	3	PA; Specialty; QL
KALBITOR	3	PA; Specialty
ORLADEYO	3	PA; Specialty; QL
<i>*Plasma Proteins***</i>		
ALBUKED 25	Non-Formulary	Medical Only Exclusion
ALBUKED 5	Non-Formulary	Medical Only Exclusion
<i>albumin human</i>	Non-Formulary	Medical Only Exclusion
ALBUMINEX	Non-Formulary	Medical Only Exclusion
<i>albumin-zlb</i>	Non-Formulary	Medical Only Exclusion
ALBURX	Non-Formulary	Medical Only Exclusion
ALBUTEIN	Non-Formulary	Medical Only Exclusion
FLEXBUMIN	Non-Formulary	Medical Only Exclusion
<i>kedbumin</i>	Non-Formulary	Medical Only Exclusion
OCTAPLAS BLOOD GROUP A	Non-Formulary	Medical Only Exclusion
OCTAPLAS BLOOD GROUP AB	Non-Formulary	Medical Only Exclusion
OCTAPLAS BLOOD GROUP B	Non-Formulary	Medical Only Exclusion
OCTAPLAS BLOOD GROUP O	Non-Formulary	Medical Only Exclusion
RYPLAZIM	3	PA; Specialty
THROMBATE III	Non-Formulary	Medical Only Exclusion
<i>*Platelet Aggregation Inhibitor Combinations***</i>		
<i>aspirin-dipyridamole er</i>	1	

Drug Name	Tier	Notes
YOSPRALA	3	Non Essential Drug Exclusion
*Platelet Aggregation Inhibitors***		
dipyridamole oral	1	
*Prekallikrein-Directed Antisense Oligonucleotides (Aso)***		
DAWNZERA	2	PA; Specialty; QL
*Protamine***		
protamine sulfate intravenous	Non-Formulary	Medical Only Exclusion
*Protease-Activated Receptor-1 (Par-1) Antagonists***		
ZONTIVITY	3	
*Pyruvate Kinase Activators***		
AQVESME	3	PA; Specialty; QL
PYRUKYND	3	PA; Specialty; QL
PYRUKYND TAPER PACK	3	PA; Specialty; QL
*Quinazoline Agents***		
AGRYLIN	Non-Formulary	Formulary Exclusion
anagrelide hcl	1	
*Spleen Tyrosine Kinase (Syk) Inhibitors***		
TAVALISSE	2	PA; Specialty; QL
*Thienopyridine Derivatives***		
clopidogrel bisulfate oral	1	
EFFIENT	Non-Formulary	Formulary Exclusion
PLAVIX	Non-Formulary	Formulary Exclusion
prasugrel hcl	1	
*Thrombolytic Agent - Misc***		
DEFITELIO	Non-Formulary	Medical Only Exclusion
*Tissue Plasminogen Activators***		
ACTIVASE	Non-Formulary	Medical Only Exclusion
CATHFLO ACTIVASE	Non-Formulary	Medical Only Exclusion
TNKASE	Non-Formulary	Medical Only Exclusion
HEMATOPOIETIC AGENTS		
*Agents For Gaucher Disease***		
CERDELGA	2	Specialty; QL
CEREZYME	Non-Formulary	Medical Only Exclusion
ELELYSO	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>miglustat</i>	1	PA; Specialty
VPRIV	Non-Formulary	Medical Only Exclusion
YARGESA	1	PA; Specialty
ZAVESCA	Non-Formulary	PA; Specialty; Formulary Exclusion
<i>*Agents For Sickle Cell Disease - Autologous Gene Therapy***</i>		
CASGEVY	Non-Formulary	Medical Only Exclusion
LYFGENIA	Non-Formulary	Medical Only Exclusion
<i>*Amino Acids***</i>		
ENDARI	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
<i>l-glutamine oral packet</i>	1	PA; Specialty; QL
<i>*Cobalamin Combinations***</i>		
ABANEU-SL	1	
<i>lipo-b</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>neurin-sl</i>	Non-Formulary	Formulary Exclusion
<i>vit b12-methionine-inos-chol</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>*Cobalamins***</i>		
<i>cyanocobalamin nasal</i>	1	Non Essential Drug Exclusion
<i>cyanocobalamin solution 1000 mcg/ml injection</i>	1	
<i>cyanocobalamin solution 2000 mcg/ml injection</i>	Non-Formulary	Non FDA Exclusion
<i>hydroxocobalamin acetate</i>	3	
<i>methylcobalamin injection solution</i>	Non-Formulary	Non FDA Exclusion
<i>methylcobalamin solution reconstituted 10000 mcg injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>methylcobalamin solution reconstituted 50000 mcg injection</i>	Non-Formulary	Non FDA Exclusion
NASCOBAL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>physicians ez use b-12</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>vitamin deficiency system-b12</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>*Cxcr4 Receptor Antagonist***</i>		
APHEXDA	Non-Formulary	PA; Medical Only Exclusion; Specialty

Drug Name	Tier	Notes
MOZOBIL	Non-Formulary	PA; Medical Only Exclusion; Specialty
<i>plerixafor</i>	Non-Formulary	PA; Medical Only Exclusion; Specialty
XOLREMDI	3	PA; Specialty; QL
*Cytotoxic Agents***		
DROXIA	3	
SIKLOS	3	
XROMI	3	PA
*Erythroid Maturation Agents***		
REBLOZYL	Non-Formulary	PA; Medical Only Exclusion; Specialty
*Erythropoiesis-Stimulating Agents (Esas)***		
ARANESP (ALBUMIN FREE)	Non-Formulary	PA; Specialty; Formulary Exclusion
EPOGEN	Non-Formulary	PA; Specialty; Formulary Exclusion
MIRCERA	Non-Formulary	Medical Only Exclusion
PROCRIT	Non-Formulary	PA; Specialty; Formulary Exclusion
RETACRIT	2	PA; Specialty
*Folic Acid/Folate Combinations***		
AIRAVITE	1	
<i>b-6 folic acid</i>	Non-Formulary	Formulary Exclusion
<i>bp vit 3</i>	Non-Formulary	Non FDA Exclusion
CENFOL	Non-Formulary	Formulary Exclusion
<i>cholecal df</i>	Non-Formulary	Non FDA Exclusion
DERMACINRX DOTREMIN	Non-Formulary	Non FDA Exclusion
DERMACINRX FOLTAMIN	Non-Formulary	Non FDA Exclusion
<i>fola-b complex</i>	Non-Formulary	Non FDA Exclusion
<i>folbee</i>	1	
FOLDITAM	Non-Formulary	Non FDA Exclusion
FOLGARD RX	Non-Formulary	Formulary Exclusion
<i>folic d3</i>	Non-Formulary	Non FDA Exclusion
FOLICORE B COMPLEX	Non-Formulary	Non FDA Exclusion
<i>folite</i>	Non-Formulary	Non FDA Exclusion
FOLIXAPURE	Non-Formulary	Non FDA Exclusion
FOLIXATE	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
FOLTREXYL	Non-Formulary	Non FDA Exclusion
FOLVITA COMPLEX	Non-Formulary	Non FDA Exclusion
FOLVITE-D	Non-Formulary	Non FDA Exclusion
NUFOL	1	
<i>ortho df</i>	Non-Formulary	Non FDA Exclusion
<i>ostachol</i>	Non-Formulary	Non FDA Exclusion
OVEEZA	Non-Formulary	Non FDA Exclusion
TALIVA	Non-Formulary	Non FDA Exclusion
<i>westab one</i>	1	
*Folic Acid/Folates***		
<i>cvs folic acid</i>	1	
FA-8	1	
<i>folate</i>	1	
<i>folic acid capsule 0.8 mg oral</i>	1	
<i>folic acid injection</i>	Non-Formulary	Medical Only Exclusion
<i>folic acid oral tablet</i>	1	
<i>gnp folic acid</i>	1	
<i>kp folic acid tablet 800 mcg oral</i>	1	
<i>qc folic acid</i>	1	
<i>yl folic acid</i>	1	
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
FULPHILA	Non-Formulary	PA; Specialty; Formulary Exclusion
FYLNETRA	Non-Formulary	PA; Specialty; Formulary Exclusion
GRANIX	Non-Formulary	PA; Specialty; Formulary Exclusion
NEULASTA	Non-Formulary	PA; Specialty; Formulary Exclusion
NEULASTA ONPRO	Non-Formulary	PA; Specialty; Formulary Exclusion
NEUPOGEN	Non-Formulary	PA; Specialty; Formulary Exclusion
NIVESTYM	2	PA; Specialty
NYVEPRIA	Non-Formulary	PA; Specialty; Formulary Exclusion
<i>releuko</i>	Non-Formulary	PA; Specialty; Formulary Exclusion

Drug Name	Tier	Notes
ROLVEDON	Non-Formulary	PA; Specialty; Formulary Exclusion
RYZNEUTA	Non-Formulary	PA; Specialty; Formulary Exclusion
STIMUFEND	Non-Formulary	PA; Specialty; Formulary Exclusion
UDENYCA	Non-Formulary	PA; Specialty; Formulary Exclusion
UDENYCA ONBODY	3	PA; Specialty
ZARXIO	Non-Formulary	PA; Specialty; Formulary Exclusion
ZIEXTENZO	2	PA; Specialty
<i>*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)***</i>		
LEUKINE	3	PA; Specialty
<i>*Hematopoietic Autologous Cellular Gene Therapy**</i>		
ZYNTGLO	Non-Formulary	Medical Only Exclusion
<i>*Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors***</i>		
VAFSEO	3	PA; QL
<i>*Iron Combinations***</i>		
<i>active fe</i>	Non-Formulary	Non FDA Exclusion
CENTRATEX	Non-Formulary	Formulary Exclusion
CHROMAGEN	Non-Formulary	Non FDA Exclusion
CORVITA 150	Non-Formulary	Formulary Exclusion
CORVITE 150 TABLET 150-1.25 MG ORAL	Non-Formulary	Formulary Exclusion
CORVITE 150 TABLET ORAL	Non-Formulary	Non FDA Exclusion
<i>corvite fe</i>	Non-Formulary	Non FDA Exclusion
<i>feonyx</i>	Non-Formulary	Non FDA Exclusion
<i>ferottrinsic</i>	1	
FERRO-PLEX	Non-Formulary	Non FDA Exclusion
FOLIVANE-PLUS	Non-Formulary	Formulary Exclusion
<i>foltrin</i>	1	
FUSION PLUS	Non-Formulary	Formulary Exclusion
HEMATOGEN FA	Non-Formulary	Formulary Exclusion
HEMOCYTE PLUS	Non-Formulary	Formulary Exclusion
ICAR-C PLUS	Non-Formulary	Formulary Exclusion
INTEGRA PLUS	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
<i>iron folate plus</i>	Non-Formulary	Non FDA Exclusion
IROSPAN 24/6	Non-Formulary	Non FDA Exclusion
K-TAN PLUS	1	
MULTIGEN	Non-Formulary	Formulary Exclusion
MULTIGEN FOLIC	Non-Formulary	Formulary Exclusion
MULTIGEN PLUS	Non-Formulary	Formulary Exclusion
NEPHRON FA	Non-Formulary	Formulary Exclusion
NIFEREX	Non-Formulary	Non FDA Exclusion
<i>poly-iron 150 forte</i>	1	
<i>polysaccharide iron forte</i>	1	
<i>purevit dualfe plus</i>	Non-Formulary	Formulary Exclusion
<i>se-tan plus</i>	1	
TANDEM PLUS	Non-Formulary	Non FDA Exclusion
<i>taron forte</i>	Non-Formulary	Formulary Exclusion
TRICON	1	
<i>trigels-f forte</i>	1	
*Iron W/ Folic Acid***		
BENTIVITE	Non-Formulary	Non FDA Exclusion
FOLIVANE-F	Non-Formulary	Formulary Exclusion
INTEGRA F	Non-Formulary	Formulary Exclusion
<i>tulivite</i>	Non-Formulary	Non FDA Exclusion
*Iron***		
ACCRUFER	3	Non Essential Drug Exclusion; QL
BPROTECTED PEDIA IRON	1	
FERAHEME	Non-Formulary	Medical Only Exclusion
FERRLECIT	Non-Formulary	Medical Only Exclusion
<i>ferrous sulfate oral solution</i>	1	
<i>ferumoxytol</i>	Non-Formulary	Medical Only Exclusion
<i>fe-vite iron</i>	1	
INFED	Non-Formulary	Medical Only Exclusion
INJECTAFER	Non-Formulary	Medical Only Exclusion
<i>iron (ferrous sulfate) oral solution</i>	1	
<i>iron infant & toddler</i>	1	
<i>iron infant/toddler</i>	1	
<i>iron sucrose</i>	Non-Formulary	Medical Only Exclusion
<i>iron supplement</i>	1	
MONOFERRIC	Non-Formulary	Medical Only Exclusion
<i>na ferric gluc cplx in sucrose</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>pc pediatric iron drops</i>	1	
VENOFER	Non-Formulary	Medical Only Exclusion
*Iron-B12-Folate***		
FERIVA 21/7 (WITH DOCUSATE)	Non-Formulary	Non FDA Exclusion
FERRALET 90	Non-Formulary	Formulary Exclusion
*Selectin Blockers***		
ADAKVEO	Non-Formulary	Medical Only Exclusion
*Thrombopoietin (Tpo) Receptor Agonists***		
ALVAIZ	3	PA; Specialty
DOPTelet	2	PA; Specialty
DOPTelet SPRINKLE	2	PA; Specialty
<i>eltrombopag olamine</i>	1	PA; Specialty; QL
NPLATE	3	PA; Specialty
PROMACTA	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
HEMOSTATICS		
*Hemostatic Combinations - Topical***		
ARTISS	Non-Formulary	Medical Only Exclusion
GEL-FLOW	Non-Formulary	Non FDA Exclusion
GELFOAM-JMI POWDER	Non-Formulary	Non FDA Exclusion
GELFOAM-JMI SPONGE	Non-Formulary	Non FDA Exclusion
TISSEEL	Non-Formulary	Medical Only Exclusion
VISTASEAL	Non-Formulary	Medical Only Exclusion
*Hemostatics - Systemic***		
<i>aminocaproic acid intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>aminocaproic acid oral</i>	1	
CYKLOKAPRON	Non-Formulary	Medical Only Exclusion
<i>tranexamic acid intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>tranexamic acid oral</i>	1	
<i>tranexamic acid-nacl</i>	Non-Formulary	Medical Only Exclusion
*Hemostatics - Topical***		
ASTRINGYN	Non-Formulary	Non FDA Exclusion
<i>monsels ferric subsulfate external paste</i>	Non-Formulary	Non FDA Exclusion
RECOTHROM	Non-Formulary	Medical Only Exclusion
RECOTHROM SPRAY KIT	Non-Formulary	Medical Only Exclusion
SURGICEL SNOW 1"X2"	Non-Formulary	Formulary Exclusion
SURGICEL SNOW 2"X4"	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
SURGICEL SNOW 4"X4"	Non-Formulary	Formulary Exclusion
SURGIFOAM	Non-Formulary	Non FDA Exclusion
THROMBIN-JMI	Non-Formulary	Medical Only Exclusion
THROMBIN-JMI EPISTAXIS	Non-Formulary	Medical Only Exclusion
THROMBOGEN	Non-Formulary	Non FDA Exclusion
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
*Barbiturate Hypnotics***		
<i>pentobarbital sodium injection</i>	Non-Formulary	Medical Only Exclusion
<i>phenobarbital oral</i>	1	
<i>phenobarbital sodium solution 130 mg/ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>phenobarbital sodium solution 130 mg/ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>phenobarbital sodium solution 65 mg/ml injection</i>	Non-Formulary	Medical Only Exclusion
SEZABY	Non-Formulary	Medical Only Exclusion
*Benzodiazepine Hypnotics***		
BYFAVO	Non-Formulary	Medical Only Exclusion
<i>estazolam</i>	1	
<i>flurazepam hcl capsule 15 mg oral</i>	2	QL
<i>flurazepam hcl capsule 15 mg oral</i>	3	QL
<i>flurazepam hcl capsule 30 mg oral</i>	2	QL
<i>flurazepam hcl capsule 30 mg oral</i>	3	QL
HALCION	Non-Formulary	Formulary Exclusion
<i>midazolam hcl (pf)</i>	Non-Formulary	Medical Only Exclusion
<i>midazolam hcl (pf) +rfid</i>	Non-Formulary	Medical Only Exclusion
<i>midazolam hcl injection</i>	Non-Formulary	Medical Only Exclusion
<i>midazolam hcl intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>midazolam hcl oral</i>	Non-Formulary	Formulary Exclusion
<i>midazolam hcl-sodium chloride</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>midazolam injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>midazolam intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
MIDAZOLAM+SYRSPEND SF	Non-Formulary	Non FDA Exclusion
<i>midazolam-sodium chloride (pf) solution 100-0.9 mg/100ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>midazolam-sodium chloride (pf) solution 50-0.8 mg/50ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>midazolam-sodium chloride (pf) solution 50-0.9 mg/50ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>midazolam-sodium chloride solution 100-0.9 mg/100ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>midazolam-sodium chloride solution 100-0.9 mg/100ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>midazolam-sodium chloride solution 50-0.9 mg/50ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>midazolam-sodium chloride solution 50-0.9 mg/50ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>quazepam</i>	3	
RESTORIL	Non-Formulary	Formulary Exclusion; QL
<i>temazepam</i>	1	QL
<i>triazolam</i>	Non-Formulary	Formulary Exclusion
<i>*Hypnotics - Tricyclic Agents***</i>		
<i>doxepin hcl tablet 3 mg oral</i>	Non-Formulary	Non Essential Drug Exclusion; QL
<i>doxepin hcl tablet 3 mg oral</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
<i>doxepin hcl tablet 6 mg oral</i>	Non-Formulary	Non Essential Drug Exclusion; QL
<i>doxepin hcl tablet 6 mg oral</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
SILENOR	Non-Formulary	ST; Non Essential Drug Exclusion; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon); QL
<i>*Non-Benzodiazepine - Gaba-Receptor Modulators***</i>		
AMBIEN	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: ZOLPIDEM, ESZOPICLONE, ZALEPLON); QL
AMBIEN CR	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: ZOLPIDEM, ESZOPICLONE, ZALEPLON); QL

Drug Name	Tier	Notes
EDLUAR	3	ST; Non Essential Drug Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon); QL
<i>eszopiclone</i>	1	QL
LUNESTA	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon); QL
<i>zaleplon</i>	1	QL
<i>zolpidem tartrate er</i>	1	QL
<i>zolpidem tartrate oral capsule</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
<i>zolpidem tartrate oral tablet</i>	1	QL
*Orexin Receptor Antagonists***		
BELSOMRA	2	ST; Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon); QL
DAYVIGO	2	ST; Step Therapy Requirements (TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS); QL
QUVIVIQ	3	ST; Step Therapy Requirements (TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS); QL
*Selective Alpha2-Adrenoreceptor Agonist Sedatives***		
<i>dexmedetomidine hcl</i>	Non-Formulary	Medical Only Exclusion
<i>dexmedetomidine hcl in nacl intravenous solution prefilled syringe</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>dexmedetomidine hcl in nacl solution 200 mcg/50ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>dexmedetomidine hcl in nacl solution 200 mcg/50ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>dexmedetomidine hcl in nacl solution 400 mcg/100ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>dexmedetomidine hcl in nacl solution 400 mcg/100ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
<i>dexmedetomidine hcl in nacl solution 80 mcg/20ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>dexmedetomidine hcl-dextrose</i>	Non-Formulary	Medical Only Exclusion
IGALMI	Non-Formulary	Medical Only Exclusion
PRECEDEX	Non-Formulary	Medical Only Exclusion
<i>*Selective Melatonin Receptor Agonists***</i>		
HETLIOZ	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
HETLIOZ LQ	3	PA; Specialty; QL
<i>ramelteon</i>	Non-Formulary	Formulary Exclusion
ROZEREM	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: zolpidem, eszopiclone, zaleplon)
<i>tasimelteon</i>	1	PA; Specialty; QL
LAXATIVES		
<i>*Bowel Evacuant Combinations***</i>		
CLENPIQ	Non-Formulary	Formulary Exclusion
GAVILYTE-G	1	
GAVILYTE-N WITH FLAVOR PACK	1	
GOLYTELY	Non-Formulary	Formulary Exclusion
MOVIPREP	Non-Formulary	Formulary Exclusion
<i>na sulfate-k sulfate-mg sulf</i>	1	
<i>peg 3350-kcl-na bicarb-nacl</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/electrolytes/ascorbat</i>	Non-Formulary	Formulary Exclusion
<i>peg-kcl-nacl-nasulf-na asc-c</i>	Non-Formulary	Formulary Exclusion
PLENVU	Non-Formulary	Formulary Exclusion
SUFLAVE	Non-Formulary	Formulary Exclusion
SUPREP BOWEL PREP KIT	Non-Formulary	Formulary Exclusion
SUTAB	Non-Formulary	Formulary Exclusion
<i>*Bulk Laxatives***</i>		
<i>fiber powder 51.7 % oral</i>	1	
<i>*Laxatives - Miscellaneous***</i>		
<i>constulose</i>	1	
KRISTALOSE	1	Non Essential Drug Exclusion
<i>lactulose oral packet</i>	1	Non Essential Drug Exclusion
<i>lactulose oral solution</i>	1	

Drug Name	Tier	Notes
VIBRANT	Non-Formulary	Non FDA Exclusion
VIBRANT STARTER KIT	Non-Formulary	Non FDA Exclusion
*Lubricant Laxatives***		
<i>mineral oil heavy oral</i>	Non-Formulary	Formulary Exclusion
LOCAL ANESTHETICS-PARENTERAL		
*Local Anesthetic & Sympathomimetic***		
ARTICADENT DENTAL	Non-Formulary	Medical Only Exclusion
<i>bupivacaine-epinephrine</i>	Non-Formulary	Medical Only Exclusion
<i>bupivacaine-epinephrine (pf)</i>	Non-Formulary	Medical Only Exclusion
<i>lets</i>	Non-Formulary	Non FDA Exclusion
<i>lidocaine(bufferd)-epinephrine</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>lidocaine-epinephrine (3 ml)</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>lidocaine-epinephrine (pf)</i>	Non-Formulary	Medical Only Exclusion
<i>lidocaine-epinephrine solution 0.5 %-1:200000 injection</i>	Non-Formulary	Medical Only Exclusion
<i>lidocaine-epinephrine solution 1 %-1:100000 injection</i>	Non-Formulary	Medical Only Exclusion
<i>lidocaine-epinephrine solution 2 %-1:100000 injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>lidocaine-epinephrine solution 2 %-1:100000 injection</i>	Non-Formulary	Medical Only Exclusion
<i>lidocaine-epinephrine solution 2 %-1:200000 injection</i>	Non-Formulary	Medical Only Exclusion
MARCAINE/EPINEPHRINE	Non-Formulary	Medical Only Exclusion
MARCAINE/EPINEPHRINE PF	Non-Formulary	Medical Only Exclusion
ORABLOC	Non-Formulary	Medical Only Exclusion
<i>reck</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ropiv-clonidine-ketorolac</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
SENSORCAINE/EPINEPHRINE	Non-Formulary	Medical Only Exclusion
SENSORCAINE-MPF/EPINEPHRINE	Non-Formulary	Medical Only Exclusion
XYLOCAINE/EPINEPHRINE	Non-Formulary	Medical Only Exclusion
XYLOCAINE-MPF/EPINEPHRINE	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
*Local Anesthetic Combinations***		
<i>lidocaine hcl-tetracaine hcl</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>lidocaine-sodium bicarbonate</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
LIDOMAR	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>marlido</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
MARLIDO-25	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
MARVONA SUIK	Non-Formulary	Non FDA Exclusion
MARVONA-25 SUIK	Non-Formulary	Non FDA Exclusion
*Local Anesthetics - Amides***		
<i>bupivacaine fisiopharma</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>bupivacaine hcl (pf)</i>	Non-Formulary	Medical Only Exclusion
<i>bupivacaine hcl solution 0.125 % injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>bupivacaine hcl solution 0.25 % injection</i>	Non-Formulary	Medical Only Exclusion
<i>bupivacaine hcl solution 0.5 % injection</i>	Non-Formulary	Medical Only Exclusion
<i>bupivacaine hcl solution prefilled syringe 0.25 % (10 ml) injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>bupivacaine hcl-nacl</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>bupivacaine in dextrose</i>	Non-Formulary	Medical Only Exclusion
<i>bupivacaine spinal</i>	Non-Formulary	Medical Only Exclusion
EXPAREL	Non-Formulary	Medical Only Exclusion
<i>lidocaine hcl (buffered)</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>lidocaine hcl (pf)</i>	Non-Formulary	Medical Only Exclusion
<i>lidocaine hcl intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>lidocaine hcl solution 0.5 % injection</i>	Non-Formulary	Medical Only Exclusion
<i>lidocaine hcl solution 1 % injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>lidocaine hcl solution 1 % injection</i>	Non-Formulary	Medical Only Exclusion
<i>lidocaine hcl solution 2 % injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>lidocaine hcl solution 2 % injection</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>lidocaine hcl solution prefilled syringe 10 mg/ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>lidocaine hcl solution prefilled syringe 100 mg/10ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>lidocaine hcl solution prefilled syringe 100 mg/5ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>lidocaine hcl solution prefilled syringe 100 mg/5ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>lidocaine hcl solution prefilled syringe 200 mg/10ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>lidocaine hcl solution prefilled syringe 9 mg/ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
MARCAINE	Non-Formulary	Medical Only Exclusion
MARCAINE PRESERVATIVE FREE	Non-Formulary	Medical Only Exclusion
MARCAINE SPINAL	Non-Formulary	Medical Only Exclusion
MONOJECT BONE MARROW BIOPSY	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
NAROPIN SOLUTION 10 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
NAROPIN SOLUTION 2 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
NAROPIN SOLUTION 2 MG/ML INJECTION	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
NAROPIN SOLUTION 5 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
NAROPIN SOLUTION 7.5 MG/ML INJECTION	Non-Formulary	Medical Only Exclusion
POLOCAINE	Non-Formulary	Medical Only Exclusion
POLOCAINE-MPF	Non-Formulary	Medical Only Exclusion
<i>ropivacaine hcl epidural</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ropivacaine hcl injection</i>	Non-Formulary	Medical Only Exclusion
<i>ropivacaine hcl-nacl</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
SENSORCAINE	Non-Formulary	Medical Only Exclusion
SENSORCAINE-MPF	Non-Formulary	Medical Only Exclusion
XYLOCAINE	Non-Formulary	Medical Only Exclusion
XYLOCAINE MPF +RFID	Non-Formulary	Medical Only Exclusion
XYLOCAINE-MPF	Non-Formulary	Medical Only Exclusion
XYLOCAINE-MPF +RFID	Non-Formulary	Medical Only Exclusion
<i>*Local Anesthetics - Esters***</i>		
<i>chloroprocaine hcl (pf)</i>	Non-Formulary	Medical Only Exclusion
NESACAINE	Non-Formulary	Medical Only Exclusion
NESACAINE-MPF	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>tetracaine hcl injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
MACROLIDES		
*Azithromycin***		
<i>azithromycin intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>azithromycin oral</i>	1	
ZITHROMAX INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ZITHROMAX ORAL	Non-Formulary	Formulary Exclusion
ZITHROMAX TRI-PAK	Non-Formulary	Formulary Exclusion
ZITHROMAX Z-PAK	Non-Formulary	Formulary Exclusion
*Clarithromycin***		
<i>clarithromycin er</i>	1	
<i>clarithromycin oral tablet</i>	1	
*Erythromycins***		
E.E.S. GRANULES	Non-Formulary	Formulary Exclusion
ERYPED 400	Non-Formulary	Formulary Exclusion
ERYTHROCIN LACTOBIONATE	Non-Formulary	Medical Only Exclusion
<i>erythromycin base oral capsule delayed release particles</i>	3	
<i>erythromycin base oral tablet</i>	1	
<i>erythromycin base oral tablet delayed release</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	1	
<i>erythromycin lactobionate</i>	Non-Formulary	Medical Only Exclusion
<i>erythromycin oral</i>	1	
*Fidaxomicin***		
DIFICID ORAL SUSPENSION RECONSTITUTED	2	
DIFICID ORAL TABLET	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>fidaxomicin</i>	1	
MEDICAL DEVICES AND SUPPLIES		
*Adhesive Bandages***		
CURITY WOUND CLOSURE 1/2"X4"	Non-Formulary	Non FDA Exclusion
CURITY WOUND CLOSURE 1/4"X1.5"	Non-Formulary	Non FDA Exclusion
CURITY WOUND CLOSURE 1/4"X3"	Non-Formulary	Non FDA Exclusion
CURITY WOUND CLOSURE 1/4"X4"	Non-Formulary	Non FDA Exclusion
CURITY WOUND CLOSURE 1/8"X3"	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
*Catheters***		
<i>apogee ic catheter 14fr/16"</i>	Non-Formulary	Formulary Exclusion
<i>vapro plus catheter 12fr/16"</i>	Non-Formulary	Formulary Exclusion
*Cervical Caps***		
FEMCAP	2	
*Condoms - Male***		
<i>aimsco lubricated</i>	2	
<i>condoms</i>	2	
DUREX EXTRA SENSITIVE THIN DEVICE	2	
DUREX REALFEEL	2	
FANTASY LUBRICATED	2	
FANTASY LUBRICATED/SPERMICIDE	2	
KAMELEON LUBRICATED	2	
<i>kimono</i>	2	
KIMONO COLORS	2	
KIMONO MAXX-LARGE FLARE	2	
<i>kimono micro thin</i>	2	
<i>kimono micro thin plus</i>	2	
<i>kimono plus</i>	2	
<i>kimono ps</i>	2	
<i>kimono ps plus</i>	2	
<i>kimono sensation</i>	2	
<i>kimono sensation plus</i>	2	
KIMONO SPECIAL	2	
<i>maxx</i>	2	
<i>maxx plus</i>	2	
REALITY LATEX CONDOMS	2	
REALITY LATEX/ULTRA TEXTURED	2	
REALITY LATEX/ULTRA THIN	2	
TRUSTEX COLOR CONDOMS + LUBE	2	
TRUSTEX LUB/RIBBED/STUDDED	2	
TRUSTEX LUB/SPERMICIDE EX ST	2	
TRUSTEX LUB/SPERMICIDE XL	2	
TRUSTEX LUBRICATED	2	
TRUSTEX LUBRICATED EX LARGE	2	
TRUSTEX LUBRICATED EXTRA ST	2	
TRUSTEX LUBRICATED/SPERMICIDE	2	
TRUSTEX NATURAL CONDOMS + LUBE	2	

Drug Name	Tier	Notes
TRUSTEX NON-LUBRICATED	2	
TRUSTEX RIA LUB/SPERMICIDE	2	
TRUSTEX RIA LUBRICATED	2	
TRUSTEX RIA NON-LUBRICATED	2	
TRUSTEX-NONOXYNOL-9/RIB/STUD	2	
<i>*Diaphragms***</i>		
CAYA	2	
OMNIFLEX DIAPHRAGM	2	
WIDE-SEAL DIAPHRAGM 60	2	
WIDE-SEAL DIAPHRAGM 65	2	
WIDE-SEAL DIAPHRAGM 70	2	
WIDE-SEAL DIAPHRAGM 75	2	
WIDE-SEAL DIAPHRAGM 80	2	
WIDE-SEAL DIAPHRAGM 85	2	
WIDE-SEAL DIAPHRAGM 90	2	
WIDE-SEAL DIAPHRAGM 95	2	
<i>*Elastic Bandages & Supports***</i>		
SKINEEZ TED STOCKINGS	Non-Formulary	Non FDA Exclusion
<i>*Embolization Supplies***</i>		
ONCOZENE 100 MICROMETER (2 ML)	Non-Formulary	Non FDA Exclusion
ONCOZENE 100 MICROMETER (3 ML)	Non-Formulary	Non FDA Exclusion
ONCOZENE 40 MICROMETER (2 ML)	Non-Formulary	Non FDA Exclusion
ONCOZENE 40 MICROMETER (3 ML)	Non-Formulary	Non FDA Exclusion
ONCOZENE 75 MICROMETER (2 ML)	Non-Formulary	Non FDA Exclusion
ONCOZENE 75 MICROMETER (3 ML)	Non-Formulary	Non FDA Exclusion
<i>*Enteral Nutrition Supplies***</i>		
ENFIT AMBER LOW DOSE SYR/0.5ML	Non-Formulary	Formulary Exclusion
ENFIT AMBER LOW DOSE SYR/1ML	Non-Formulary	Formulary Exclusion
ENFIT AMBER LOW DOSE SYR/3ML	Non-Formulary	Formulary Exclusion
ENFIT AMBER SYRINGE/10ML	Non-Formulary	Formulary Exclusion
ENFIT AMBER SYRINGE/20ML	Non-Formulary	Formulary Exclusion
ENFIT AMBER SYRINGE/35ML	Non-Formulary	Formulary Exclusion
ENFIT AMBER SYRINGE/60ML	Non-Formulary	Formulary Exclusion
ENFIT AMBER TIP SYRINGE/5ML	Non-Formulary	Formulary Exclusion
ENFIT CAP	Non-Formulary	Formulary Exclusion
ENFIT IRRIGATION SYR/THUMB CNT	Non-Formulary	Formulary Exclusion
ENFIT LOW DOSE TIP SYRINGE	Non-Formulary	Formulary Exclusion
ENFIT LOW DOSE TIP SYRINGE/1ML	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
ENFIT LOW DOSE TIP SYRINGE/3ML	Non-Formulary	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 1	Non-Formulary	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 2	Non-Formulary	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 3	Non-Formulary	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 4	Non-Formulary	Formulary Exclusion
ENFIT MED BOTTLE ADAPTER/SZ 5	Non-Formulary	Formulary Exclusion
ENFIT MEDICINE STRAW/2"/5CM	Non-Formulary	Formulary Exclusion
ENFIT MEDICINE STRAW/4"/10CM	Non-Formulary	Formulary Exclusion
ENFIT MEDICINE STRAW/6"/15CM	Non-Formulary	Formulary Exclusion
ENFIT POP ON CAP	Non-Formulary	Formulary Exclusion
ENFIT SCREW ON CAP	Non-Formulary	Formulary Exclusion
ENFIT SYRINGE/10ML	Non-Formulary	Formulary Exclusion
ENFIT SYRINGE/20ML	Non-Formulary	Formulary Exclusion
ENFIT SYRINGE/35ML	Non-Formulary	Formulary Exclusion
ENFIT SYRINGE/60ML	Non-Formulary	Formulary Exclusion
ENFIT THUMB CONTROL IRRIG/60ML	Non-Formulary	Formulary Exclusion
ENFIT TIP SYRINGE/10ML	Non-Formulary	Formulary Exclusion
ENFIT TIP SYRINGE/20ML	Non-Formulary	Formulary Exclusion
ENFIT TIP SYRINGE/35ML	Non-Formulary	Formulary Exclusion
ENFIT TIP SYRINGE/5ML	Non-Formulary	Formulary Exclusion
ENFIT TIP SYRINGE/60ML	Non-Formulary	Formulary Exclusion
ENFIT TRANSITION CONNECTOR	Non-Formulary	Formulary Exclusion
<i>enteral delivery gravity bag</i>	Non-Formulary	Formulary Exclusion
<i>piston irrigation syringe</i>	Non-Formulary	Formulary Exclusion
*Feeding Tubes***		
KANGAROO FEEDING SET/ENFIT	Non-Formulary	Formulary Exclusion
*Foot Care Products***		
BIOFREQUENCY INSOLES	Non-Formulary	Non FDA Exclusion
*Gauze Pads & Dressings***		
AMD FOAM DRESSING	Non-Formulary	Non FDA Exclusion
AMD FOAM DRESSING TOPSHEET	Non-Formulary	Non FDA Exclusion
CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4"	Non-Formulary	Non FDA Exclusion
CURITY AMD ANTIMICROBIAL STRIP	Non-Formulary	Non FDA Exclusion
CURITY IODOFORM PACKING STRIP	Non-Formulary	Non FDA Exclusion
EXCILON AMD DRAIN SPONGES	Non-Formulary	Non FDA Exclusion
KERLIX AMD ANTIMICROBIAL	Non-Formulary	Non FDA Exclusion
KERLIX AMD SUPER SPONGES	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
TELFA AMD ISLAND DRESSING	Non-Formulary	Non FDA Exclusion
TELFA AMD NON-ADHERENT	Non-Formulary	Non FDA Exclusion
*Glucose Monitor & Blood Pressure Monitor Combinations***		
ADVOCATE DUO	Non-Formulary	Formulary Exclusion
<i>cardiometabolic solution</i>	Non-Formulary	Non FDA Exclusion
<i>care activation solution</i>	Non-Formulary	Non FDA Exclusion
CLEVER CHEK AUTO-CODE	Non-Formulary	Formulary Exclusion
DUO-CARE	Non-Formulary	Formulary Exclusion
FORA D40 GLUCOSE/PRESSURE	Non-Formulary	Formulary Exclusion
FORA D40G GLUCOSE/PRESSURE	Non-Formulary	Formulary Exclusion
*Glucose Monitor & Cholesterol Monitor Combinations***		
ACCUTREND PLUS	3	
*Glucose Monitor & Ketone Monitor Combinations***		
FORA TEST N' GO ADVANCE	Non-Formulary	Formulary Exclusion
FORA TN'G ADVANCE PRO	Non-Formulary	Formulary Exclusion
GOJJI MULTI-FUNCTIONAL SYSTEM	Non-Formulary	Formulary Exclusion
PRECISION XTRA-GLUCOSE/KETONE	Non-Formulary	Formulary Exclusion
*Glucose Monitoring Test Supplies***		
ACCU-CHEK AVIVA PLUS	Non-Formulary	Formulary Exclusion
ACCU-CHEK FASTCLIX LANCET	2	
ACCU-CHEK FASTCLIX LANCETS	2	
ACCU-CHEK GUIDE	Non-Formulary	Formulary Exclusion
ACCU-CHEK GUIDE ME	Non-Formulary	Formulary Exclusion
ACCU-CHEK SAFE-T PRO LANCETS	2	
ACCU-CHEK SOFTCLIX LANCET DEV	2	
ACCU-CHEK SOFTCLIX LANCETS	2	
<i>acti-lance 28g</i>	2	
<i>acti-lance lite lancets 28g</i>	2	
<i>acti-lance special lancets 17g</i>	2	
<i>acti-lance universal 23g</i>	2	
<i>adjustable lancing device</i>	2	
ADVANCE INTUITION METER	Non-Formulary	Formulary Exclusion
ADVANCE INTUITION MONITOR	Non-Formulary	Formulary Exclusion
ADVANCE MICRO-DRAW METER	Non-Formulary	Formulary Exclusion
<i>advanced mobile lancet</i>	2	

Drug Name	Tier	Notes
ADVOCATE BLOOD GLUCOSE MONITOR	Non-Formulary	Formulary Exclusion
ADVOCATE BLOOD GLUCOSE SYSTEM	Non-Formulary	Formulary Exclusion
ADVOCATE LANCETS	2	
ADVOCATE LANCETS 30G	2	
ADVOCATE REDI-CODE	Non-Formulary	Formulary Exclusion
ADVOCATE REDI-CODE+	Non-Formulary	Formulary Exclusion
ADVOCATE SAFETY LANCETS	2	
ADVOCATE SAFETY LANCETS 21G	2	
ADVOCATE SAFETY LANCETS 23G	2	
ADVOCATE SAFETY LANCETS 26G	2	
ADVOCATE SAFETY LANCETS 28G	2	
AGAMATRIX JAZZ WIRELESS 2	Non-Formulary	Formulary Exclusion
AGAMATRIX PRESTO	Non-Formulary	Formulary Exclusion
AGAMATRIX ULTRA-THIN LANCETS	2	
<i>aimsko twist lancets 32g</i>	2	
AIMSCO TWIST LANCETS 33G	2	
AQUALANCE LANCETS 30G	2	
ASSURE 3 METER	Non-Formulary	Formulary Exclusion
ASSURE 4 METER	Non-Formulary	Formulary Exclusion
<i>assure comfort lancets 28g</i>	2	
ASSURE CONTROL SOLUTION 2/3	Non-Formulary	Formulary Exclusion
ASSURE LANCE LANCETS	2	
ASSURE LANCE LANCETS 21G	2	
ASSURE LANCE PLUS SAFETY 25G	2	
ASSURE LANCE PLUS SAFETY 30G	2	
ASSURE LANCE SAFETY LANCET 28G	2	
ASSURE PLATINUM METER	Non-Formulary	Formulary Exclusion
ASSURE PRISM MULTI METER	Non-Formulary	Formulary Exclusion
ASSURE PRO BLOOD GLUCOSE METER	Non-Formulary	Formulary Exclusion
ASSURE TITANIUM BLOOD GLUCOSE	Non-Formulary	Formulary Exclusion
<i>aurora lancet super thin 30g</i>	2	
<i>aurora lancet thin 23g</i>	2	
AUTOLET II CLINISAFE	2	
AUTOLET LANCING DEVICE	2	
AUTOLET LITE CLINISAFE	2	
AUTOLET LITE LANCING DEVICE	2	
AUTOLET LITE STARTER PACK	2	
AUTOLET MINI	2	

Drug Name	Tier	Notes
AUTOLET PLATFORMS	2	
AUTOLET PLUS	2	
BD LATITUDE DIABETES	Non-Formulary	Formulary Exclusion
BD LOGIC BLOOD GLUCOSE MONITOR	Non-Formulary	Formulary Exclusion
BD MICROTAINER LANCETS	2	
BIGFOOT UNITY PROGRAM	Non-Formulary	Formulary Exclusion
BIOTEL CARE BLOOD GLUCOSE	Non-Formulary	Formulary Exclusion
BIOTEL CARE BLOOD GLUCOSE SYST	Non-Formulary	Formulary Exclusion
<i>blood glucose monitor system</i>	Non-Formulary	Formulary Exclusion
BLUESTAR DEVICE (OTC)	Non-Formulary	Formulary Exclusion
BLUESTAR DEVICE (RX)	Non-Formulary	Non FDA Exclusion
BLULINK GLUCOSE MONITORING SYS	Non-Formulary	Formulary Exclusion
CARDIOCOM LANCING DEVICE	2	
<i>careone advanced lancing dev</i>	2	
CAREONE LANCET SUPER THIN 30G	2	
<i>careone lancet thin 23g</i>	2	
CARESENS LANCETS	2	
CARESENS LANCETS 30G	2	
CARESENS N FELIZ BT	Non-Formulary	Formulary Exclusion
CARESENS N GLUCOSE SYSTEM	Non-Formulary	Formulary Exclusion
CARESENS N PLUS BT	Non-Formulary	Formulary Exclusion
CARESENS S CONTROL SOLN A/B	Non-Formulary	Formulary Exclusion
CARESENS S FIT BLOOD GLUC MON	Non-Formulary	Formulary Exclusion
CARESENS S FIT BT BLOOD GLUC	Non-Formulary	Formulary Exclusion
CARETOUCH LANCING/EJECTOR	2	
CARETOUCH MONITOR SYSTEM	Non-Formulary	Formulary Exclusion
CARETOUCH SAFETY LANCETS	2	
CARETOUCH SAFETY LANCETS 26G	2	
CARETOUCH TWIST LANCETS 28G	2	
CARETOUCH TWIST LANCETS 30G	2	
CARETOUCH TWIST LANCETS 33G	2	
CARETOUCH TWIST MC LANCETS 30G	2	
CHEMSTRIP BG LOG BOOK	Non-Formulary	Formulary Exclusion
CHOSEN LANCETS 30G	2	
CHOSEN SAFETY LANCETS 28G	2	
CLEANLET LANCETS 28G	2	
CLEVER CHEK AUTO-CODE SYSTEM	Non-Formulary	Formulary Exclusion
CLEVER CHEK AUTO-CODE VOICE	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
CLEVER CHEK LANCETS	2	
CLEVER CHEK SYSTEM	Non-Formulary	Formulary Exclusion
CLEVER CHOICE AUTO-CODE SYSTEM	Non-Formulary	Formulary Exclusion
CLEVER CHOICE COMFORT EZ	2	
CLEVER CHOICE LANCETS 21G	2	
CLEVER CHOICE LANCETS 23G	2	
CLEVER CHOICE LANCETS 28G	2	
CLEVER CHOICE MICRO SYSTEM	Non-Formulary	Formulary Exclusion
CLEVER CHOICE MINI SYSTEM	Non-Formulary	Formulary Exclusion
CLEVER CHOICE TALK SYSTEM	Non-Formulary	Formulary Exclusion
COAGUCHEK LANCETS	2	
<i>comfort assured lancets 28g</i>	2	
<i>comfort assured lancets 33g</i>	2	
COMFORT TOUCH LANCETS 31G	2	
COMFORT TOUCH PLUS LANCETS 28G	2	
COMFORT TOUCH PLUS LANCETS 30G	2	
COMFORT TOUCH TWIST LANCET 30G	2	
CONTOUR CONTROL	Non-Formulary	Formulary Exclusion
CONTOUR MONITOR	Non-Formulary	Formulary Exclusion
CONTOUR NEXT CONTROL	Non-Formulary	Formulary Exclusion
CONTOUR NEXT EZ	Non-Formulary	Formulary Exclusion
CONTOUR NEXT GEN MONITOR	Non-Formulary	Formulary Exclusion
CONTOUR NEXT LINK	Non-Formulary	Formulary Exclusion
CONTOUR NEXT MONITOR	Non-Formulary	Formulary Exclusion
CONTOUR NEXT ONE	Non-Formulary	Formulary Exclusion
CONTOUR PLUS BLUE	Non-Formulary	Formulary Exclusion
CONTOUR PLUS CONTROL SOLUTION	Non-Formulary	Formulary Exclusion
COOL MONITOR	Non-Formulary	Formulary Exclusion
COOL MONITOR KIT	Non-Formulary	Formulary Exclusion
CVS BLOOD GLUCOSE METER	Non-Formulary	Formulary Exclusion
<i>cvs lancets original</i>	2	
<i>cvs lancets thin 26g</i>	2	
<i>cvs lancing device</i>	2	
<i>cvs ultra thin lancets</i>	2	
D-CARE GLUCOMETER	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
DEXCOM G6 RECEIVER	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL
DEXCOM G6 SENSOR	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL
DEXCOM G6 TRANSMITTER	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL
DEXCOM G7 15 DAY SENSOR	2	
DEXCOM G7 RECEIVER	2	ST; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL
DEXCOM G7 SENSOR	2	ST; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL
<i>diabetes care</i>	Non-Formulary	Formulary Exclusion
DIATHRIVE BLOOD GLUCOSE METER	Non-Formulary	Formulary Exclusion
DIATHRIVE LANCET ULTRA THIN 30	2	
DIATHRIVE LANCETS	2	
DIATHRIVE+ GLUCOSE MONITOR	Non-Formulary	Formulary Exclusion
DROPLET GENTEEL LANCING DEVICE	2	
DROPLET LANCETS ULTRA THIN 30G	2	
DROPLET LANCING DEVICE	2	
DROPLET PERSONAL LANCETS 30G	2	
DROPSAFE ACTI-LANCE 23G	2	
DRUG MART ON-THE-GO LANCET 30G	2	
DRUG MART UNILET LANCETS 28G	2	
DRUG MART UNILET LANCETS 30G	2	
DRUG MART UNILET LANCETS 33G	2	
<i>easy comfort lancets</i>	2	
<i>easy comfort lancets</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>easy comfort lancets twist top</i>	2	

Drug Name	Tier	Notes
<i>easy comfort lancets twist top</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
EASY MAX T1 GLUCOSE SYSTEM	Non-Formulary	Formulary Exclusion
<i>easy plus ii glucose system</i>	Non-Formulary	Formulary Exclusion
EASY STEP GLUCOSE MONITOR	Non-Formulary	Formulary Exclusion
<i>easy talk blood glucose system</i>	Non-Formulary	Formulary Exclusion
EASY TOUCH GLUCOSE SYSTEM	Non-Formulary	Formulary Exclusion
EASY TOUCH LANCETS 21G	2	
EASY TOUCH LANCETS 23G	2	
EASY TOUCH LANCETS 26G	2	
EASY TOUCH LANCETS 28G	2	
EASY TOUCH LANCETS 28G/TWIST	2	
EASY TOUCH LANCETS 30G	2	
EASY TOUCH LANCETS 30G/TWIST	2	
EASY TOUCH LANCETS 32G	2	
EASY TOUCH LANCETS 32G/TWIST	2	
EASY TOUCH LANCETS 33G/TWIST	2	
EASY TOUCH LANCING DEVICE	2	
EASY TOUCH SAFETY LANCETS 21G	2	
EASY TOUCH SAFETY LANCETS 23G	2	
EASY TOUCH SAFETY LANCETS 26G	2	
EASY TOUCH SAFETY LANCETS 28G	2	
<i>easy trak blood glucose system</i>	Non-Formulary	Formulary Exclusion
<i>easy trak ii blood glucose sys</i>	Non-Formulary	Formulary Exclusion
EASYMAX NG BLOOD GLUCOSE	Non-Formulary	Formulary Exclusion
EASYMAX V BLOOD GLUCOSE	Non-Formulary	Formulary Exclusion
EASYPRO BLOOD GLUCOSE MONITOR	Non-Formulary	Formulary Exclusion
EASYPRO PLUS	Non-Formulary	Formulary Exclusion
ELEMENT AUTOCODE SYSTEM	Non-Formulary	Formulary Exclusion
<i>element compact glucose system</i>	Non-Formulary	Formulary Exclusion
<i>element compact v glucose sys</i>	Non-Formulary	Formulary Exclusion
ELEMENT PLUS	Non-Formulary	Formulary Exclusion
EMBRACE BLOOD GLUCOSE MONITOR	Non-Formulary	Formulary Exclusion
EMBRACE EVO GLUCOSE MONITOR	Non-Formulary	Formulary Exclusion
EMBRACE EVO GLUCOSE MONITORING	Non-Formulary	Formulary Exclusion
EMBRACE LANCETS ULTRA THIN 30G	2	
EMBRACE PRESSURE ACTIVATED 21G	2	
EMBRACE PRESSURE ACTIVATED 28G	2	

Drug Name	Tier	Notes
EMBRACE PRO GLUCOSE METER	Non-Formulary	Formulary Exclusion
EMBRACE TALK BLOOD GLUCOSE	Non-Formulary	Formulary Exclusion
EMBRACE TALK MONITORING SYSTEM	Non-Formulary	Formulary Exclusion
ENLITE GLUCOSE SENSOR	Non-Formulary	Formulary Exclusion; QL
EVERSENSE 365 SENSOR/HOLDER	3	PA; QL
EVERSENSE 365 SMART TRANSMIT	3	PA; QL
EVERSENSE SENSOR/HOLDER	3	PA; QL
EVERSENSE SMART TRANSMITTER	3	PA; QL
EVOLUTION AUTOCODE	Non-Formulary	Formulary Exclusion
FIFTY50 GLUCOSE METER 2.0	Non-Formulary	Formulary Exclusion
FIFTY50 SAFETY SEAL LANCETS	2	
FIFTY50 UNILET LANCETS 33G	2	
FINGERSTIX LANCETS	2	
<i>fondcircle blood glucose monit</i>	Non-Formulary	Formulary Exclusion
<i>fondcircle control solution</i>	Non-Formulary	Formulary Exclusion
<i>fondcircle lancing device</i>	2	
<i>fondcircle single use lancets</i>	2	
FORA G20 BLOOD GLUCOSE SYSTEM	Non-Formulary	Formulary Exclusion
FORA G30A BLOOD GLUCOSE SYSTEM	Non-Formulary	Formulary Exclusion
FORA GD20 BLOOD GLUCOSE SYSTEM	Non-Formulary	Formulary Exclusion
FORA GD50 BLOOD GLUCOSE SYSTEM	Non-Formulary	Formulary Exclusion
FORA GTEL BLOOD GLUCOSE SYSTEM	Non-Formulary	Formulary Exclusion
FORA LANCETS	2	
FORA PREMIUM V10 BLE SYSTEM	Non-Formulary	Formulary Exclusion
FORA TEST N' GO MONITOR	Non-Formulary	Formulary Exclusion
FORA TN'G VOICE	Non-Formulary	Formulary Exclusion
FORA V12 BLOOD GLUCOSE SYSTEM	Non-Formulary	Formulary Exclusion
FORACARE GD40 MONITOR	Non-Formulary	Formulary Exclusion
FORACARE PREMIUM V10	Non-Formulary	Formulary Exclusion
FORACARE TEST N GO MONITOR	Non-Formulary	Formulary Exclusion
FREESTYLE FREEDOM LITE	Non-Formulary	Formulary Exclusion
FREESTYLE LANCETS	2	
FREESTYLE LIBRE 14 DAY READER	2	ST; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL
FREESTYLE LIBRE 14 DAY SENSOR	2	ST; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL

Drug Name	Tier	Notes
FREESTYLE LIBRE 2 PLUS SENSOR	2	ST; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL
FREESTYLE LIBRE 2 READER	2	ST; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL
FREESTYLE LIBRE 2 SENSOR	2	ST; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL
FREESTYLE LIBRE 3 PLUS SENSOR	2	ST; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL
FREESTYLE LIBRE 3 READER	2	ST; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL
FREESTYLE LIBRE 3 SENSOR	2	ST; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL
FREESTYLE LIBRE READER	2	ST; Step Therapy Requirements (HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST); QL
FREESTYLE LITE	Non-Formulary	Formulary Exclusion
FREESTYLE PRECISION NEO SYSTEM	Non-Formulary	Formulary Exclusion
FREESTYLE UNISTICK II LANCETS	2	
<i>ge100 blood glucose system</i>	Non-Formulary	Formulary Exclusion
GENTEEL BUTTERFLY TOUCH LANCET	2	
<i>ght blood glucose monitor</i>	Non-Formulary	Formulary Exclusion
<i>global inject ease lancets 28g</i>	2	
<i>global inject ease lancets 30g</i>	2	
GLUCO PERFECT 3 METER	Non-Formulary	Formulary Exclusion
GLUCOCARD 01 BLOOD GLUCOSE	Non-Formulary	Formulary Exclusion
GLUCOCARD 01-MINI GLUCOSE	Non-Formulary	Formulary Exclusion
GLUCOCARD EXPRESSION MONITOR	Non-Formulary	Formulary Exclusion
GLUCOCARD SHINE	Non-Formulary	Formulary Exclusion
GLUCOCARD SHINE CONNEX	Non-Formulary	Formulary Exclusion
GLUCOCARD SHINE EXPRESS	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
GLUCOCARD SHINE XL	Non-Formulary	Formulary Exclusion
GLUCOCARD VITAL MONITOR	Non-Formulary	Formulary Exclusion
GLUCOCARD X-METER	Non-Formulary	Formulary Exclusion
GLUCOCOM AUTOLINK TELEMONITOR	Non-Formulary	Formulary Exclusion
GLUCOCOM BLOOD GLUCOSE MONITOR	Non-Formulary	Formulary Exclusion
GLUCOCOM LANCETS 28G	2	
GLUCOCOM LANCETS 30G	2	
GLUCOCOM LANCETS 33G	2	
GLUCOCOM MONITOR	Non-Formulary	Formulary Exclusion
GLUCONAVII BLOOD GLUCOSE SYS	Non-Formulary	Formulary Exclusion
GNP EASY TOUCH GLUCOSE METER	Non-Formulary	Formulary Exclusion
<i>gnp sterile lancets 28g</i>	2	
<i>gnp sterile lancets 30g</i>	2	
<i>gnp sterile lancets 33g</i>	2	
GNP TRUE METRIX AIR METER	Non-Formulary	Formulary Exclusion
GNP TRUE METRIX GLUCOSE METER	Non-Formulary	Formulary Exclusion
GOJJI STERILE LANCETS	2	
GUARDIAN 4 GLUCOSE SENSOR	3	PA; QL
GUARDIAN 4 TRANSMITTER	3	PA; QL
GUARDIAN LINK 3 TRANSMITTER	3	PA; QL
GUARDIAN REAL-TIME CHARGER	Non-Formulary	Formulary Exclusion
GUARDIAN REAL-TIME TEST PLUG	Non-Formulary	Formulary Exclusion
GUARDIAN SENSOR (3)	3	PA; QL
<i>guardian sensor 3</i>	3	PA; QL
HAEMOLANCE PLUS	2	
HAEMOLANCE PLUS HIGH FLOW	2	
HAEMOLANCE PLUS LOW FLOW	2	
HAEMOLANCE PLUS MAX FLOW	2	
HAEMOLANCE PLUS PEDIATRIC FLOW	2	
HEALTHPRO BLOOD GLUCOSE MONITO	Non-Formulary	Formulary Exclusion
<i>h-e-b incontrol adv lancing</i>	2	
<i>h-e-b incontrol lancets 28g</i>	2	
<i>h-e-b incontrol lancets 30g</i>	2	
<i>h-e-b incontrol lancets 33g</i>	2	
HM EMBRACE TALK SYSTEM	Non-Formulary	Formulary Exclusion
HW EMBRACE PRO GLUCOSE METER	Non-Formulary	Formulary Exclusion
HW EMBRACE TALK BLOOD GLUCOSE	Non-Formulary	Formulary Exclusion
HYPOLANCE AST LANCING	2	

Drug Name	Tier	Notes
HY-VEE LANCETS	2	
<i>hy-vee thin lancets</i>	2	
IGLUCOSE MONITORING SYSTEM	Non-Formulary	Formulary Exclusion
IHEALTH GLUCO+ KIT 10	Non-Formulary	Formulary Exclusion
IHEALTH GLUCO+ KIT 100	Non-Formulary	Formulary Exclusion
IN TOUCH	Non-Formulary	Formulary Exclusion
IN TOUCH STERILE LANCETS 30G	2	
INFINITY BLOOD GLUCOSE SYSTEM	Non-Formulary	Formulary Exclusion
INFINITY VOICE	Non-Formulary	Formulary Exclusion
INSUL-TOTE BACK-OPENING	Non-Formulary	Formulary Exclusion
INSUL-TOTE JR	Non-Formulary	Formulary Exclusion
INSUL-TOTE PEN-TOTE	Non-Formulary	Formulary Exclusion
<i>kinney lancets</i>	2	
<i>kinney thin lancets</i>	2	
KROGER AUTOLET LANCING DEVICE	2	
KROGER HEALTHPRO LANCET 26G	2	
<i>kroger lancets</i>	2	
<i>kroger lancets super thin</i>	2	
<i>kroger lancets thin</i>	2	
KT TAPE CGM PATCH	Non-Formulary	Formulary Exclusion
<i>lancet device with ejector</i>	2	
<i>lancets</i>	2	
<i>lancets 28g thin</i>	2	
<i>lancets 30g</i>	2	
<i>lancets 33g</i>	2	
<i>lancets micro thin 33g</i>	2	
LANCETS SUPER THIN	2	
<i>lancets super thin 28g</i>	2	
LANCETS ULTRA THIN	2	
<i>lancets ultra thin 30g</i>	2	
<i>lancing device</i>	2	
LANZO	2	
<i>leader advanced lancing device</i>	2	
LIBERTY MEDICAL LANCETS	2	
<i>lite touch lancets</i>	2	
LITETOUCH LANCETS	2	
<i>live better lancet super thin</i>	2	
<i>medichoice safety lancet</i>	2	

Drug Name	Tier	Notes
<i>medichoice safety lancet extra</i>	2	
<i>medichoice safety lancet norm</i>	2	
MEDLANCE PLUS EXTRA 21G	2	
MEDLANCE PLUS LITE 25G	2	
MEDLANCE PLUS SPECIAL 0.8MM	2	
MEDLANCE PLUS SUPERLITE 30G	2	
MEDLANCE PLUS UNIVERSAL 21G	2	
MEIJER LANCETS	2	
MEIJER LANCETS UNIVERSAL 21G	2	
MEIJER LANCETS UNIVERSAL 30G	2	
MEIJER LANCETS UNIVERSAL 33G	2	
MEIJER TRUE2GO BLOOD GLUCOSE	Non-Formulary	Formulary Exclusion
MEIJER TRUERESULT GLUCOSE SYS	Non-Formulary	Formulary Exclusion
MEIJER TRUETRACK GLUCOSE SYS	Non-Formulary	Formulary Exclusion
MICRODOT BLOOD GLUCOSE SYSTEM	Non-Formulary	Formulary Exclusion
MICROLET LANCETS	2	
MICROLET NEXT LANCING DEVICE	2	
<i>mini lancing device</i>	2	
MINIMED INSTINCT GLUC SENSOR	3	PA
MM BLOOD GLUCOSE SYSTEM	Non-Formulary	Formulary Exclusion
MM BLOOD GLUCOSE SYSTEM REFILL	Non-Formulary	Formulary Exclusion
MM BLULINK GLUCOSE MONIT SYS	Non-Formulary	Formulary Exclusion
MM EASY TOUCH GLUCOSE METER	Non-Formulary	Formulary Exclusion
MM TWIST LANCETS	2	
<i>mobile lancets 30g</i>	3	
MONOLET LANCETS	2	
MONOLET OPD LANCETS	2	
MONOLETTOR SAFETY LANCETS	2	
<i>multi-lancet device</i>	2	
MULTI-LANCET DEVICE 2	2	
MYGLUCOHEALTH BLOOD GLUCOSE	Non-Formulary	Formulary Exclusion
MYGLUCOHEALTH LANCETS 30G	2	
NOVA MAX BLOOD GLUCOSE SYSTEM	Non-Formulary	Formulary Exclusion
NOVA SAFETY LANCETS 23G	2	
NOVA SAFETY LANCETS 28G	2	
NOVA SUREFLEX LANCETS	2	
NOVA SUREFLEX LANCING DEVICE	2	
<i>one drop blood glucose monitor</i>	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
ONETOUCH DELICA PLUS LANCET30G	2	
ONETOUCH DELICA PLUS LANCET33G	2	
ONETOUCH DELICA PLUS LANCING	2	
ONETOUCH DELICA SAFETY LANCING	2	
ONETOUCH ULTRA 2	Non-Formulary	Formulary Exclusion
ONETOUCH ULTRA CONTROL	3	
ONETOUCH ULTRASOFT 2 LANCETS	2	
ONETOUCH VERIO FLEX SYSTEM KIT	Non-Formulary	Formulary Exclusion
ONETOUCH VERIO IN VITRO LIQUID	3	
ONETOUCH VERIO REFLECT	Non-Formulary	Formulary Exclusion
<i>oval tape</i>	3	
PERFECT LANCETS 28G	2	
PERFECT LANCETS 30G	2	
PERFECT POINT SAFETY LANCETS	2	
PHARMACIST CHOICE AUTOCODE SYS	Non-Formulary	Formulary Exclusion
PHARMACIST CHOICE LANCETS	2	
PHARMACIST CHOICE MINI SYSTEM	Non-Formulary	Formulary Exclusion
<i>pip lancets 28g</i>	2	
<i>pip lancets 30g</i>	2	
POCKETCHEM EZ SYSTEM	Non-Formulary	Formulary Exclusion
POGO AUTOMATIC BLOOD GLUCOSE	Non-Formulary	Formulary Exclusion
<i>pro comfort lancets 30g</i>	2	
<i>pro comfort lancets 31g</i>	2	
<i>pro comfort safety lancets 30g</i>	2	
<i>pro voice v9 glucose system</i>	Non-Formulary	Formulary Exclusion
PRODIGY AUTOCODE BLOOD GLUCOSE	Non-Formulary	Formulary Exclusion
PRODIGY LANCETS 28G	2	
PRODIGY LANCING DEVICE	2	
PRODIGY NO CODING BLOOD GLUC	Non-Formulary	Formulary Exclusion
PRODIGY POCKET BLOOD GLUCOSE	Non-Formulary	Formulary Exclusion
PRODIGY SAFETY LANCETS 26G	2	
PRODIGY TWIST TOP LANCETS 28G	2	
PRODIGY VOICE BLOOD GLUCOSE	Non-Formulary	Formulary Exclusion
<i>pure comfort lancets 30g</i>	2	
<i>pure comfort safety lancet 30g</i>	2	
<i>px advanced lancing device</i>	2	
<i>px lancets microthin 33g</i>	2	
<i>px lancets ultra thin 28g</i>	2	

Drug Name	Tier	Notes
<i>qc advanced lancing device</i>	2	
<i>qc lancets super thin 30g</i>	2	
<i>qc lancets ultra thin</i>	2	
<i>qc unilet lancets 28g</i>	2	
<i>qc unilet lancets micro thin</i>	2	
QUICK TOUCH BLOOD GLUCOSE	Non-Formulary	Formulary Exclusion
QUICKTEK	Non-Formulary	Formulary Exclusion
QUICKTEK/METER	Non-Formulary	Formulary Exclusion
READYLANCE SAFETY LANCETS	2	
<i>reality lancets</i>	2	
<i>reality trigger lancets</i>	2	
REFUAH PLUS MONITORING SYSTEM	Non-Formulary	Formulary Exclusion
RELION ALL-IN-ONE	Non-Formulary	Formulary Exclusion
RELION CONFIRM GLUCOSE MONITOR	Non-Formulary	Formulary Exclusion
RELION LANCETS	2	
RELION LANCETS MICRO-THIN 33G	2	
RELION LANCETS THIN 26G	2	
RELION LANCETS ULTRA-THIN 30G	2	
RELION MICRO	Non-Formulary	Formulary Exclusion
RELION PREMIER BLU MONITOR	Non-Formulary	Formulary Exclusion
RELION PREMIER CLASSIC	Non-Formulary	Formulary Exclusion
RELION PREMIER COMPACT SYSTEM	Non-Formulary	Formulary Exclusion
RELION PREMIER VOICE MONITOR	Non-Formulary	Formulary Exclusion
RELION PRIME MONITOR	Non-Formulary	Formulary Exclusion
RELION TRUE MET AIR GLUC METER	Non-Formulary	Formulary Exclusion
RELION ULTIMA GLUCOSE SYSTEM	Non-Formulary	Formulary Exclusion
RELION ULTRA THIN LANCETS 30G	2	
RIGHTTEST ALTERNATE SITE ADAPT	2	
RIGHTTEST GD500 LANCING DEVICE	2	
RIGHTTEST GL300 LANCETS	2	
RIGHTTEST GM100 BLOOD GLUCOSE	Non-Formulary	Formulary Exclusion
RIGHTTEST GM300 BLOOD GLUCOSE	Non-Formulary	Formulary Exclusion
RIGHTTEST GM550 BLOOD GLUCOSE	Non-Formulary	Formulary Exclusion
RIGHTTEST GT333 BLOOD GLUCOSE	Non-Formulary	Formulary Exclusion
<i>safety lancet 30g/pressure act</i>	2	
SAFETY LANCETS	2	
SAFETY LANCETS 21G	2	
SAFETY LANCETS 23G	2	

Drug Name	Tier	Notes
<i>safety lancets 28g</i>	2	
<i>saps health plus lancets</i>	2	
<i>saps health twist top lancets</i>	2	
<i>saps twist top lancets</i>	2	
<i>sapscare twist top lancets</i>	2	
<i>sb lancets thin</i>	2	
<i>sb lancets ultra thin</i>	2	
SIMPLERA SENSOR	3	PA
SIMPLERA SYNC SENSOR	3	PA
SIMPLERA SYSTEM	3	PA
SINGLE-LET	2	
SMART DIABETES VANTAGE LANCING	2	
SMARTEST EJECT	Non-Formulary	Formulary Exclusion
SMARTEST EJECT STARTER	Non-Formulary	Formulary Exclusion
SMARTEST LANCETS 28G	2	
SMARTEST PERSONA STARTER	Non-Formulary	Formulary Exclusion
SMARTEST PRONTO STARTER	Non-Formulary	Formulary Exclusion
SMARTEST PROTEGE	Non-Formulary	Formulary Exclusion
SMARTEST PROTEGE STARTER	Non-Formulary	Formulary Exclusion
SOLUS V2 BLOOD GLUCOSE SYSTEM	Non-Formulary	Formulary Exclusion
SOLUS V2 LANCETS 28G	2	
SOLUS V2 LANCING DEVICE	2	
SOLUS V2 TWIST LANCETS 30G	2	
STERILANCE TL	2	
<i>super thin lancets</i>	2	
<i>sure comfort lancets 18g</i>	2	
<i>sure comfort lancets 21g</i>	2	
<i>sure comfort lancets 23g</i>	2	
<i>sure comfort lancets 28g</i>	2	
<i>sure comfort lancets 30g</i>	2	
SURELITE LANCETS	2	
TECHLITE AST LANCETS	2	
TECHLITE LANCETS	2	
TECHLITE LANCETS 26G	2	
TEMPO SMART BUTTON	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>todays health lancing device</i>	2	
<i>todays health thin lancets 28g</i>	2	

Drug Name	Tier	Notes
<i>today's health thin lancets 30g</i>	2	
TRACER II 3 VOLT BATTERY	Non-Formulary	Formulary Exclusion
TRAVEL LANCETS ADVANCED 28G	2	
<i>true comfort safety lancets</i>	2	
<i>true comfort twist top lancets</i>	2	
TRUE FOCUS BLOOD GLUCOSE METER	Non-Formulary	Formulary Exclusion
TRUE METRIX AIR GLUCOSE METER	Non-Formulary	Formulary Exclusion
TRUE METRIX GO GLUCOSE METER	Non-Formulary	Formulary Exclusion
TRUE METRIX METER	Non-Formulary	Formulary Exclusion
TRUEDRAW LANCING DEVICE	2	
TRUEPLUS LANCETS 26G	2	
TRUEPLUS LANCETS 28G	2	
TRUEPLUS LANCETS 30G	2	
TRUEPLUS LANCETS 33G	2	
TRUEPLUS SAFETY LANCETS 28G	2	
TRUERESULT BLOOD GLUCOSE	Non-Formulary	Formulary Exclusion
TRUETRACK BLOOD GLUCOSE	Non-Formulary	Formulary Exclusion
TRUETRACK SMART SYSTEM	Non-Formulary	Formulary Exclusion
<i>twist top lancets 30g</i>	2	
ULTILET CLASSIC LANCETS	2	
ULTILET LANCETS	2	
ULTILET SAFETY LANCETS	2	
ULTILET SAFETY LANCETS 23G	2	
<i>ultra thin lancets 31g</i>	2	
<i>ultra-care lancets 30g</i>	2	
ULTRA-THIN II AUTO LANCET	2	
UNILET COMFORTOUCH LANCET	2	
UNILET EXCELITE	2	
UNILET EXCELITE II	2	
UNILET G.P. LANCET	2	
UNILET G.P. SUPERLITE LANCET	2	
UNILET GP 28 ULTRA THIN	2	
UNILET LANCET	2	
UNILET MICRO-THIN 33G	2	
UNILET SUPERLITE LANCET	2	
UNILET SUPER-THIN 30G	2	
UNILET ULTRA-THIN 28G	2	
UNISTIK 1	2	

Drug Name	Tier	Notes
UNISTIK 2	2	
UNISTIK 2 COMFORT	2	
UNISTIK 2 EXTRA	2	
UNISTIK 2 NEONATAL	2	
UNISTIK 2 NORMAL	2	
UNISTIK 2 SUPER	2	
UNISTIK 3	2	
UNISTIK 3 COMFORT	2	
UNISTIK 3 EXTRA	2	
UNISTIK 3 GENTLE	2	
UNISTIK 3 NEONATAL	2	
UNISTIK 3 NORMAL	2	
UNISTIK CZT COMFORT	2	
UNISTIK CZT NORMAL	2	
UNISTIK NORMAL	2	
UNISTIK PRO SAFETY LANCET	2	
UNISTIK SAFETY LANCETS 28G	2	
UNISTIK SAFETY LANCETS 30G	2	
UNISTIK TOUCH SAFETY LANC 21G	2	
UNISTIK TOUCH SAFETY LANC 23G	2	
UNISTIK TOUCH SAFETY LANC 28G	2	
UNISTIK TOUCH SAFETY LANC 30G	2	
<i>verasens blood glucose meter</i>	Non-Formulary	Formulary Exclusion
<i>verasens blood glucose system</i>	Non-Formulary	Formulary Exclusion
VERIFINE SAFE LANCET MINI 21G	2	
VERIFINE SAFE LANCET MINI 23G	2	
VERIFINE SAFE LANCET MINI 28G	2	
VERIFINE SAFE LANCET MINI 30G	2	
VERIFINE UNIVERSAL LANCETS 28G	2	
VERIFINE UNIVERSAL LANCETS 30G	2	
VERIFINE UNIVERSAL LANCETS 33G	2	
VIVAGUARD INO GLUCOSE METER	Non-Formulary	Formulary Exclusion
VIVAGUARD INO SMART GLUC METER	Non-Formulary	Formulary Exclusion
VIVAGUARD LANCETS	2	
VIVAGUARD LANCETS 30G	2	
VIVAGUARD SAFETY LANCETS 28G	2	
<i>zevrx twist top lancets 30g</i>	2	

Drug Name	Tier	Notes
<i>*Incontinence Supplies***</i>		
URESTA STARTER KIT	Non-Formulary	Non FDA Exclusion
<i>yoni fit bladder support kit 1</i>	Non-Formulary	Non FDA Exclusion
<i>yoni fit bladder support kit 2</i>	Non-Formulary	Non FDA Exclusion
<i>yoni fit bladder support kit 3</i>	Non-Formulary	Non FDA Exclusion
<i>yoni fit bladder support kit 4</i>	Non-Formulary	Non FDA Exclusion
<i>yoni fit bladder support kit 5</i>	Non-Formulary	Non FDA Exclusion
<i>*Insulin Administration Supplies***</i>		
ACCU-CHEK LINKASSIST	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/ADMELOG	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/APIDRA	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/ASPART	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/BASAGLAR	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/FIASP	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/HUMALOG	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/LANTUS	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/LISPRO	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/LYUMJEV	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/NOVOLOG	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/TOUJEO	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/TOUJEO M	Non-Formulary	Formulary Exclusion
BIGFOOT UNITY PEN CAP/TRESIBA	Non-Formulary	Formulary Exclusion
<i>extended infusion set 23"/6mm</i>	Non-Formulary	Formulary Exclusion
<i>extended infusion set 23"/9mm</i>	Non-Formulary	Formulary Exclusion
<i>extended infusion set 32"/6mm</i>	Non-Formulary	Formulary Exclusion
<i>extended infusion set 32"/9mm</i>	Non-Formulary	Formulary Exclusion
EXTENDED RESERVOIR 3ML	Non-Formulary	Formulary Exclusion
ILET CONTACT DETACH 23" 6MM	3	
ILET INFUSION-FLEX 23" 6MM	3	
ILET INFUSION-INSET 23" 6MM	3	
ILET INFUSION-INSET 32" 6MM	3	
<i>ilet insulin pump</i>	3	PA
ILET STARTER - CONTACT DETACH	3	
ILET STARTER KIT - INSET 23"	3	
ILET STARTER KIT - INSET 32"	3	
MINIMED 780G INSULIN PUMP	3	PA
MINIMED APP MANAGER	Non-Formulary	Formulary Exclusion
MINIMED MIO ADVANCE INFUSE SET	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
MINIMED QUICK SET INF SET 18"	Non-Formulary	Formulary Exclusion
MINIMED QUICK SET INF SET 23"	Non-Formulary	Formulary Exclusion
MINIMED QUICK SET INF SET 32"	Non-Formulary	Formulary Exclusion
MINIMED QUICK SET INF SET 43"	Non-Formulary	Formulary Exclusion
MODD1 PATIENT WELCOME KIT	Non-Formulary	PA; Formulary Exclusion
MODD1 SUPPLY KIT	Non-Formulary	PA; Formulary Exclusion
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	2	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	
OMNIPOD DASH INTRO (GEN 4)	2	
OMNIPOD DASH PODS (GEN 4)	2	
OMNIPOD POD PALS	2	
SILHOUETTE 23" INFUSION SET	Non-Formulary	Formulary Exclusion
SILHOUETTE 43" INFUSION SET	Non-Formulary	Formulary Exclusion
SILHOUETTE INFUSION SET 18"	Non-Formulary	Formulary Exclusion
SURE T INFUSION SET 18"/6MM	3	
SURE T INFUSION SET 23"/10MM	Non-Formulary	Formulary Exclusion
SURE T INFUSION SET 23"/6MM	Non-Formulary	Formulary Exclusion
SURE T INFUSION SET 23"/8MM	Non-Formulary	Formulary Exclusion
SURE T INFUSION SET 32"/10MM	Non-Formulary	Formulary Exclusion
SURE T INFUSION SET 32"/6MM	Non-Formulary	Formulary Exclusion
SURE T INFUSION SET 32"/8MM	Non-Formulary	Formulary Exclusion
T:SLIM X2 INSULIN PUMP	Non-Formulary	PA; Formulary Exclusion
T:SLIM X2 STARTER 7.10	Non-Formulary	PA; Formulary Exclusion
TANDEM MOBI AUTOSOFT 30 KIT	Non-Formulary	Formulary Exclusion
TANDEM MOBI AUTOSOFT XC KIT	Non-Formulary	Formulary Exclusion
TANDEM MOBI AUTOSOFT30 14PK23"	Non-Formulary	Formulary Exclusion
TANDEM MOBI AUTOSOFTXC 14PK23"	Non-Formulary	Formulary Exclusion
TANDEM MOBI AUTOSOFTXC 14PK5"	Non-Formulary	Formulary Exclusion
TANDEM MOBI SYSTEM STARTER	Non-Formulary	PA; Formulary Exclusion
TANDEM MOBI TRUSTEEL SUPP KIT	Non-Formulary	Formulary Exclusion
TANDEM T:SLIM ASFT 30 PK10 23"	Non-Formulary	Formulary Exclusion
TANDEM T:SLIM ASFT 30 PK14 23"	Non-Formulary	Formulary Exclusion
TANDEM T:SLIM ASFT XC PK10 23"	Non-Formulary	Formulary Exclusion
TANDEM T:SLIM ASFT XC PK14 23"	Non-Formulary	Formulary Exclusion
TANDEM T:SLIM TRUSTL PK10 23"	Non-Formulary	Formulary Exclusion
TWIIST REFILL KIT	2	QL

Drug Name	Tier	Notes
TWIST REFILL KIT/INFUSION SET	2	QL
TWIST STARTER KIT	2	QL
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
*Iv Sets/Tubing***		
IVENIX LVP PRIMARY ADMIN SET	Non-Formulary	Formulary Exclusion
*Masks***		
SAFE-SENSE EARLOOP FACE MASK	Non-Formulary	Non FDA Exclusion
*Misc. Devices***		
CLEVER CHOICE PULSE OXIMETER	Non-Formulary	Non FDA Exclusion
<i>dispenser md pump 0.25ml</i>	Non-Formulary	Non FDA Exclusion
<i>dispenser md pump bottle 150ml</i>	Non-Formulary	Non FDA Exclusion
<i>face shield full length</i>	Non-Formulary	Non FDA Exclusion
<i>face shield full length/clear</i>	Non-Formulary	Non FDA Exclusion
MAD NASAL ATOMIZATION DEVICE	Non-Formulary	Non FDA Exclusion
<i>powder insufflator-#4 capsules</i>	Non-Formulary	Non FDA Exclusion
<i>provate 61mm</i>	Non-Formulary	Non FDA Exclusion
<i>provate 67mm</i>	Non-Formulary	Non FDA Exclusion
<i>provate 73mm</i>	Non-Formulary	Non FDA Exclusion
<i>provate 79mm</i>	Non-Formulary	Non FDA Exclusion
<i>provate 85mm</i>	Non-Formulary	Non FDA Exclusion
<i>provate 91mm</i>	Non-Formulary	Non FDA Exclusion
<i>suppository shells small 1.3ml</i>	Non-Formulary	Non FDA Exclusion
<i>vaginal suppository applicator</i>	Non-Formulary	Non FDA Exclusion
*Nebulizers***		
AEROECLIPSE II W/ELBOW ADAPTER	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
AEROECLIPSE II W/UNIV TUBING	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
AEROECLIPSE XL NEBULIZER	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
INNOSPIRE ELEGANCE NEBULIZER	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
MC 300 W/UNIVERSAL TUBING	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
MC 300-MOUTHPIECE	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion

Drug Name	Tier	Notes
<i>neb 200 compressor nebulizer</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
PARI BABY NEBULIZER SET	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
PULMONEB LT	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>*Needles & Syringes***</i>		
<i>1st tier unifine pentips</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>1st tier unifine pentips plus</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
ADVOCATE INSULIN PEN NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)
ADVOCATE INSULIN PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
ADVOCATE INSULIN SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>aq insulin syringe</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>aqinject pen needle</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
ASSURE ID DUO PRO PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
ASSURE ID PRO PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
ASSURE ID SAFETY PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>aum insulin safety pen needle</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>aum mini insulin pen needle</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>aum pen needle</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
AUM READYGARD DUO PEN NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)
AUM SAFETY PEN NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>aurora pen needles</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>autopen</i>	2	QL
BD ALLERGIST TRAY	2	
BD ALLERGY SYRINGE 27G X 3/8" 1 ML	2	
BD ALLERGY SYRINGE 28G X 1/2" 1 ML	2	

Drug Name	Tier	Notes
BD AUTOSHIELD DUO	2	
BD DISP NEEDLE 25G X 1"	2	
BD DISP NEEDLE 30G X 1"	2	
BD DISP NEEDLES 18G X 1-1/2"	2	
BD DISP NEEDLES 22G X 1-1/2"	2	
BD DISP NEEDLES 25G X 5/8"	2	
BD ECLIPSE LUER-LOK NEEDLE	2	
BD ECLIPSE NEEDLE 18G X 1-1/2"	2	
BD ECLIPSE NEEDLE 23G X 1" (RX)	2	
BD ECLIPSE NEEDLE 25G X 1-1/2"	2	
BD ECLIPSE NEEDLE 25G X 5/8"	2	
BD ECLIPSE SHIELDED NEEDLE	2	
BD ECLIPSE SYRINGE 27G X 1/2" 1 ML	2	
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML	2	
BD ECLIPSE SYRINGE/NEEDLE 22G X 1" 3 ML	2	
BD ECLIPSE SYRINGE/NEEDLE 23G X 1-1/2" 3 ML	2	
BD ECLIPSE SYRINGE/NEEDLE 25G X 5/8" 3 ML	2	
BD FILTER NEEDLE	2	
BD HYPODERMIC NEEDLE 22G X 1"	2	
BD HYPODERMIC NEEDLE 23G X 1"	2	
BD INS SYR ULTRAFINE 1/2UNIT	2	
BD INSULIN SYR ULTRAFINE II	2	
BD INSULIN SYRINGE	2	
BD INSULIN SYRINGE HALF-UNIT	2	
BD INSULIN SYRINGE MICROFINE	2	
BD INSULIN SYRINGE U/F	2	
BD INSULIN SYRINGE U-500	2	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML	2	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML	2	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML	2	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 1 ML	2	
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.3 ML	2	

Drug Name	Tier	Notes
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML	2	
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML	2	
BD INTEGRA SYRINGE 21G X 1-1/2" 3 ML	2	
BD INTEGRA SYRINGE 23G X 1" 3 ML	2	
BD INTEGRA SYRINGE 25G X 5/8" 3 ML	2	
BD LUER-LOK SYRINGE 10 ML	2	
BD LUER-LOK SYRINGE 23G X 1" 3 ML (RX)	2	
BD LUER-LOK SYRINGE 23G X 1-1/2" 3 ML	2	
BD LUER-LOK SYRINGE 25G X 5/8" 3 ML	2	
BD PEN	2	QL
BD PEN MINI	2	QL
BD PEN NEEDLE MICRO ULTRAFINE	2	
BD PEN NEEDLE MINI ULTRAFINE	2	
BD PEN NEEDLE NANO 2ND GEN	2	
BD PEN NEEDLE NANO ULTRAFINE	2	
BD PEN NEEDLE ORIG ULTRAFINE	2	
BD PEN NEEDLE SHORT ULTRAFINE	2	
BD PLASTIPAK SYRINGE 21G X 1" 3 ML	2	
BD PRECISIONGLIDE NEEDLE 23G X 1-1/2"	2	
BD SAFETYGLIDE ALLERGY SYRINGE	2	
BD SAFETYGLIDE INSULIN SYRINGE	2	
BD SAFETYGLIDE NEEDLE 21G X 1"	2	
BD SAFETYGLIDE NEEDLE 25G X 1"	2	
BD SAFETYGLIDE NEEDLE 27G X 5/8"	2	
BD SAFETYGLIDE SHIELDED NEEDLE 22G X 1-1/2"	2	
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 3/8" 1 ML	2	
BD SYRINGE LUER SLIP TIP 5 ML	2	
BD SYRINGE LUER-LOK 10 ML	2	
BD SYRINGE LUER-LOK 3 ML (RX)	2	
BD SYRINGE LUER-LOK 30 ML	2	
BD SYRINGE LUER-LOK 5 ML (OTC)	2	
BD SYRINGE SLIP TIP 1 ML	2	
BD SYRINGE SLIP TIP 26G X 5/8" 1 ML	2	
BD SYRINGE SLIP TIP 3 ML (RX)	2	
BD SYRINGE/NEEDLE 25G X 5/8" 1 ML	2	

Drug Name	Tier	Notes
BD SYRINGE/NEEDLE 25G X 5/8" 3 ML	2	
BD TB SYRINGE 21G X 1" 1 ML	2	
BD TB SYRINGE 27G X 1/2" 0.5 ML	2	
BD TB SYRINGE 27G X 1/2" 1 ML	2	
BD TB SYRINGE 27G X 3/8" 1 ML	2	
BD VEO INSULIN SYR U/F 1/2UNIT	2	
BD VEO INSULIN SYR ULTRAFINE	2	
CAREFINE PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>careone insulin syringe</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>careone unifine pentips plus</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>carepoint poly hub needle</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>carepoint safety 1st needle</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
CAREPOINT SAFETY1ST SYR/NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>carepoint syringe catheter tip</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
CAREPOINT SYRINGE LUER LOCK 1 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
CAREPOINT SYRINGE LUER LOCK 10 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>carepoint syringe luer lock 20 ml</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
CAREPOINT SYRINGE LUER LOCK 20G X 1" 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
CAREPOINT SYRINGE LUER LOCK 20G X 1-1/2" 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
CAREPOINT SYRINGE LUER LOCK 22G X 1" 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
CAREPOINT SYRINGE LUER LOCK 22G X 1-1/2" 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
CAREPOINT SYRINGE LUER LOCK 23G X 1" 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
CAREPOINT SYRINGE LUER LOCK 23G X 1-1/2" 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
CAREPOINT SYRINGE LUER LOCK 25G X 1" 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
CAREPOINT SYRINGE LUER LOCK 25G X 1-1/2" 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)

Drug Name	Tier	Notes
<i>carepoint syringe luer lock 3 ml</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>carepoint syringe luer lock 30 ml</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>carepoint syringe luer lock 5 ml</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
CAREPOINT SYRINGE LUER LOCK 60 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>carepoint syringe luer slip</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>carepoint tubercln syr/luer sl</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
CARETOUCH HYPODERMIC NEEDLE 27G X 1-1/2"	Non-Formulary	PA messaging (Rebateable Exclusion)
CARETOUCH INSULIN SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
CARETOUCH LUER LOCK 10 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
CARETOUCH LUER SLIP 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
CARETOUCH PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
CEQUR SIMPLICITY 2U	2	QL
CEQUR SIMPLICITY INSERTER	Non-Formulary	PA messaging (Rebateable Exclusion); QL
CLEVER CHOICE COMFORT EZ 29G X 12MM	Non-Formulary	PA messaging (Rebateable Exclusion)
CLEVER CHOICE COMFORT EZ 33G X 4 MM	Non-Formulary	PA messaging (Rebateable Exclusion)
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 1 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.5 ML	Non-Formulary	PA messaging (Rebateable Exclusion)

Drug Name	Tier	Notes
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 1 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 1 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
COMFORT EZ MICRO PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
COMFORT EZ PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
COMFORT EZ PRO PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
COMFORT EZ SHORT PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
COMFORT TOUCH INSULIN PEN NEED	Non-Formulary	PA messaging (Rebateable Exclusion)
DIATHRIVE PEN NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)
DROPLET INSULIN SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
DROPLET MICRON	Non-Formulary	PA messaging (Rebateable Exclusion)
DROPLET PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>dropsafe safety pen needles</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
DROPSAFE SAFETY SYRINGE/NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>drug mart unfine pentips</i>	Non-Formulary	PA messaging (Rebateable Exclusion)

Drug Name	Tier	Notes
<i>drug mart unifine pentips plus</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>easy comfort insulin syringe 29g x 5/16" 0.5 ml</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>easy comfort insulin syringe 29g x 5/16" 1 ml</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>easy comfort insulin syringe 30g x 1/2" 0.5 ml</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>easy comfort insulin syringe 30g x 1/2" 1 ml</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>easy comfort insulin syringe 30g x 5/16" 0.5 ml</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>easy comfort insulin syringe 30g x 5/16" 1 ml</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>easy comfort insulin syringe 31g x 1/2" 0.3 ml</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>easy comfort insulin syringe 31g x 5/16" 0.3 ml</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>easy comfort insulin syringe 31g x 5/16" 0.5 ml</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>easy comfort insulin syringe 31g x 5/16" 1 ml</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>easy comfort insulin syringe 32g x 5/16" 0.5 ml</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML	2	
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>easy comfort pen needles</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>easy glide pen needles</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
EASY TOUCH FLIPLOCK INSULIN SY	Non-Formulary	PA messaging (Rebateable Exclusion)
EASY TOUCH HYPODERMIC NEEDLE 16G X 1"	Non-Formulary	PA messaging (Rebateable Exclusion)
EASY TOUCH INSULIN BARRELS	Non-Formulary	PA messaging (Rebateable Exclusion)
EASY TOUCH INSULIN SAFETY SYR	Non-Formulary	PA messaging (Rebateable Exclusion)
EASY TOUCH INSULIN SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
EASY TOUCH PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)

Drug Name	Tier	Notes
EASY TOUCH SAFETY PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
EASY TOUCH SYRINGE BARREL 1 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
EASY TOUCH SYRINGE BARREL 10 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
EASY TOUCH SYRINGE BARREL 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
EASY TOUCH SYRINGE BARREL 5 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
EASYPOINT NEEDLE 23G X 1" (RX)	Non-Formulary	PA messaging (Rebateable Exclusion)
EASYPOINT NEEDLE 25G X 1" (RX)	Non-Formulary	PA messaging (Rebateable Exclusion)
EASYPOINT NEEDLE 25G X 5/8" (RX)	Non-Formulary	PA messaging (Rebateable Exclusion)
EASYPOINT NEEDLE/SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
EMBECTA AUTOSHIELD DUO	2	
EMBECTA INS SYR U/F 1/2 UNIT	2	
EMBECTA INSULIN SYR ULTRAFINE	2	
EMBECTA INSULIN SYRINGE	2	
EMBECTA INSULIN SYRINGE U-100	2	
EMBECTA INSULIN SYRINGE U-500	2	
EMBECTA PEN NEEDLE NANO	2	
EMBECTA PEN NEEDLE NANO 2 GEN	2	
EMBECTA PEN NEEDLE ULTRAFINE	2	
EMBRACE PEN NEEDLES 30G X 5 MM	Non-Formulary	PA messaging (Rebateable Exclusion)
EMBRACE PEN NEEDLES 30G X 8 MM	Non-Formulary	PA messaging (Rebateable Exclusion)
EMBRACE PEN NEEDLES 31G X 5 MM	Non-Formulary	PA messaging (Rebateable Exclusion)

Drug Name	Tier	Notes
EMBRACE PEN NEEDLES 31G X 6 MM	Non-Formulary	PA messaging (Rebateable Exclusion)
EMBRACE PEN NEEDLES 31G X 8 MM	Non-Formulary	PA messaging (Rebateable Exclusion)
EMBRACE PEN NEEDLES 32G X 4 MM	Non-Formulary	PA messaging (Rebateable Exclusion)
FIFTY50 PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
FIFTY50 SUPERIOR COMFORT SYR	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>global ease inject pen needles</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>global easy glide insulin syr</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>global easy glide pen needles</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>global inject ease insulin syr</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>global insulin syringes</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
GLUCOPRO INSULIN SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>gnp insulin syringe</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>gnp insulin syringes</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>gnp insulin syringes 28gx1/2"</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>gnp insulin syringes 29gx1/2"</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>gnp insulin syringes 30gx5/16"</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>gnp insulin syringes 31gx5/16"</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>gnp pen needles</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>gnp ulticare pen needles</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
GNP ULTIGUARD SAFEPAK NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>gnp ultra com insulin syringe</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>healthwise insulin syr/needle</i>	Non-Formulary	PA messaging (Rebateable Exclusion)

Drug Name	Tier	Notes
<i>healthwise micron pen needles</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>healthwise short pen needles</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>h-e-b incontrol pen needles</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
H-E-B INCONTROL UNIFINE PENTIP	Non-Formulary	PA messaging (Rebateable Exclusion)
HM ULTICARE INSULIN SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
HM ULTICARE MINI PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
HM ULTICARE SHORT PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
INCONTROL ULTICARE PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
INPEN 100-BLUE-LILLY-HUMALOG	2	QL
INPEN 100-BLUE-NOVOLOG-FIASP	2	QL
INPEN 100-GREY-LILLY-HUMALOG	2	QL
INPEN 100-GREY-NOVOLOG-FIASP	2	QL
INPEN 100-PINK-LILLY-HUMALOG	2	QL
INPEN 100-PINK-NOVOLOG-FIASP	2	QL
<i>insulin syringe</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>insulin syringe-needle u-100</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>insupen pen needles</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
INSUPEN32G EXTR3ME	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>kinray insulin syringe</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>kroger pen needles</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
LEADER UNIFINE PENTIPS	Non-Formulary	PA messaging (Rebateable Exclusion)
LEADER UNIFINE PENTIPS PLUS	Non-Formulary	PA messaging (Rebateable Exclusion)
LITETOUCH INSULIN SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
LITETOUCH PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)

Drug Name	Tier	Notes
MAGELLAN INSULIN SAFETY SYR	Non-Formulary	PA messaging (Rebateable Exclusion)
MAGELLAN SYRINGE-SAFETY NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)
MAGELLAN TUBERCULIN SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
MARATHON MEDICAL PENTIPS	Non-Formulary	PA messaging (Rebateable Exclusion)
MAXICOMFORT II PEN NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MAXI-COMFORT SAFETY PEN NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)
MAXICOMFORT SYR 27G X 1/2"	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>medic insulin syringe</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>medicine shoppe pen needles</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>meijer pen needles</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
MICRODOT PEN NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>mm insulin syringe/needle</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
MM PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT ALLERGIST TRAY	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT BLUNTIP CANNULA	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT BLUNTIP SYR/CANNULA	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT CONTROL SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT FILTER NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT HYPODERMIC NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT INSULIN SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT INTRODUCER NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)

Drug Name	Tier	Notes
MONOJECT LIFESHIELD SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT MAGELLAN SAFETY NDL	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT MAGELLAN SYRINGE 18G X 1" 12 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT MAGELLAN SYRINGE 18G X 1" 6 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 12 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT MAGELLAN SYRINGE 20G X 1-1/2" 6 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT MAGELLAN SYRINGE 21G X 1" 12 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT MAGELLAN SYRINGE 21G X 1" 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT MAGELLAN SYRINGE 21G X 1" 6 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 12 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 12 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT MAGELLAN SYRINGE 22G X 1-1/2" 6 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT MAGELLAN SYRINGE 23G X 1" 1 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT MAGELLAN SYRINGE 23G X 1" 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT MAGELLAN SYRINGE 25G X 1" 1 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT MAGELLAN SYRINGE 25G X 1" 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT MAGELLAN SYRINGE 25G X 5/8" 1 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT MAGELLAN SYRINGE 25G X 5/8" 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)

Drug Name	Tier	Notes
MONOJECT PHARMACY TRAY 12 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT PHARMACY TRAY 20 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT PHARMACY TRAY 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT PHARMACY TRAY 35 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT PHARMACY TRAY 6 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT PHARMACY TRAY 60 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT PISTON SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE 12 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE 18G X 1" 12 ML (RX)	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE 20G X 1" 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE 20G X 1-1/2" 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE 20G X 1-1/2" 6 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE 20G X 3/4" 3 ML (RX)	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE 21G X 1" 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE 21G X 1" 6 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE 21G X 1-1/2" 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE 21G X 1-1/2" 6 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE 22G X 1-1/2" 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE 22G X 1-1/2" 6 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE 23G X 1" 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE 25G X 1" 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE 25G X 1-1/4" 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)

Drug Name	Tier	Notes
MONOJECT SYRINGE 25G X 5/8" 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE 27G X 1-1/4" 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE 6 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE CATH TIP	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE ECC LUER	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE ECCENTRIC TIP	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE LUER LOCK	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE LUER-LOCK TIP 140 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE LUER-LOCK TIP 60 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE PHARMACY TRAY	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE REG LUER 20 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE REG LUER 3 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE REG LUER 35 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE REG LUER 6 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE REGULAR TIP	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT SYRINGE TOOMEY TYPE	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT TB SAFETY SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT TB SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
MONOJECT ULTRA COMFORT SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
NORDIPEN 5 INJECTION DEVICE	Non-Formulary	PA messaging (Rebateable Exclusion)
NORDIPEN DELIVERY SYSTEM	Non-Formulary	PA messaging (Rebateable Exclusion)

Drug Name	Tier	Notes
NORM-JECT LUER SLIP SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
NOVOFINE PEN NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)
NOVOFINE PLUS PEN NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)
NOVOPEN ECHO	2	QL
<i>pc unifine pentips</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>pen needle/5-bevel tip</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>pen needles</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
PENTIPS	Non-Formulary	PA messaging (Rebateable Exclusion)
PENTIPS GENERIC PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
PERFECT POINT SAFETY NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>pip pen needles 31g x 5mm</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>pip pen needles 32g x 4mm</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
PRECISION SURE-DOSE SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>preferred plus unifine pentips</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
PREVENT DROPSAFE PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
PREVENT SAFETY PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
PRO COMFORT INSULIN SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>pro comfort pen needles</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
PRODIGY INSULIN SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>pure comfort pen needle</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>pure comfort safety pen needle</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>px insulin syringe</i>	Non-Formulary	PA messaging (Rebateable Exclusion)

Drug Name	Tier	Notes
<i>px mini pen needles</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>qc pen needles</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>qc unifine pentips</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
QUICK TOUCH INSULIN PEN NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>raya sure pen needle</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>reality insulin syringe</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
RELION INSULIN SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
RELION PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>safety pen needles</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>sb insulin syringe</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
SECURESAFE INSULIN SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
SECURESAFE SAFETY PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>sure comfort insulin syringe</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>sure comfort pen needles</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>syringe luer lock 10 ml (rx)</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>syringe luer lock 30 ml (rx)</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>syringe luer slip 1 ml (rx)</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>techlite insulin syringe</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
TECHLITE PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
TECHLITE PLUS PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>todays health pen needles</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>todays health short pen needle</i>	Non-Formulary	PA messaging (Rebateable Exclusion)

Drug Name	Tier	Notes
<i>toomey syringe</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>true comfort insulin syringe</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>true comfort pen needles</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>true comfort pro insulin syr</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>true comfort pro pen needles</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>true comfort safety pen needle</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
TRUEPLUS 5-BEVEL PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
TRUEPLUS INSULIN SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
ULTICARE INSULIN SAFETY SYR	Non-Formulary	PA messaging (Rebateable Exclusion)
ULTICARE INSULIN SYR 1/2 UNIT	Non-Formulary	PA messaging (Rebateable Exclusion)
ULTICARE INSULIN SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
ULTICARE MICRO PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
ULTICARE MINI PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
ULTICARE PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
ULTICARE SHORT PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
ULTIGUARD SAFEPACK PEN NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)
ULTIGUARD SAFEPACK SYR/NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)
ULTILET PEN NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)
ULTRA FLO INSULIN PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
ULTRA FLO INSULIN SYR 1/2 UNIT	Non-Formulary	PA messaging (Rebateable Exclusion)
ULTRA FLO INSULIN SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
ULTRA THIN PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)

Drug Name	Tier	Notes
<i>ultracare insulin syringe</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>ultracare pen needles</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
UNIFINE OTC PEN NEEDLES	Non-Formulary	PA messaging (Rebateable Exclusion)
UNIFINE PENTIPS	Non-Formulary	PA messaging (Rebateable Exclusion)
UNIFINE PENTIPS PLUS	Non-Formulary	PA messaging (Rebateable Exclusion)
UNIFINE PROTECT PEN NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)
UNIFINE SAFECONTROL PEN NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)
UNIFINE ULTRA PEN NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)
VANISHPOINT INSULIN SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
VANISHPOINT SAFETY SYRINGE 21G X 1" 5 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
VANISHPOINT SAFETY SYRINGE 22G X 1-1/2" 5 ML	Non-Formulary	PA messaging (Rebateable Exclusion)
VERIFINE INSULIN PEN NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)
VERIFINE INSULIN SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
VERIFINE PLUS PEN NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)
VERISAFE SAFE STERILE SYRINGE	Non-Formulary	PA messaging (Rebateable Exclusion)
VERISAFE SAFETY STERILE NEEDLE	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>wegmans unifine pentips plus</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>zevrx insulin syringe</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
<i>zevrx pen needles</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
*Nerve Stimulators***		
GAMMACORE	Non-Formulary	Non FDA Exclusion
GAMMACORE SAPPHIRE 31-DAY	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
GAMMACORE SAPPHIRE D	Non-Formulary	Non FDA Exclusion
GAMMACORE SAPPHIRE REFILL KIT	Non-Formulary	Non FDA Exclusion
NERIVIO	Non-Formulary	Non FDA Exclusion
NERIVIO INFINITY	Non-Formulary	Non FDA Exclusion
NERIVIO INFINITY REFILL	Non-Formulary	Non FDA Exclusion
PONS MOUTHPIECE	Non-Formulary	Non FDA Exclusion
PONS SYSTEM	Non-Formulary	Non FDA Exclusion
S.T. GENESIS NERVE STIMULATOR	Non-Formulary	Non FDA Exclusion
<i>*Ocular Implants***</i>		
SUSVIMO OCULAR IMPLANT	Non-Formulary	Medical Only Exclusion
<i>*Parenteral Therapy Supplies***</i>		
BD INTERLINK BLUNT CANNULA	Non-Formulary	Medical Only Exclusion
BD LUER-LOK ACCESS DEVICE	Non-Formulary	Medical Only Exclusion
BD Q-STYLE ACCESS DEVICE	Non-Formulary	Medical Only Exclusion
BD Q-STYLE EXTENSION SET	Non-Formulary	Medical Only Exclusion
BD Q-STYLE VIAL ADAPTER	Non-Formulary	Medical Only Exclusion
<i>clear glass vials 5ml</i>	Non-Formulary	Medical Only Exclusion
<i>empty sterilized</i>	Non-Formulary	Medical Only Exclusion
<i>hi-volume pumping chamber set</i>	Non-Formulary	Medical Only Exclusion
I-PORT ADVANCE 6MM	Non-Formulary	Medical Only Exclusion
I-PORT ADVANCE 9MM	Non-Formulary	Medical Only Exclusion
<i>iv pole</i>	Non-Formulary	Medical Only Exclusion
<i>iv transfer spike</i>	Non-Formulary	Medical Only Exclusion
IVENIX LVP EPIDURAL ADMINIS SET	Non-Formulary	Medical Only Exclusion
J-TIP NEEDLE/FREE INJECTOR	Non-Formulary	Medical Only Exclusion
KOKO PEAK FILTER ADAPTER	Non-Formulary	Medical Only Exclusion
KOKO PEAK PRO 6 MONITOR	Non-Formulary	Medical Only Exclusion
KOKO PEAK PRO 6 SOFTWARE-CRADL	Non-Formulary	Medical Only Exclusion
<i>ltxf 3-port adapter/inj site</i>	Non-Formulary	Medical Only Exclusion
MONOJECT BLOOD NEEDLE HOLDER	Non-Formulary	Medical Only Exclusion
MONOJECT BLUNT TIP SYRINGE	Non-Formulary	Medical Only Exclusion
MONOJECT HYPODERMIC NEEDLE TIP	Non-Formulary	Medical Only Exclusion
MONOJECT LIFESHIELD CANNULA	Non-Formulary	Medical Only Exclusion
MONOJECT MED PREP CANNULA	Non-Formulary	Medical Only Exclusion
MONOJECT SAFETY SYR TIP CAPS	Non-Formulary	Medical Only Exclusion
MONOJECT SMARTIP SYR/CANNULA	Non-Formulary	Medical Only Exclusion
MONOJECT SYRINGE TIP CAPS	Non-Formulary	Medical Only Exclusion
MONOJECT TIP CAPS	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
MONOJECT VIAL ACCESS CANNULA	Non-Formulary	Medical Only Exclusion
<i>needleless prn connectors</i>	Non-Formulary	Medical Only Exclusion
<i>needleless prn port converter</i>	Non-Formulary	Medical Only Exclusion
PHASEAL ASSEMBLY FIXTURE	Non-Formulary	Medical Only Exclusion
PHASEAL CAP FOR INJECTOR	Non-Formulary	Medical Only Exclusion
PHASEAL CONNECTOR LUER LOCK	Non-Formulary	Medical Only Exclusion
PHASEAL INFUSION ADAPTER	Non-Formulary	Medical Only Exclusion
PHASEAL INFUSION CLAMP	Non-Formulary	Medical Only Exclusion
PHASEAL INJECTOR LUER LOCK	Non-Formulary	Medical Only Exclusion
PHASEAL IV BAG HANGER	Non-Formulary	Medical Only Exclusion
PHASEAL PROTECTOR 14	Non-Formulary	Medical Only Exclusion
PHASEAL PROTECTOR 21	Non-Formulary	Medical Only Exclusion
PHASEAL PROTECTOR 28	Non-Formulary	Medical Only Exclusion
PHASEAL PROTECTOR 50	Non-Formulary	Medical Only Exclusion
PHASEAL SECONDARY SET	Non-Formulary	Medical Only Exclusion
PHASEAL SYRINGE TRAY	Non-Formulary	Medical Only Exclusion
PHASEAL Y-SITE CONNECTOR	Non-Formulary	Medical Only Exclusion
PTS COLLECT CAPILLARY TUBES	Non-Formulary	Medical Only Exclusion
<i>small vial luer adapter</i>	Non-Formulary	Medical Only Exclusion
<i>sterile empty vial</i>	Non-Formulary	Medical Only Exclusion
<i>syringe filter 0.2 micron/25mm</i>	Non-Formulary	Medical Only Exclusion
<i>syringe filter 0.2 micron/32mm</i>	Non-Formulary	Medical Only Exclusion
<i>syringe filter 0.45 micron</i>	Non-Formulary	Medical Only Exclusion
<i>syringe filter/0.2 micron/25mm</i>	Non-Formulary	Medical Only Exclusion
<i>syringe filter/0.2 micron/30mm</i>	Non-Formulary	Medical Only Exclusion
<i>syringe filter/d65r/pes/65mm</i>	Non-Formulary	Medical Only Exclusion
<i>syringe filter/d65r/ptfe/65mm</i>	Non-Formulary	Medical Only Exclusion
<i>syringe filter/d90r/pes/90mm</i>	Non-Formulary	Medical Only Exclusion
<i>syringe filter/d90r/ptfe/90mm</i>	Non-Formulary	Medical Only Exclusion
<i>syringe filter/millex/25mm</i>	Non-Formulary	Medical Only Exclusion
<i>syringe filter/millex-gs/25mm</i>	Non-Formulary	Medical Only Exclusion
<i>syringe filter/millex-gv/33mm</i>	Non-Formulary	Medical Only Exclusion
<i>universal syringe tip adaptor</i>	Non-Formulary	Medical Only Exclusion
<i>universal vial luer adapter</i>	Non-Formulary	Medical Only Exclusion
<i>vacuum filter 0.20um/150ml</i>	Non-Formulary	Medical Only Exclusion
<i>vial stopper</i>	Non-Formulary	Medical Only Exclusion
WINTHROP CARPUJECT HOLDER	Non-Formulary	Medical Only Exclusion

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

Drug Name	Tier	Notes
VERSAPAP	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
VERSAPAP W/UNIVERSAL TUBING	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>*Scar Treatments***</i>		
<i>cellpad</i>	Non-Formulary	Non FDA Exclusion
CICASIL	Non-Formulary	Non FDA Exclusion
KELOTOP	Non-Formulary	Non FDA Exclusion
NUVA III	Non-Formulary	Non FDA Exclusion
NUVAGEL	Non-Formulary	Non FDA Exclusion
NUVAZIL	Non-Formulary	Non FDA Exclusion
NUVAZIL II	Non-Formulary	Non FDA Exclusion
PROSILK	Non-Formulary	Non FDA Exclusion
<i>scarsilk</i>	Non-Formulary	Non FDA Exclusion
SILADERM	Non-Formulary	Non FDA Exclusion
<i>siladone scar patch</i>	Non-Formulary	Non FDA Exclusion
<i>silinoin 8 day supply</i>	Non-Formulary	Non FDA Exclusion
SILTREX	Non-Formulary	Non FDA Exclusion
SZOSIL 15 DAY SUPPLY	Non-Formulary	Non FDA Exclusion
SZOSIL 8 DAY SUPPLY	Non-Formulary	Non FDA Exclusion
<i>*Spacer/Aerosol-Holding Chambers & Supplies***</i>		
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	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
AEROCHAMBER Z-STAT PLUS	2	
AEROCHAMBER Z-STAT PLUS CHAMBR	2	
AEROCHAMBER Z-STAT PLUS/LARGE	2	
AEROCHAMBER Z-STAT PLUS/MEDIUM	2	
AEROCHAMBER Z-STAT PLUS/SMALL	2	
AEROCHAMBER2GO ANTI-STATIC	2	

Drug Name	Tier	Notes
AEROVENT PLUS	2	
<i>breathe comfort chamber/adult</i>	2	
<i>breathe comfort chamber/child</i>	2	
<i>breathe ease large</i>	2	
<i>breathe ease medium</i>	2	
<i>breathe ease small</i>	2	
BREATHERITE VALVED MDI CHAMBER	2	
CLEVER CHOICE HOLDING CHAMBER	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
<i>eq space chamber anti-static</i>	2	
<i>eq space chamber anti-static l</i>	2	
<i>eq space chamber anti-static m</i>	2	
<i>eq space chamber anti-static s</i>	2	
FLEXICHAMBER	2	
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
INSPIREASE	2	
INSPIREASE RESERVOIR BAGS	2	
MICROCHAMBER	2	
MICROSPACER	2	
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PEDIATRIC PANDA MASK	2	
POCKET CHAMBER	2	
POCKET SPACER	2	

Drug Name	Tier	Notes
<i>pro comfort spacer adult</i>	2	
<i>pro comfort spacer child</i>	2	
<i>pro comfort spacer infant</i>	2	
<i>procare spacer/adult mask</i>	2	
<i>procare spacer/child mask</i>	2	
<i>prochamber vhc</i>	2	
<i>pure comfort spacer chamber</i>	2	
RITEFLO	2	
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
<i>*Transcranial Magnetic Stimulators***</i>		
SAVI DUAL	Non-Formulary	Formulary Exclusion
<i>*Tumor Treating Fields Products (Ttfields)***</i>		
OPTUNE	Non-Formulary	Non FDA Exclusion
OPTUNE LUA	Non-Formulary	Non FDA Exclusion
MIGRAINE PRODUCTS		
<i>*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***</i>		
NURTEC	2	PA; QL
QULIPTA	2	PA; QL
UBRELVY	2	PA; QL
ZAVZPRET	Non-Formulary	PA; Formulary Exclusion; QL
<i>*Cgrp Receptor Antagonists - Monocolonal Antibodies***</i>		
AIMOVIG	2	PA; QL
AJOVY	2	PA; QL
EMGALITY	2	PA; QL
EMGALITY (300 MG DOSE)	2	PA; QL
VYEPTI	Non-Formulary	Medical Only Exclusion
<i>*Ergot Combinations***</i>		
<i>ergotamine-caffeine</i>	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN); QL
MIGERGOT	3	PA; Non Essential Drug Exclusion
<i>*Migraine Combinations***</i>		
MIGRANOW	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
SUMANSETRON	Non-Formulary	Non FDA Exclusion
*Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors***		
ELYXYB	3	PA
*Migraine Products - Nsaids***		
CAMBIA	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>diclofenac potassium(migraine)</i>	1	Non Essential Drug Exclusion
*Migraine Products***		
BREKIYA	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>dihydroergotamine mesylate injection</i>	1	ST; Step Therapy Requirements (TRIAL OF ONE OF THE FOLLOWING: SUMATRIPTAN INJECTION/INTRANASAL OR ZOLMITRIPTAN INTRANASAL.); QL
<i>dihydroergotamine mesylate nasal</i>	1	ST; Step Therapy Requirements (TRIAL OF ONE OF THE FOLLOWING: SUMATRIPTAN INJECTION/INTRANASAL OR ZOLMITRIPTAN INTRANASAL.); QL
ERGOMAR	3	PA; QL
TRUDHESA	Non-Formulary	PA; Formulary Exclusion; QL
*Selective Serotonin Agonist-Nsaid Combinations***		
<i>sumatriptan-naproxen sodium</i>	1	Non Essential Drug Exclusion; QL
SYMBRAVO	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
TREXIMET	Non-Formulary	ST; Non Essential Drug Exclusion; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
*Selective Serotonin Agonists 5-Ht(1)***		
<i>almotriptan malate</i>	1	ST; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL

Drug Name	Tier	Notes
<i>eletriptan hydrobromide</i>	1	ST; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
<i>frovatriptan succinate</i>	1	ST; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
IMITREX	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
IMITREX STATDOSE REFILL	Non-Formulary	Formulary Exclusion; QL
IMITREX STATDOSE SYSTEM	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
MAXALT	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
MAXALT-MLT	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
<i>naratriptan hcl</i>	1	QL
ONZETRA XSAIL	3	ST; Non Essential Drug Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
RELPAx TABLET 20 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SUMATRIPTAN, RIZATRIPTAN, NARATRIPTAN, ZOLMITRIPTAN (TAB)); QL
RELPAx TABLET 20 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL

Drug Name	Tier	Notes
RELPAK TABLET 40 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
<i>rizatriptan benzoate</i>	1	QL
<i>sumatriptan nasal</i>	1	Step Therapy Requirements (SUMATRIPTAN, RIZATRIPTAN, NARATRIPTAN, ZOLMITRIPTAN (TAB)); QL
<i>sumatriptan succinate oral</i>	1	QL
<i>sumatriptan succinate subcutaneous</i>	1	QL
TOSYMRA	3	ST; Non Essential Drug Exclusion; Step Therapy Requirements (TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN)
ZEMBRACE SYMTOUCH	3	PA; ST; Non Essential Drug Exclusion; Step Therapy Requirements (SUMATRIPTAN, RIZATRIPTAN, NARATRIPTAN, ZOLMITRIPTAN (TAB)); QL
<i>zolmitriptan oral tablet</i>	1	QL
<i>zolmitriptan oral tablet dispersible</i>	Non-Formulary	Formulary Exclusion; QL
<i>zolmitriptan solution 2.5 mg nasal</i>	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
<i>zolmitriptan solution 5 mg nasal</i>	1	ST; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
ZOMIG ORAL	1	QL
ZOMIG SOLUTION 2.5 MG NASAL	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL
ZOMIG SOLUTION 5 MG NASAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: sumatriptan, rizatriptan, naratriptan, zolmitriptan); QL

Drug Name	Tier	Notes
MINERALS & ELECTROLYTES		
*Bicarbonates***		
<i>sodium acetate intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>sodium bicarbonate solution 4.2 % intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>sodium bicarbonate solution 8.4 % intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>sodium bicarbonate solution 8.4 % intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
THAM	Non-Formulary	Medical Only Exclusion
<i>tromethamine solution 30 meq/100ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>tromethamine solution 30 meq/100ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
*Calcium Combinations***		
CALCIFOL	Non-Formulary	Formulary Exclusion
<i>calcium gluconate-nacl solution 1-0.675 gm/50ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>calcium gluconate-nacl solution 1-0.8 gm/100ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>calcium gluconate-nacl solution 1-0.9 gm/100ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
<i>calcium gluconate-nacl solution 2-0.675 gm/100ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>calcium gluconate-nacl solution 2-0.9 gm/100ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
LIQUICAL PLUS	Non-Formulary	Non FDA Exclusion
*Calcium***		
<i>calcium chloride</i>	Non-Formulary	Medical Only Exclusion
<i>calcium gluconate intravenous solution</i>	Non-Formulary	Medical Only Exclusion
<i>calcium gluconate intravenous solution prefilled syringe</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
*Electrolytes & Dextrose***		
<i>dextrose 5%/electrolyte #48</i>	Non-Formulary	Medical Only Exclusion
<i>dextrose in lactated ringers</i>	Non-Formulary	Medical Only Exclusion
<i>dextrose-nacl</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>dextrose-sodium chloride solution 10-0.2 % intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>dextrose-sodium chloride solution 10-0.45 % intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>dextrose-sodium chloride solution 2.5-0.45 % intravenous</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>dextrose-sodium chloride solution 5-0.2 % intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>dextrose-sodium chloride solution 5-0.225 % intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>dextrose-sodium chloride solution 5-0.3 % intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>dextrose-sodium chloride solution 5-0.45 % intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>dextrose-sodium chloride solution 5-0.9 % intravenous</i>	Non-Formulary	Medical Only Exclusion
ELLIOTTS B	Non-Formulary	Medical Only Exclusion
IONOSOL-MB IN D5W	Non-Formulary	Medical Only Exclusion
ISOLYTE-P IN D5W	Non-Formulary	Medical Only Exclusion
<i>kcl in dextrose-nacl</i>	Non-Formulary	Medical Only Exclusion
<i>kcl-lactated ringers-d5w</i>	Non-Formulary	Medical Only Exclusion
NORMOSOL-M IN D5W	Non-Formulary	Medical Only Exclusion
NORMOSOL-R IN D5W	Non-Formulary	Medical Only Exclusion
<i>potassium cl in dextrose 5%</i>	Non-Formulary	Medical Only Exclusion
<i>*Electrolytes Parenteral***</i>		
ISOLYTE-S	Non-Formulary	Medical Only Exclusion
ISOLYTE-S PH 7.4	Non-Formulary	Medical Only Exclusion
<i>kcl (0.149%) in nacl</i>	Non-Formulary	Medical Only Exclusion
<i>kcl (0.298%) in nacl</i>	Non-Formulary	Medical Only Exclusion
<i>kcl (in nacl 0.9%)</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>kcl-lidocaine-nacl solution 10-10 meq-mg /100ml intravenous</i>	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
<i>kcl-lidocaine-nacl solution 10-10 meq-mg /100ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>lactated ringers intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>multiple electro type 1 ph 5.5</i>	Non-Formulary	Medical Only Exclusion
<i>multiple electro type 1 ph 7.4</i>	Non-Formulary	Medical Only Exclusion
NORMOSOL-R	Non-Formulary	Medical Only Exclusion
NORMOSOL-R PH 7.4	Non-Formulary	Medical Only Exclusion
PLASMA-LYTE 148	Non-Formulary	Medical Only Exclusion
PLASMA-LYTE A	Non-Formulary	Medical Only Exclusion
<i>potassium chloride in nacl solution 20 meq/250ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>potassium chloride in nacl solution 20-0.45 meq/l-% intravenous</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>potassium chloride in nacl solution 20-0.9 meq/l-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>potassium chloride in nacl solution 40-0.9 meq/l-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>ringers</i>	Non-Formulary	Medical Only Exclusion
TPN ELECTROLYTES	Non-Formulary	Medical Only Exclusion
*Fluoride Combinations***		
FLORIVA ORAL LIQUID	3	
*Fluoride***		
<i>sodium fluoride oral tablet chewable</i>	1	
<i>sodium fluoride tablet 1.1 (0.5 f) mg oral</i>	2	
*Iodine Products***		
<i>iodine strong</i>	Non-Formulary	Formulary Exclusion
*Magnesium***		
<i>magnesium sulfate in d5w</i>	Non-Formulary	Medical Only Exclusion
<i>magnesium sulfate intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>magnesium sulfate solution 50 % injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>magnesium sulfate solution 50 % injection</i>	Non-Formulary	Medical Only Exclusion
<i>magnesium sulfate-nacl</i>	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
*Manganese***		
<i>manganese chloride intravenous</i>	Non-Formulary	Medical Only Exclusion
*Phosphate***		
GLYCOPHOS	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
K-PHOS	Non-Formulary	Formulary Exclusion
K-PHOS-NEUTRAL	Non-Formulary	Formulary Exclusion
PHOSPHA 250 NEUTRAL	1	
<i>phosphorous</i>	1	
PHOSPHO-TRIN 250 NEUTRAL	1	
PHOSPHO-TRIN K500	1	
<i>potassium phosphates</i>	Non-Formulary	Medical Only Exclusion
<i>potassium phosphates(66 meq k)</i>	Non-Formulary	Medical Only Exclusion
<i>potassium phosphates-nacl solution 15 mmol/100ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>potassium phosphates-nacl solution 15 mmol/250ml intravenous</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>potassium phosphates-nacl solution 15 mmol/250ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>potassium phosphates-nacl solution 30 mmol/500ml intravenous</i>	Non-Formulary	Non FDA Exclusion
<i>sodium phosphates solution 15 mmole/5ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>sodium phosphates solution 15 mmole/5ml intravenous</i>	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
<i>sodium phosphates solution 150 mmole/50ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>sodium phosphates solution 45 mmole/15ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>wes-phos 250 neutral</i>	1	
*Potassium Combinations***		
EFFER-K TABLET EFFERVESCENT 10 MEQ ORAL	Non-Formulary	Formulary Exclusion
EFFER-K TABLET EFFERVESCENT 20 MEQ ORAL	Non-Formulary	Non FDA Exclusion
EFFER-K TABLET EFFERVESCENT 20 MEQ ORAL	Non-Formulary	Formulary Exclusion
*Potassium***		
EFFER-K TABLET EFFERVESCENT 25 MEQ ORAL	Non-Formulary	Formulary Exclusion
KLOR-CON 10	1	
KLOR-CON M10	1	
KLOR-CON M15	1	
KLOR-CON M20	1	
KLOR-CON ORAL PACKET	1	
POKONZA ORAL PACKET	3	PA; Non Essential Drug Exclusion
POKONZA ORAL SOLUTION	3	Non Essential Drug Exclusion
<i>potassium acetate intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>potassium chloride crys er</i>	1	
<i>potassium chloride er oral capsule extended release</i>	1	
<i>potassium chloride er tablet extended release 10 meq oral</i>	1	
<i>potassium chloride er tablet extended release 15 meq oral</i>	3	
<i>potassium chloride er tablet extended release 20 meq oral</i>	1	
<i>potassium chloride er tablet extended release 8 meq oral</i>	1	

Drug Name	Tier	Notes
<i>potassium chloride intravenous solution</i>	Non-Formulary	Medical Only Exclusion
<i>potassium chloride intravenous solution prefilled syringe</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>potassium chloride oral solution</i>	1	
<i>potassium chloride packet 20 meq oral</i>	1	
<i>potassium chloride packet 40 meq oral</i>	3	Non Essential Drug Exclusion
*Sodium***		
AQUASTAT	Non-Formulary	Medical Only Exclusion
AQUASTAT SFR	Non-Formulary	Medical Only Exclusion
BD POSIFLUSH	Non-Formulary	Medical Only Exclusion
BD POSIFLUSH SAFESCRUB	Non-Formulary	Medical Only Exclusion
MONOJECT FLUSH SYRINGE	Non-Formulary	Medical Only Exclusion
MONOJECT SODIUM CHLORIDE FLUSH	Non-Formulary	Medical Only Exclusion
<i>normal saline flush</i>	Non-Formulary	Medical Only Exclusion
<i>saline flush</i>	Non-Formulary	Medical Only Exclusion
<i>sodium chloride (pf)</i>	1	
<i>sodium chloride flush solution 0.9 % intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>sodium chloride flush solution 0.9 % intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>sodium chloride solution 0.45 % intravenous</i>	1	
<i>sodium chloride solution 0.9 % injection</i>	Non-Formulary	Non FDA Exclusion
<i>sodium chloride solution 0.9 % intravenous</i>	1	
<i>sodium chloride solution 0.9 % intravenous</i>	Non-Formulary	Non FDA Exclusion
<i>sodium chloride solution 2.5 meq/ml injection</i>	1	
<i>sodium chloride solution 3 % intravenous</i>	1	
<i>sodium chloride solution 4 meq/ml intravenous</i>	Non-Formulary	Non FDA Exclusion
<i>sodium chloride solution 4 meq/ml intravenous</i>	1	
<i>sodium chloride solution 5 % intravenous</i>	1	
*Trace Mineral Combinations***		
MULTRYs	Non-Formulary	Medical Only Exclusion
THE LIQUILIFT TRACE	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
TRALEMENT	Non-Formulary	Medical Only Exclusion
*Trace Minerals***		
<i>chromic chloride intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>cupric chloride</i>	Non-Formulary	Medical Only Exclusion
<i>selenious acid solution 12 mcg/2ml intravenous</i>	Non-Formulary	Medical Only Exclusion; Formulary Exclusion

Drug Name	Tier	Notes
<i>selenious acid solution 40 mcg/ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>selenious acid solution 60 mcg/ml intravenous</i>	Non-Formulary	Medical Only Exclusion
ZYCUBO	3	PA; Specialty; QL
*Zinc***		
GALZIN	3	
<i>zinc chloride intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>zinc sulfate intravenous</i>	Non-Formulary	Medical Only Exclusion
MISCELLANEOUS THERAPEUTIC CLASSES		
*Activated Phosphoinositide 3-Kinase Delta Syndrome Agent***		
JOENJA	3	PA; Specialty; QL
*Allogeneic Thymus Tissue***		
RETHYMIC	Non-Formulary	Medical Only Exclusion
*Antileprotics***		
THALOMID	2	PA; Specialty
*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***		
BENLYSTA	3	PA; Specialty
*Chelating Agents***		
CUPRIMINE	Non-Formulary	PA; Specialty; Formulary Exclusion
CUVRIOR	Non-Formulary	PA; Specialty; Formulary Exclusion
DEPEN TITRATABS	Non-Formulary	PA; Specialty; Formulary Exclusion
<i>edetate disodium intravenous</i>	Non-Formulary	Non FDA Exclusion
<i>penicillamine oral capsule</i>	Non-Formulary	PA; Specialty; Formulary Exclusion
<i>penicillamine oral tablet</i>	1	PA; Specialty
SYPRINE	Non-Formulary	PA; Specialty; Formulary Exclusion
<i>trientine hcl capsule 250 mg oral</i>	1	PA; Specialty
<i>trientine hcl capsule 500 mg oral</i>	3	Specialty
*Colony Stimulating Factor-1 Receptor (Csf-1R) Antibodies**		
NIKTIMVO	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>*Continuous Renal Replacement Therapy (Crrt) Solutions***</i>		
<i>phoxillum b22k4/0</i>	Non-Formulary	Medical Only Exclusion
<i>phoxillum bk4/2.5</i>	Non-Formulary	Medical Only Exclusion
PRISMASOL B22GK 4/0	Non-Formulary	Medical Only Exclusion
PRISMASOL BGK 0/2.5	Non-Formulary	Medical Only Exclusion
PRISMASOL BGK 2/0	Non-Formulary	Medical Only Exclusion
PRISMASOL BGK 2/3.5	Non-Formulary	Medical Only Exclusion
PRISMASOL BGK 4/0/1.2	Non-Formulary	Medical Only Exclusion
PRISMASOL BGK 4/2.5	Non-Formulary	Medical Only Exclusion
PRISMASOL BK 0/0/1.2	Non-Formulary	Medical Only Exclusion
<i>trisodium citrate/crrt</i>	Non-Formulary	Non FDA Exclusion
<i>*Cyclosporine Analogs***</i>		
<i>cyclosporine modified</i>	1	
<i>cyclosporine oral</i>	1	
GENGRAF	1	
LUPKYNIS	3	PA; Specialty; QL
NEORAL	3	
SANDIMMUNE INTRAVENOUS	Non-Formulary	Medical Only Exclusion
SANDIMMUNE ORAL	3	
<i>*Digital Therapy Application - Behavior & Mental Health***</i>		
ENDEAVORRX	Non-Formulary	Non FDA Exclusion
MODIA	Non-Formulary	Non FDA Exclusion
RESET FOR APPLE-IOS	Non-Formulary	Non FDA Exclusion
RESET FOR GOOGLE-ANDROID	Non-Formulary	Non FDA Exclusion
RESET-O FOR APPLE-IOS	Non-Formulary	Non FDA Exclusion
RESET-O FOR GOOGLE-ANDROID	Non-Formulary	Non FDA Exclusion
VORVIDA	Non-Formulary	Non FDA Exclusion
<i>*Digital Therapy Application - Gastrointestinal***</i>		
MAHANA IBS	Non-Formulary	Non FDA Exclusion
<i>*Digital Therapy Application - Genitourinary***</i>		
LEVA PELVIC HEALTH SYSTEM	Non-Formulary	Non FDA Exclusion
<i>*Digital Therapy Application - Musculoskeletal***</i>		
RELIEVRX	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
<i>*Digital Therapy Application - Type 2 Diabetes***</i>		
ASPYRERX	Non-Formulary	Non FDA Exclusion
<i>*Digital Therapy Application - Visual***</i>		
CURESIGHT	Non-Formulary	Non FDA Exclusion
LUMINOPIA	Non-Formulary	Non FDA Exclusion
<i>*Digital Therapy Application - Women's Health***</i>		
<i>natural cycles contraceptive</i>	Non-Formulary	Non FDA Exclusion
<i>*Enzymes***</i>		
AMPHADASE	Non-Formulary	Medical Only Exclusion
HYLENEX	Non-Formulary	Medical Only Exclusion
XIAFLEX	3	PA; Specialty
<i>*Farnesyltransferase Inhibitors***</i>		
ZOKINVY	2	PA; Specialty
<i>*Fecal Incontinence Bulking Agent - Combinations***</i>		
SOLESTA	Non-Formulary	Medical Only Exclusion
<i>*Homeopathic Products***</i>		
ACUNOL	Non-Formulary	Non FDA Exclusion
COLCIGEL	Non-Formulary	Non FDA Exclusion
ECZEMOL	Non-Formulary	Non FDA Exclusion
<i>morcin</i>	Non-Formulary	Non FDA Exclusion
PSORIZIDE FORTE	Non-Formulary	Non FDA Exclusion
PSORIZIDE ULTRA	Non-Formulary	Non FDA Exclusion
SPEEDGEL RX	Non-Formulary	Non FDA Exclusion
<i>streptococcinum 30c</i>	Non-Formulary	Non FDA Exclusion
TRANZGEL	Non-Formulary	Non FDA Exclusion
<i>*Immune Globulin Immunosuppressants***</i>		
ATGAM	Non-Formulary	Medical Only Exclusion
THYMOGLOBULIN	Non-Formulary	Medical Only Exclusion
<i>*Immunomodulators - Allogeneic Cellular Immunotherapy**</i>		
RYONCIL <12.5KG	Non-Formulary	Medical Only Exclusion
RYONCIL 100KG TO <112.5KG	Non-Formulary	Medical Only Exclusion
RYONCIL 112.5KG TO <125KG	Non-Formulary	Medical Only Exclusion
RYONCIL 12.5KG TO <25KG	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
RYONCIL 125KG TO <137.5KG	Non-Formulary	Medical Only Exclusion
RYONCIL 137.5KG TO <150KG	Non-Formulary	Medical Only Exclusion
RYONCIL 25KG TO <37.5KG	Non-Formulary	Medical Only Exclusion
RYONCIL 37.5KG TO <50KG	Non-Formulary	Medical Only Exclusion
RYONCIL 50KG TO <62.5KG	Non-Formulary	Medical Only Exclusion
RYONCIL 62.5KG TO <75KG	Non-Formulary	Medical Only Exclusion
RYONCIL 75KG TO <87.5KG	Non-Formulary	Medical Only Exclusion
RYONCIL 87.5KG TO <100KG	Non-Formulary	Medical Only Exclusion
<i>*Immunomodulators - Btk Inhibitors***</i>		
RHAPSIDO	Non-Formulary	PA; Specialty; Formulary Exclusion
<i>*Immunomodulators - Combinations***</i>		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	Non-Formulary	Medical Only Exclusion
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; Specialty
<i>*Immunomodulators For Myelodysplastic Syndromes***</i>		
lenalidomide	1	PA; Specialty
REVLIMID	2	PA; Specialty
<i>*Inosine Monophosphate Dehydrogenase Inhibitors***</i>		
CELLCEPT	3	
CELLCEPT INTRAVENOUS	Non-Formulary	Medical Only Exclusion
mycophenolate mofetil hcl	Non-Formulary	Medical Only Exclusion
mycophenolate mofetil intravenous	Non-Formulary	Medical Only Exclusion
mycophenolate mofetil oral	1	
mycophenolate sodium	1	
mycophenolic acid	1	
MYFORTIC	3	
MYHIBBIN	3	PA; QL
<i>*Interleukin-6 (Il-6) Antagonists***</i>		
SYLVANT	Non-Formulary	Medical Only Exclusion
<i>*Irrigation Solutions***</i>		
PHYSIOLYTE	Non-Formulary	Medical Only Exclusion
sterile water for irrigation	Non-Formulary	Formulary Exclusion
<i>*Macrolide Immunosuppressants***</i>		
ASTAGRAF XL	3	

Drug Name	Tier	Notes
ENVARUS XR	3	
<i>everolimus tablet 0.25 mg oral</i>	1	
<i>everolimus tablet 0.5 mg oral</i>	1	
<i>everolimus tablet 0.75 mg oral</i>	1	
<i>everolimus tablet 1 mg oral</i>	1	
PROGRAF INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PROGRAF ORAL	3	
<i>sirolimus oral</i>	1	
<i>tacrolimus oral</i>	1	
ZORTRESS	3	
*Misc Natural Products***		
BRUSELIX ORAL	Non-Formulary	Non FDA Exclusion
<i>ultra hers rx</i>	Non-Formulary	Non FDA Exclusion
<i>ultra his</i>	Non-Formulary	Non FDA Exclusion
<i>ultra pcos</i>	Non-Formulary	Non FDA Exclusion
*Miscellaneous Therapeutic Classes***		
NEXAVIR	Non-Formulary	Medical Only Exclusion
<i>phenol injection</i>	Non-Formulary	Non FDA Exclusion
*Monoclonal Antibodies***		
ENSPRYNG	3	PA; Specialty
GAMIFANT	Non-Formulary	Medical Only Exclusion
SIMULECT	Non-Formulary	Medical Only Exclusion
UPLIZNA	Non-Formulary	Medical Only Exclusion
*Neonatal Fc Receptor (FcRn) Antagonists***		
IMAAVY	Non-Formulary	Medical Only Exclusion
RYSTIGGO	Non-Formulary	Medical Only Exclusion
VYVGART	Non-Formulary	Medical Only Exclusion
*Patient Assessment Services - No Drug Dispensed***		
<i>eua patient assessment</i>	3	
*Peritoneal Dialysis Solutions***		
DELFLEX-LC/1.5% DEXTROSE	Non-Formulary	Medical Only Exclusion
DELFLEX-LC/2.5% DEXTROSE	Non-Formulary	Medical Only Exclusion
DELFLEX-LC/4.25% DEXTROSE	Non-Formulary	Medical Only Exclusion
DIANEAL LOW CALCIUM/1.5% DEX	Non-Formulary	Medical Only Exclusion
DIANEAL LOW CALCIUM/2.5% DEX	Non-Formulary	Medical Only Exclusion
DIANEAL LOW CALCIUM/4.25% DEX	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
DIANEAL PD-2/1.5% DEXTROSE	Non-Formulary	Medical Only Exclusion
DIANEAL PD-2/2.5% DEXTROSE	Non-Formulary	Medical Only Exclusion
DIANEAL PD-2/4.25% DEXTROSE	Non-Formulary	Medical Only Exclusion
EXTRANEAL	Non-Formulary	Medical Only Exclusion
ULTRABAG/DIANEAL PD-2/1.5% DEX	Non-Formulary	Medical Only Exclusion
ULTRABAG/DIANEAL PD-2/2.5% DEX	Non-Formulary	Medical Only Exclusion
ULTRABAG/DIANEAL PD-2/4.25%DEX	Non-Formulary	Medical Only Exclusion
ULTRABAG/DIANEAL/2.5% DEXTROSE	Non-Formulary	Medical Only Exclusion
ULTRABAG/DIANEAL/4.25% DEX	Non-Formulary	Medical Only Exclusion
<i>*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib***</i>		
VIJOICE	2	PA; Specialty
<i>*Potassium Removing Agents***</i>		
KIONEX	1	
LOKELMA	2	QL
sodium polystyrene sulfonate oral	1	
VELTASSA	3	PA
<i>*Purine Analogs***</i>		
AZASAN	1	
azathioprine oral	1	
azathioprine sodium	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
IMURAN	3	
<i>*Rock Inhibitors***</i>		
REZUROCK	3	PA; Specialty
<i>*Sclerosing Agents***</i>		
ASCLERA	Non-Formulary	Medical Only Exclusion
ETHAMOLIN	Non-Formulary	Medical Only Exclusion
polidocanol	Non-Formulary	Non FDA Exclusion
sodium tetradecyl sulfate intravenous	Non-Formulary	Medical Only Exclusion
SOTRADECOL	Non-Formulary	Medical Only Exclusion
VARITHENA	Non-Formulary	Medical Only Exclusion
<i>*Selective T-Cell Costimulation Blockers***</i>		
NULOJIX	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>*Type I Interferon (Ifn) Receptor Antagonists***</i>		
SAPHNELO	Non-Formulary	PA; Specialty; Formulary Exclusion
<i>*Uremic Pruritus Agents***</i>		
KORSUVA	Non-Formulary	Medical Only Exclusion
MOUTH/THROAT/DENTAL AGENTS		
<i>*Anesthetics Topical Oral - Combinations***</i>		
FIRST-MOUTHWASH BLM	3	
<i>*Anesthetics Topical Oral***</i>		
lidocaine viscous hcl	1	
<i>*Anti-Infectives - Throat***</i>		
clotrimazole mouth/throat	1	
nystatin suspension 100000 unit/ml mouth/throat	1	
nystatin suspension 100000 unit/ml mouth/throat	Non-Formulary	Formulary Exclusion
ORAVIG	3	
<i>*Antiseptic Combinations - Mouth/Throat***</i>		
DEBACTEROL	Non-Formulary	Non FDA Exclusion
<i>*Antiseptics - Mouth/Throat***</i>		
chlorhexidine gluconate mouth/throat	1	
PERIDEX	Non-Formulary	Formulary Exclusion
PERIOGARD	1	
<i>*Dental Products - Combinations***</i>		
denta 5000 plus sensitive	2	
FLUORIMAX 5000 SENSITIVE	3	
PREVIDENT 5000 ENAMEL PROTECT	Non-Formulary	Formulary Exclusion
PREVIDENT 5000 SENSITIVE	Non-Formulary	Formulary Exclusion
<i>*Dry Mouth Agents And Artificial Saliva***</i>		
AQUORAL	Non-Formulary	Non FDA Exclusion
BOCASAL	Non-Formulary	Non FDA Exclusion
MUCOSITISRX	Non-Formulary	Non FDA Exclusion
NUMOISYN	Non-Formulary	Formulary Exclusion
SALIVAMAX	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
<i>*Fluoride Dental Products***</i>		
CLINPRO 5000	1	
DENTA 5000 PLUS	1	
<i>dentagel</i>	1	
EASYGEL	1	
FLUORIDEX	1	
FLUORIDEX DAILY RENEWAL	1	
FLUORIDEX ENHANCED WHITENING	1	
FLUORIMAX 5000	1	
JUST FOR KIDS	1	
JUST RIGHT 5000	1	
PERIOMED	1	
PREVIDENT 5000 BOOSTER PLUS	Non-Formulary	Formulary Exclusion
PREVIDENT 5000 DRY MOUTH	Non-Formulary	Formulary Exclusion
PREVIDENT 5000 KIDS	Non-Formulary	Formulary Exclusion
PREVIDENT 5000 ORTHO DEFENSE	Non-Formulary	Formulary Exclusion
PREVIDENT 5000 PLUS	Non-Formulary	Formulary Exclusion
PREVIDENT DENTAL	Non-Formulary	Formulary Exclusion
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride 5000 ppm</i>	1	
<i>sodium fluoride dental</i>	1	
<i>sodium fluoride mouth/throat</i>	1	
VANISH	Non-Formulary	Non FDA Exclusion
<i>*Periodontal Anti-Infectives***</i>		
ARESTIN	Non-Formulary	Medical Only Exclusion
<i>*Protectants - Mouth/Throat***</i>		
EPISIL	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
GELCLAIR	Non-Formulary	Non FDA Exclusion
MUCOTROL	Non-Formulary	Formulary Exclusion
MUGARD	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
ORAFATE	Non-Formulary	Non FDA Exclusion; Non Essential Drug Exclusion
ORAMAGICRX	Non-Formulary	Formulary Exclusion
ORAPEUTIC	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
PROTHELIAL	Non-Formulary	Non FDA Exclusion; Non Essential Drug Exclusion
*Saliva Stimulants***		
<i>cevimeline hcl</i>	1	
EVOXAC	Non-Formulary	Formulary Exclusion
<i>pilocarpine hcl oral</i>	1	
SALAGEN	Non-Formulary	Formulary Exclusion
*Steroid Combinations - Mouth/Throat/Dental***		
<i>acyclonine mum</i>	Non-Formulary	Non FDA Exclusion
*Steroids - Mouth/Throat/Dental***		
KOURZEQ	1	
ORALONE	1	
<i>triamcinolone acetonide mouth/throat</i>	1	
MULTIVITAMINS		
*B-Complex Vitamins***		
EB-N3 DR	Non-Formulary	Non FDA Exclusion
*B-Complex W/ C & Folic Acid***		
<i>activite</i>	Non-Formulary	Non FDA Exclusion
<i>b-plex</i>	Non-Formulary	Formulary Exclusion
DEXIFOL	Non-Formulary	Non FDA Exclusion
DIALYVITE	Non-Formulary	Formulary Exclusion
<i>folbee plus</i>	Non-Formulary	Formulary Exclusion
<i>hylavite</i>	Non-Formulary	Non FDA Exclusion
MYNEPHRON	Non-Formulary	Non FDA Exclusion
RENAL	Non-Formulary	Formulary Exclusion
<i>reno caps</i>	Non-Formulary	Formulary Exclusion
<i>triphrocaps</i>	Non-Formulary	Formulary Exclusion
<i>tronvite</i>	Non-Formulary	Non FDA Exclusion
<i>vitasure</i>	Non-Formulary	Non FDA Exclusion
<i>wescaps</i>	Non-Formulary	Formulary Exclusion
*B-Complex W/ C-Biotin-D-Zinc & Folic Acid***		
VITAL-D RX	Non-Formulary	Formulary Exclusion
*B-Complex W/ C-Biotin-E & Folic Acid***		
RENATABS	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
<i>*B-Complex W/ C-Biotin-E-Folic Acid & Iron***</i>		
RENATABS WITH IRON	Non-Formulary	Formulary Exclusion
<i>*B-Complex W/ C-Biotin-E-Minerals & Folic Acid***</i>		
DIALYVITE 3000	Non-Formulary	Formulary Exclusion
DIALYVITE 5000	Non-Formulary	Formulary Exclusion
<i>*B-Complex W/ C-D-E & Folic Acid***</i>		
<i>cobalefol</i>	Non-Formulary	Non FDA Exclusion
<i>teravax</i>	Non-Formulary	Non FDA Exclusion
<i>*B-Complex W/ C-Zn & Folic Acid***</i>		
DIALYVITE/ZINC	Non-Formulary	Formulary Exclusion
NEPHPLEX RX	Non-Formulary	Formulary Exclusion
<i>*B-Complex W/ Folic Acid***</i>		
PAXLYTE	Non-Formulary	Non FDA Exclusion
<i>*B-Complex W/ Lysine-Min-Fe & Folic Acid***</i>		
NUTRIVIT	Non-Formulary	Formulary Exclusion
<i>*B-Complex W/ Lysine-Zn & Folic Acid***</i>		
SUPERVITE	Non-Formulary	Formulary Exclusion
<i>*Bioflavonoid Products***</i>		
ADRENAL C FORMULA	Non-Formulary	Formulary Exclusion
<i>*Multiple Vitamins W/ Iron***</i>		
DAVIMET-IRON	Non-Formulary	Non FDA Exclusion
<i>*Multiple Vitamins W/ Minerals & Calcium-Folic Acid***</i>		
FOLGARD OS	Non-Formulary	Formulary Exclusion
<i>*Multiple Vitamins W/ Minerals***</i>		
AFLORA	Non-Formulary	Non FDA Exclusion
BACMIN	Non-Formulary	Formulary Exclusion
<i>biocel</i>	Non-Formulary	Formulary Exclusion
<i>b-plex plus</i>	Non-Formulary	Formulary Exclusion
<i>dayavite</i>	Non-Formulary	Non FDA Exclusion
DEPLIN MA	Non-Formulary	Non FDA Exclusion
DERMACINRX MULTITAM	Non-Formulary	Non FDA Exclusion
DERMACINRX RIBOTIN-E	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
DERMACINRX ZINTREXYL-C	Non-Formulary	Non FDA Exclusion
DEXATRAN	Non-Formulary	Non FDA Exclusion
DIALYVITE SUPREME D	Non-Formulary	Formulary Exclusion
DIATROL	Non-Formulary	Non FDA Exclusion
<i>evervita</i>	Non-Formulary	Non FDA Exclusion
FINAZOL	Non-Formulary	Non FDA Exclusion
FLORRAXYL	Non-Formulary	Non FDA Exclusion
<i>folamax</i>	Non-Formulary	Non FDA Exclusion
<i>folamed dha</i>	Non-Formulary	Non FDA Exclusion
<i>folaprime</i>	Non-Formulary	Non FDA Exclusion
FOLIFLEX	Non-Formulary	Non FDA Exclusion
FOLITIN-Z	Non-Formulary	Non FDA Exclusion
<i>hylazinc</i>	Non-Formulary	Non FDA Exclusion
<i>keyfolic</i>	Non-Formulary	Non FDA Exclusion
KEYLOSA	Non-Formulary	Non FDA Exclusion
LIVITA ADULTS	Non-Formulary	Non FDA Exclusion
LYSIPLEX PLUS ORAL TABLET	Non-Formulary	Formulary Exclusion
<i>medi tab</i>	Non-Formulary	Non FDA Exclusion
MENATROL	Non-Formulary	Non FDA Exclusion
<i>multipro</i>	Non-Formulary	Non FDA Exclusion
MULTITOL-M	Non-Formulary	Non FDA Exclusion
<i>neovite</i>	Non-Formulary	Formulary Exclusion
NICADAN	Non-Formulary	Formulary Exclusion
NICAZEL	Non-Formulary	Formulary Exclusion
NICAZEL FORTE	Non-Formulary	Formulary Exclusion
NUTRALYN	Non-Formulary	Non FDA Exclusion
NUTRIFAC ZX	Non-Formulary	Formulary Exclusion
<i>onevite</i>	Non-Formulary	Formulary Exclusion
<i>prev-rx</i>	Non-Formulary	Non FDA Exclusion
<i>profola</i>	Non-Formulary	Non FDA Exclusion
REMEDIENT	Non-Formulary	Non FDA Exclusion
STROVITE FORTE	Non-Formulary	Formulary Exclusion
STROVITE ONE	Non-Formulary	Formulary Exclusion
<i>support</i>	Non-Formulary	Non FDA Exclusion
UDAMIN SP	Non-Formulary	Formulary Exclusion
<i>v-c forte</i>	Non-Formulary	Formulary Exclusion
VENEXA	Non-Formulary	Non FDA Exclusion
VENEXA FE	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
VENTRIXYL	Non-Formulary	Non FDA Exclusion
VENTRIXYL FE	Non-Formulary	Non FDA Exclusion
VIC-FORTE	Non-Formulary	Formulary Exclusion
VITA S FORTE	Non-Formulary	Formulary Exclusion
VITACEL	Non-Formulary	Formulary Exclusion
VITACORE	Non-Formulary	Non FDA Exclusion
VITAROCA PLUS	Non-Formulary	Formulary Exclusion
VITRAMYN	Non-Formulary	Non FDA Exclusion
VITRANOL	Non-Formulary	Non FDA Exclusion
VITRANOL FE	Non-Formulary	Non FDA Exclusion
VITREXATE	Non-Formulary	Non FDA Exclusion
VITREXATE FE	Non-Formulary	Non FDA Exclusion
VITREXYL	Non-Formulary	Non FDA Exclusion
VITREXYL + IRON	Non-Formulary	Non FDA Exclusion
<i>wellfola</i>	Non-Formulary	Non FDA Exclusion
*Multivitamins***		
AMLADEX	Non-Formulary	Non FDA Exclusion
DAVIMET-M	Non-Formulary	Non FDA Exclusion
DERMACINRX DAVIMET	Non-Formulary	Non FDA Exclusion
DERMACINRX MULTIVITAMIN	Non-Formulary	Non FDA Exclusion
<i>folachew</i>	Non-Formulary	Non FDA Exclusion
<i>folawise</i>	Non-Formulary	Non FDA Exclusion
FOLCYTEINE	Non-Formulary	Non FDA Exclusion
INFUVITE ADULT	Non-Formulary	Medical Only Exclusion
<i>micronex</i>	Non-Formulary	Non FDA Exclusion
<i>novite</i>	Non-Formulary	Non FDA Exclusion
VIREXA	Non-Formulary	Non FDA Exclusion
VITLIPID N ADULT	Non-Formulary	Medical Only Exclusion
*Niacinamide W/ Zinc-Copper & Folic Acid***		
NICOMIDE	Non-Formulary	Formulary Exclusion
<i>nicotinamide oral</i>	Non-Formulary	Non FDA Exclusion
*Ped Multi Vitamins W/Fl & Fe***		
POLY-VI-FLOR/IRON	Non-Formulary	Formulary Exclusion
*Ped Multiple Vitamins W/ Minerals***		
LIVITA CHILDREN	Non-Formulary	Non FDA Exclusion
*Ped Mv W/ Fluoride***		
DAVIMET-FLUORIDE	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
FLORIVA PLUS	Non-Formulary	Formulary Exclusion
FLOTREX	Non-Formulary	Non FDA Exclusion
<i>multivitamin w/fluoride tablet chewable 0.25 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>multivitamin w/fluoride tablet chewable 0.25 mg oral</i>	Non-Formulary	Non FDA Exclusion
<i>multivitamin w/fluoride tablet chewable 0.5 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>multivitamin w/fluoride tablet chewable 0.5 mg oral</i>	Non-Formulary	Non FDA Exclusion
<i>multivitamin w/fluoride tablet chewable 1 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>multivitamin w/fluoride tablet chewable 1 mg oral</i>	Non-Formulary	Non FDA Exclusion
<i>multivitamin/fluoride</i>	Non-Formulary	Formulary Exclusion
MULTI-VIT-FLOR	Non-Formulary	Formulary Exclusion
POLY-VI-FLOR	Non-Formulary	Formulary Exclusion
TRI-VI-FLOR	Non-Formulary	Formulary Exclusion
<i>tri-vitamin with fluoride</i>	Non-Formulary	Formulary Exclusion
<i>*Ped Vitamins Acd & Fa W/ Fluoride***</i>		
<i>tri-vi-floro</i>	Non-Formulary	Formulary Exclusion
<i>*Pediatric Multiple Vitamins & Minerals W/ Fluoride***</i>		
FLORIVA ORAL TABLET CHEWABLE	Non-Formulary	Formulary Exclusion
<i>*Pediatric Multiple Vitamins***</i>		
INFUVITE PEDIATRIC	Non-Formulary	Medical Only Exclusion
VITALIPID N INFANT	Non-Formulary	Medical Only Exclusion
VITLIPID N INFANT	Non-Formulary	Medical Only Exclusion
<i>*Prenatal Mv & Min W/Fe-Fa***</i>		
ATABEX EC	3	
<i>azesco</i>	Non-Formulary	Non FDA Exclusion
<i>c-nate dha</i>	3	
<i>completenate</i>	3	
CO-NATAL FA	3	
CONCEPT DHA	3	
CONCEPT OB	3	
DERMACINRX PRETRATE	3	
ELITE-OB	3	
EMBRIVA	Non-Formulary	Non FDA Exclusion
ENBRACE HR	3	
<i>folatexcel</i>	3	

Drug Name	Tier	Notes
FOLIVANE-OB	3	
INATAL GT	3	
<i>jenliva prenatal/postnatal</i>	Non-Formulary	Non FDA Exclusion
<i>kosher prenatal plus iron</i>	3	
MATERNACEL	Non-Formulary	Non FDA Exclusion
<i>matervia</i>	Non-Formulary	Non FDA Exclusion
<i>m-natal plus</i>	Non-Formulary	Non FDA Exclusion
<i>natal pnv</i>	Non-Formulary	Non FDA Exclusion
NEEVO DHA	3	
<i>neomaterna</i>	3	
<i>neonatal complete</i>	3	
NEONATAL PLUS TABLET 27-1 MG ORAL	3	
NEONATAL PLUS TABLET 27-1 MG ORAL	Non-Formulary	Non FDA Exclusion
NESTABS	3	
NESTABS DHA	3	
NIVA-PLUS	3	
OB COMPLETE	3	
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE/DHA	3	
<i>one vite womens plus</i>	3	
<i>pnv 27-ca/fe/fa</i>	3	
<i>pnv tabs 20-1</i>	Non-Formulary	Non FDA Exclusion
<i>pnv-omega</i>	3	
<i>pnv-select</i>	3	
<i>pregenna</i>	Non-Formulary	Non FDA Exclusion
<i>prenal pearl</i>	3	
PRENATABS RX	2	
<i>prenatal 19 oral tablet chewable</i>	2	
<i>prenatal 19 tablet 29-1 mg oral</i>	2	
<i>prenatal plus</i>	2	
<i>prenatal plus vitamin/mineral</i>	3	
<i>prenatal tablet 27-1 mg oral</i>	3	
PRENATAL-U	2	
PRENATE ELITE	3	
PRENATOL-M	Non-Formulary	Non FDA Exclusion
PRENATRIX	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
PRENATRYL	Non-Formulary	Non FDA Exclusion
PROVIDA OB	3	
<i>relnate dha</i>	3	
SELECT-OB	3	
<i>se-natal 19</i>	2	
TARON-C DHA	3	
<i>thrivite rx</i>	3	
<i>trinatal rx 1</i>	3	
TRINATE	2	
VINATE DHA RF	3	
VITAFOL GUMMIES	3	
VITAFOL-OB	3	
<i>vitalara</i>	Non-Formulary	Non FDA Exclusion
VITATHELY WITH GINGER	Non-Formulary	Non FDA Exclusion
<i>wesnate dha</i>	3	
<i>westab plus</i>	3	
<i>zalvit</i>	Non-Formulary	Non FDA Exclusion
<i>ziphex</i>	Non-Formulary	Non FDA Exclusion
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***		
<i>complete natal dha</i>	3	
<i>wesnatal dha complete</i>	3	
*Prenatal Mv & Min W/Fe-Fa-Dha***		
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	
NESTABS ONE	3	
OBSTETRIX DHA	3	
<i>pnv-dha</i>	3	
<i>pnv-dha+docusate</i>	3	
<i>pregen dha</i>	Non-Formulary	Non FDA Exclusion
<i>prena 1 true</i>	3	
PRENATE DHA	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	
PRENATE MINI	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
SELECT-OB+DHA	3	

Drug Name	Tier	Notes
<i>tristart dha</i>	3	
VITAFOL FE+	3	
VITAFOL ULTRA	3	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	
<i>wescap-pn dha</i>	3	
<i>westgel dha</i>	3	
*Prenatal Mv & Minerals W/Fa Without Iron***		
PRENATE	3	
*Prenatal Vitamins***		
PREMESISRX	3	
<i>prenal</i>	3	
PRENATE AM	3	
*Specialty Vitamins Products***		
<i>glp-dlax</i>	Non-Formulary	Non FDA Exclusion
INFLAMEX	Non-Formulary	Non FDA Exclusion
<i>pro hers rx</i>	Non-Formulary	Non FDA Exclusion
<i>pro his rx</i>	Non-Formulary	Non FDA Exclusion
<i>pro pcas rx</i>	Non-Formulary	Non FDA Exclusion
*Vitamins A & D***		
<i>cod liver oil oil oral (rx)</i>	Non-Formulary	Formulary Exclusion
MUSCULOSKELETAL THERAPY AGENTS		
*Articular Cartilage Repair Therapy***		
MACI	Non-Formulary	Medical Only Exclusion
*Central Muscle Relaxants***		
AMRIX	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>baclofen intrathecal</i>	Non-Formulary	Medical Only Exclusion
<i>baclofen oral suspension</i>	1	PA
<i>baclofen refill kit-synchromed</i>	Non-Formulary	Medical Only Exclusion
<i>baclofen solution 10 mg/5ml oral</i>	1	
<i>baclofen solution 5 mg/5ml oral</i>	3	
<i>baclofen tablet 10 mg oral</i>	1	
<i>baclofen tablet 15 mg oral</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>baclofen tablet 20 mg oral</i>	1	

Drug Name	Tier	Notes
<i>baclofen tablet 5 mg oral</i>	1	
<i>carisoprodol tablet 250 mg oral</i>	Non-Formulary	Formulary Exclusion; QL
<i>carisoprodol tablet 350 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>chlorzoxazone tablet 250 mg oral</i>	1	Non Essential Drug Exclusion
<i>chlorzoxazone tablet 375 mg oral</i>	1	Non Essential Drug Exclusion
<i>chlorzoxazone tablet 500 mg oral</i>	1	
<i>chlorzoxazone tablet 750 mg oral</i>	1	Non Essential Drug Exclusion
<i>cyclobenzaprine hcl er</i>	1	Non Essential Drug Exclusion
<i>cyclobenzaprine hcl tablet 10 mg oral</i>	1	
<i>cyclobenzaprine hcl tablet 5 mg oral</i>	1	
<i>cyclobenzaprine hcl tablet 7.5 mg oral</i>	1	Non Essential Drug Exclusion; QL
<i>enovarx-cyclobenzaprine hcl</i>	Non-Formulary	Non FDA Exclusion
FEXMID	1	Non Essential Drug Exclusion; QL
FLEQSUVY	Non-Formulary	PA; Formulary Exclusion
GABLOFEN	Non-Formulary	Medical Only Exclusion
LIORESAL	Non-Formulary	Medical Only Exclusion
<i>metaxalone tablet 400 mg oral</i>	1	QL
<i>metaxalone tablet 640 mg oral</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>metaxalone tablet 800 mg oral</i>	1	QL
<i>methocarbamol injection</i>	Non-Formulary	Medical Only Exclusion
<i>methocarbamol tablet 1000 mg oral</i>	1	Non Essential Drug Exclusion
<i>methocarbamol tablet 1000 mg oral</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>methocarbamol tablet 500 mg oral</i>	1	
<i>methocarbamol tablet 750 mg oral</i>	1	
ONTRALFY	3	Non Essential Drug Exclusion
<i>orphenadrine citrate er</i>	1	
<i>orphenadrine citrate injection</i>	Non-Formulary	Medical Only Exclusion
ROBAXIN	Non-Formulary	Medical Only Exclusion
SOMA TABLET 250 MG ORAL	Non-Formulary	Formulary Exclusion; QL
SOMA TABLET 350 MG ORAL	Non-Formulary	Formulary Exclusion
TABRADOL FUSEPAQ	Non-Formulary	Non FDA Exclusion
TANLOR	1	Non Essential Drug Exclusion
<i>tizanidine hcl capsule 2 mg oral</i>	1	
<i>tizanidine hcl capsule 4 mg oral</i>	1	
<i>tizanidine hcl capsule 6 mg oral</i>	1	
<i>tizanidine hcl capsule 8 mg oral</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion

Drug Name	Tier	Notes
<i>tizanidine hcl oral tablet</i>	1	
ZANAFLEX ORAL CAPSULE	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>*Direct Muscle Relaxants***</i>		
DANTRIUM INTRAVENOUS	Non-Formulary	Medical Only Exclusion
DANTRIUM ORAL	Non-Formulary	Formulary Exclusion
<i>dantrolene sodium intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>dantrolene sodium oral</i>	1	
REVONTO	Non-Formulary	Medical Only Exclusion
RYANODEX	Non-Formulary	Medical Only Exclusion
<i>*Muscle Relaxant Combinations***</i>		
<i>norgesic forte</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>*Retinoic Acid Receptor Gamma Selective Agonists***</i>		
SOHONOS CAPSULE 1 MG ORAL	3	PA; Specialty
SOHONOS CAPSULE 1.5 MG ORAL	3	PA; Specialty
SOHONOS CAPSULE 10 MG ORAL	3	PA; Specialty
SOHONOS CAPSULE 2.5 MG ORAL	3	PA; Specialty
<i>*Viscosupplement Combinations***</i>		
HYRONAN	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>*Viscosupplements***</i>		
DUROLANE	Non-Formulary	PA; Formulary Exclusion; QL
EUFLEXXA SOLUTION PREFILLED SYRINGE 20 MG/2ML INTRA-ARTICULAR	2	PA; QL
EUFLEXXA SOLUTION PREFILLED SYRINGE 20 MG/2ML INTRA-ARTICULAR	2	PA; QL with criteria
GEL-ONE	Non-Formulary	PA; Formulary Exclusion; QL
GELSYN-3	Non-Formulary	PA; Formulary Exclusion; QL
GENVISC 850	Non-Formulary	PA; Formulary Exclusion; QL
HYALGAN	Non-Formulary	PA; Formulary Exclusion; QL
HYMOVIS	Non-Formulary	PA; Formulary Exclusion; QL
HYMOVIS ONE	Non-Formulary	PA; Formulary Exclusion; QL
MONOVISC	Non-Formulary	PA; Formulary Exclusion; QL
ORTHOVISC	Non-Formulary	PA; Formulary Exclusion; QL
SUPARTZ FX	Non-Formulary	PA; Formulary Exclusion; QL
SYNOJOYNT	Non-Formulary	PA; Formulary Exclusion; QL
SYNVISC	2	PA; QL

Drug Name	Tier	Notes
SYNVISC ONE	2	PA; QL
TRILURON	Non-Formulary	PA; Formulary Exclusion; QL
TRIVISC	Non-Formulary	PA; Formulary Exclusion; QL
VISCO-3	Non-Formulary	PA; Formulary Exclusion; QL
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*Anesthetic Combinations**		
<i>lidocaine hcl-oxymetazoline</i>	Non-Formulary	Non FDA Exclusion
*Antihistamine-Steroid***		
<i>azelastine-fluticasone suspension 137-50 mcg/act nasal</i>	1	ST; Step Therapy Requirements (TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE IN THE PAST 120 DAYS); QL
<i>azelastine-fluticasone suspension 137-50 mcg/act nasal</i>	1	ST; Step Therapy Requirements (TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE REQUIRED); QL
DYMISTA	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE REQUIRED); QL
RYALTRIS	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
*Nasal Anesthetics***		
<i>cocaine hcl nasal</i>	Non-Formulary	Medical Only Exclusion
NUMBRINO	Non-Formulary	Medical Only Exclusion
*Nasal Anticholinergics***		
<i>ipratropium bromide nasal</i>	1	
*Nasal Antihistamines***		
<i>azelastine hcl nasal</i>	1	
<i>olopatadine hcl nasal</i>	1	
*Nasal Steroids***		
<i>flunisolide nasal</i>	1	QL
<i>fluticasone propionate nasal</i>	1	
<i>mometasone furoate nasal</i>	1	

Drug Name	Tier	Notes
OMNARIS	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE: FLUNISOLIDE SPRAY, OR FLUTICASONE PROPIONATE SPRAY); QL
PROPEL	Non-Formulary	Medical Only Exclusion
PROPEL CONTOUR	Non-Formulary	Medical Only Exclusion
PROPEL MINI	Non-Formulary	Medical Only Exclusion
PROPEL MINI SDS	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
QNASL	3	ST; Step Therapy Requirements (TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE REQUIRED); QL
QNASL CHILDRENS	3	ST; Step Therapy Requirements (TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE REQUIRED); QL
SINUVA	Non-Formulary	Medical Only Exclusion
XHANCE	2	ST; Step Therapy Requirements (TRIAL OF ONE OF THE FOLLOWING INTRANASAL CORTICOSTEROIDS : MOMETASONE, FLUTICASONE PROPIONATE, OR FLUNISOLIDE IN THE PAST 120 DAYS)
<i>*Topical Decongestants***</i>		
ADRENALIN NASAL	Non-Formulary	Non FDA Exclusion
NEUROMUSCULAR AGENTS		
<i>*Als Agents - Antisense Oligonucleotides***</i>		
QALSODY	Non-Formulary	Medical Only Exclusion
<i>*Als Agents - Miscellaneous***</i>		
edaravone solution 30 mg/100ml intravenous	1	PA; Specialty
RADICAVA	Non-Formulary	PA; Specialty; Formulary Exclusion
RADICAVA ORS	3	PA; Specialty; QL
RADICAVA ORS STARTER KIT	3	PA; Specialty; QL
<i>*Benzathiazoles***</i>		
riluzole	1	PA; Specialty

Drug Name	Tier	Notes
TEGLUTIK	3	PA; Specialty
TIGLUTIK	3	PA; Specialty
<i>*Depolarizing Muscle Relaxants***</i>		
ANECTINE	Non-Formulary	Medical Only Exclusion
QUELICIN	Non-Formulary	Medical Only Exclusion
<i>succinylcholine chloride intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>succinylcholine chloride solution 20 mg/ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>succinylcholine chloride solution 20 mg/ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>succinylcholine chloride solution prefilled syringe 100 mg/5ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>succinylcholine chloride solution prefilled syringe 100 mg/5ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>succinylcholine chloride solution prefilled syringe 200 mg/10ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>succinylcholine cl +rfid</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>*Friedrich's Ataxia Agents - Nrf2 Pathway Activators***</i>		
SKYCLARYS	3	PA; Specialty
<i>*Muscular Dystrophy - Gene Therapy Agents***</i>		
<i>amondys 45</i>	Non-Formulary	Medical Only Exclusion
ELEVIDYS 10.0-10.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 10.5-11.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 11.5-12.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 12.5-13.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 13.5-14.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 14.5-15.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 15.5-16.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 16.5-17.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 17.5-18.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 18.5-19.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 19.5-20.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 20.5-21.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 21.5-22.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 22.5-23.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 23.5-24.4 KG	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
ELEVIDYS 24.5-25.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 25.5-26.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 26.5-27.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 27.5-28.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 28.5-29.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 29.5-30.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 30.5-31.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 31.5-32.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 32.5-33.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 33.5-34.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 34.5-35.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 35.5-36.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 36.5-37.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 37.5-38.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 38.5-39.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 39.5-40.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 40.5-41.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 41.5-42.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 42.5-43.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 43.5-44.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 44.5-45.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 45.5-46.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 46.5-47.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 47.5-48.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 48.5-49.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 49.5-50.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 50.5-51.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 51.5-52.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 52.5-53.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 53.5-54.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 54.5-55.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 55.5-56.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 56.5-57.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 57.5-58.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 58.5-59.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 59.5-60.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 60.5-61.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 61.5-62.4 KG	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
ELEVIDYS 62.5-63.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 63.5-64.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 64.5-65.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 65.5-66.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 66.5-67.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 67.5-68.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 68.5-69.4 KG	Non-Formulary	Medical Only Exclusion
ELEVIDYS 69.5 KG PLUS	Non-Formulary	Medical Only Exclusion
EXONDYS 51	Non-Formulary	Medical Only Exclusion
VILTEPSO	Non-Formulary	Medical Only Exclusion
VYONDYS 53	Non-Formulary	Medical Only Exclusion
<i>*Muscular Dystrophy - Histone Deacetylase Inhibitors**</i>		
DUVYZAT	3	PA; Specialty; QL
<i>*Neuromuscular Blocking Agent - Neurotoxins***</i>		
BOTOX	3	PA; Specialty
DAXXIFY	Non-Formulary	PA; Medical Only Exclusion; Specialty
DYSPORT	3	PA; Specialty
MYOBLOC	3	PA; Specialty
XEOMIN	3	PA; Specialty
<i>*Nondepolarizing Muscle Relaxants***</i>		
<i>atracurium besylate</i>	Non-Formulary	Medical Only Exclusion
<i>cisatracurium besylate</i>	Non-Formulary	Medical Only Exclusion
<i>cisatracurium besylate (pf)</i>	Non-Formulary	Medical Only Exclusion
<i>rocuronium bromide +rfid intravenous solution prefilled syringe</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>rocuronium bromide intravenous solution</i>	Non-Formulary	Medical Only Exclusion
<i>rocuronium bromide intravenous solution prefilled syringe</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>vecuronium bromide intravenous solution prefilled syringe</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>vecuronium bromide intravenous solution reconstituted</i>	Non-Formulary	Medical Only Exclusion
<i>*Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs***</i>		
DAYBUE	3	PA; Specialty
DAYBUE STIX	3	PA; Specialty

Drug Name	Tier	Notes
<i>*Spinal Muscular Atrophy-Antisense Oligonucleotides***</i>		
SPINRAZA	Non-Formulary	Medical Only Exclusion
<i>*Spinal Muscular Atrophy-Gene Therapy Agents***</i>		
ITVISMMA	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 20.6-21.0 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 10.1-10.5 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 10.6-11.0 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 11.1-11.5 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 11.6-12.0 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 12.1-12.5 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 12.6-13.0 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 13.1-13.5 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 13.6-14.0 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 14.1-14.5 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 14.6-15.0 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 15.1-15.5 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 15.6-16.0 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 16.1-16.5 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 16.6-17.0 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 17.1-17.5 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 17.6-18.0 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 18.1-18.5 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 18.6-19.0 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 19.1-19.5 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 19.6-20.0 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 2.6-3.0 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 20.1-20.5 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 3.1-3.5 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 3.6-4.0 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 4.1-4.5 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 4.6-5.0 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 5.1-5.5 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 5.6-6.0 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 6.1-6.5 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 6.6-7.0 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 7.1-7.5 KG	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
ZOLGENSMA 7.6-8.0 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 8.1-8.5 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 8.6-9.0 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 9.1-9.5 KG	Non-Formulary	Medical Only Exclusion
ZOLGENSMA 9.6-10.0 KG	Non-Formulary	Medical Only Exclusion
*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***		
EVRYSDI	3	PA; Specialty
NUTRIENTS		
*Amino Acid Mixtures***		
<i>amino acid</i>	Non-Formulary	Non FDA Exclusion
<i>amino acid infusion in d10w</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>amino acid-calcium-hep in d10w</i>	Non-Formulary	Non FDA Exclusion
<i>amino acid-calcium-hep in d5w</i>	Non-Formulary	Non FDA Exclusion
<i>amino acid-heparin-d10w</i>	Non-Formulary	Non FDA Exclusion
<i>amino ac-low calcium-hep d10w</i>	Non-Formulary	Non FDA Exclusion
<i>amino ac-lowcalcium-hep in d5w</i>	Non-Formulary	Non FDA Exclusion
AMINOAMRMS	Non-Formulary	Non FDA Exclusion
AMINOPROTECT	Non-Formulary	Non FDA Exclusion
AMINORELIEFRMS	Non-Formulary	Non FDA Exclusion
AMINOSYN II	Non-Formulary	Medical Only Exclusion
AMINOSYN-PF	Non-Formulary	Medical Only Exclusion
AMINOSYN-PF 7%	Non-Formulary	Medical Only Exclusion
CLINIMIX E/DEXTROSE (2.75/5)	Non-Formulary	Medical Only Exclusion
CLINIMIX E/DEXTROSE (4.25/10)	Non-Formulary	Medical Only Exclusion
CLINIMIX E/DEXTROSE (4.25/5)	Non-Formulary	Medical Only Exclusion
CLINIMIX E/DEXTROSE (5/15)	Non-Formulary	Medical Only Exclusion
CLINIMIX E/DEXTROSE (5/20)	Non-Formulary	Medical Only Exclusion
<i>clanimix e/dextrose (8/10)</i>	Non-Formulary	Medical Only Exclusion
<i>clanimix e/dextrose (8/14)</i>	Non-Formulary	Medical Only Exclusion
CLINIMIX/DEXTROSE (4.25/10)	Non-Formulary	Medical Only Exclusion
CLINIMIX/DEXTROSE (4.25/5)	Non-Formulary	Medical Only Exclusion
CLINIMIX/DEXTROSE (5/15)	Non-Formulary	Medical Only Exclusion
CLINIMIX/DEXTROSE (5/20)	Non-Formulary	Medical Only Exclusion
<i>clanimix/dextrose (6/5)</i>	Non-Formulary	Medical Only Exclusion
<i>clanimix/dextrose (8/10)</i>	Non-Formulary	Medical Only Exclusion
<i>clanimix/dextrose (8/14)</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
CLINISOL SF	Non-Formulary	Medical Only Exclusion
<i>neonatal pn starter (heparin)</i>	Non-Formulary	Non FDA Exclusion
<i>neonatal pn starter bag</i>	Non-Formulary	Non FDA Exclusion
<i>neonatal pn starter bag(w hep)</i>	Non-Formulary	Non FDA Exclusion
PLENAMINE	Non-Formulary	Medical Only Exclusion
PREMASOL	Non-Formulary	Medical Only Exclusion
PROSOL	Non-Formulary	Medical Only Exclusion
REFRESH AA 15 PKU	Non-Formulary	Formulary Exclusion
REFRESH AA 15 TYR	Non-Formulary	Formulary Exclusion
TRAVASOL	Non-Formulary	Medical Only Exclusion
TROPHAMINE	Non-Formulary	Medical Only Exclusion
*Amino Acids-Single***		
<i>arginine hcl injection</i>	Non-Formulary	Non FDA Exclusion
ELCYS	Non-Formulary	Medical Only Exclusion
<i>glutathione injection</i>	Non-Formulary	Non FDA Exclusion
<i>glutathione intravenous</i>	Non-Formulary	Non FDA Exclusion
<i>glycine injection</i>	Non-Formulary	Non FDA Exclusion
<i>lysine hcl injection</i>	Non-Formulary	Non FDA Exclusion
NEOKE ALCAR	Non-Formulary	Non FDA Exclusion
<i>taurine injection</i>	Non-Formulary	Non FDA Exclusion
*Carbohydrates***		
<i>dextrose solution 10 % intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>dextrose solution 20 % intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>dextrose solution 250 mg/ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>dextrose solution 250 mg/ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>dextrose solution 30 % intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>dextrose solution 40 % intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>dextrose solution 5 % intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>dextrose solution 50 % intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>dextrose solution 70 % intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>glucose (dextrose)</i>	Non-Formulary	Medical Only Exclusion
*Lipids***		
CLINOLIPID	Non-Formulary	Medical Only Exclusion
DOJOLVI	3	PA; Specialty
INTRALIPID	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
NEOKE MCT70	Non-Formulary	Non FDA Exclusion
NUTRILIPID	Non-Formulary	Medical Only Exclusion
OMEGAVEN	Non-Formulary	Medical Only Exclusion
SMOFLIPID	Non-Formulary	Medical Only Exclusion
*Lipotropic Combinations***		
<i>lecithin oral granules</i>	Non-Formulary	Non FDA Exclusion
<i>lipo</i>	Non-Formulary	Non FDA Exclusion
<i>lipo-c</i>	Non-Formulary	Non FDA Exclusion
<i>mic-l-carnitine</i>	Non-Formulary	Non FDA Exclusion
*Misc. Nutritional Substances***		
ALTEMIA	Non-Formulary	Non FDA Exclusion
CYTOTINE ORAL POWDER	Non-Formulary	Non FDA Exclusion
*Protein Combinations***		
<i>tri-amino</i>	Non-Formulary	Non FDA Exclusion
*Protein-Carbohydrate-Lipid With Electrolyte Combinations***		
KABIVEN	Non-Formulary	Medical Only Exclusion
PERIKABIVEN	Non-Formulary	Medical Only Exclusion
OPHTHALMIC AGENTS		
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***		
<i>bimatoprost-brimonidine-dorzol</i>	Non-Formulary	Non FDA Exclusion
<i>brimonidine-dorzolamide</i>	Non-Formulary	Non FDA Exclusion
SIMBRINZA	2	
*Beta-Blockers - Ophthalmic Combinations***		
<i>bimatoprost-timolol maleate</i>	Non-Formulary	Non FDA Exclusion
<i>brimonidine tartrate-timolol</i>	1	
COMBIGAN	Non-Formulary	Formulary Exclusion
COSOPT	Non-Formulary	Formulary Exclusion
COSOPT PF	Non-Formulary	Formulary Exclusion
<i>dorzolamide hcl-timolol mal pf</i>	1	
<i>dorzolamide hcl-timolol mal solution 2-0.5 % ophthalmic</i>	1	
<i>dorzolamide hcl-timolol mal solution 2-0.5 % ophthalmic</i>	Non-Formulary	Non FDA Exclusion
<i>latanoprost-timolol maleate</i>	Non-Formulary	Non FDA Exclusion
<i>timolol-brimon-dorzol-bimatopr</i>	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
<i>timolol-brimon-dorzol-latanopr</i>	Non-Formulary	Non FDA Exclusion
<i>timolol-brimonidine-dorzolamid</i>	Non-Formulary	Non FDA Exclusion
<i>timolol-dorzolamid-bimatoprost</i>	Non-Formulary	Non FDA Exclusion
<i>timolol-dorzolamid-latanoprost</i>	Non-Formulary	Non FDA Exclusion
*Beta-Blockers - Ophthalmic***		
BETIMOL	Non-Formulary	Formulary Exclusion
BETOPTIC-S	3	
ISTALOL	Non-Formulary	Formulary Exclusion
<i>timolol hemihydrate</i>	1	
<i>timolol maleate (once-daily)</i>	1	
TIMOLOL MALEATE OCUDOSE	1	
<i>timolol maleate ophthalmic</i>	1	
<i>timolol maleate pf</i>	1	
TIMOPTIC OCUDOSE	Non-Formulary	Formulary Exclusion
*Cholinergic Agonists***		
TYRVAYA	2	PA
*Cycloplegic Mydriatic Combinations***		
CYCLOMYDRIL	3	
MYDCOMBI	Non-Formulary	Medical Only Exclusion
<i>tropicamide-cyclopentolate-pe</i>	Non-Formulary	Non FDA Exclusion
<i>tropicamide-phenylephrine</i>	Non-Formulary	Non FDA Exclusion
<i>tropic-cyclopent-pe-ketorolac</i>	Non-Formulary	Non FDA Exclusion
<i>tropic-cyclop-pe-keto-propar</i>	Non-Formulary	Non FDA Exclusion
<i>tropic-proparaca-pe-ketorolac</i>	Non-Formulary	Non FDA Exclusion
*Cycloplegic Mydriatics***		
ALTAFRIN	1	
<i>atropine sulfate solution 0.01 % ophthalmic</i>	Non-Formulary	Non FDA Exclusion
<i>atropine sulfate solution 0.025 % ophthalmic</i>	Non-Formulary	Non FDA Exclusion
<i>atropine sulfate solution 0.05 % ophthalmic</i>	Non-Formulary	Non FDA Exclusion
<i>atropine sulfate solution 1 % ophthalmic</i>	1	
<i>atropine sulfate solution 1 % ophthalmic</i>	3	
CYCLOGYL	Non-Formulary	Formulary Exclusion
<i>cyclopentolate hcl ophthalmic</i>	1	
MYDRIACYL	Non-Formulary	Formulary Exclusion
<i>phenylephrine hcl solution 10 % ophthalmic</i>	1	
<i>phenylephrine hcl solution 2.5 % ophthalmic</i>	1	
<i>phenylephrine hcl solution 2.5 % ophthalmic</i>	2	
<i>tropicamide ophthalmic</i>	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
<i>*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***</i>		
XIIDRA	2	QL
<i>*Miotics - Direct Acting Pupil Selective***</i>		
VIZZ	3	QL
<i>*Miotics - Direct Acting***</i>		
MIOCHOL-E	Non-Formulary	Medical Only Exclusion
MIOSTAT	Non-Formulary	Medical Only Exclusion
<i>pilocarpine hcl solution 1 % ophthalmic</i>	1	
<i>pilocarpine hcl solution 1.25 % ophthalmic</i>	1	QL
<i>pilocarpine hcl solution 2 % ophthalmic</i>	1	
<i>pilocarpine hcl solution 4 % ophthalmic</i>	1	
QLOSI	3	ST; Step Therapy Requirements (TRIAL OF ONE GENERIC PILOCARPINE OPHTHALMIC SOLUTION IN THE PAST 120 DAYS); QL
VUITY	Non-Formulary	Formulary Exclusion; QL
<i>*Ophthalmic - Multiple Receptor Angiogenesis Inhibitors***</i>		
VABYSMO	Non-Formulary	Medical Only Exclusion
<i>*Ophthalmic Antiallergic***</i>		
ALOCRIIL	3	ST; Step Therapy Requirements (TRIAL OF CROMOLYN 4% OPHTHALMIC DROPS IN THE PAST 120 DAYS); QL
<i>azelastine hcl ophthalmic</i>	1	QL
<i>bepotastine besilate</i>	1	ST; Step Therapy Requirements (TRIAL OF GENERIC OPHTH EPINASTINE, AZELASTINE, OR OLAPATADINE IN THE PAST 120 DAYS)
BEPREVE	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF GENERIC OPHTH EPINASTINE, AZELASTINE, OR OLAPATADINE IN THE PAST 120 DAYS)
<i>epinastine hcl</i>	1	QL
<i>olopatadine hcl solution 0.2 % ophthalmic (otc)</i>	1	
<i>olopatadine hcl solution 0.2 % ophthalmic (rx)</i>	1	

Drug Name	Tier	Notes
ZERVIAE	3	Non Essential Drug Exclusion
*Ophthalmic Antibiotics***		
AZASITE	Non-Formulary	Formulary Exclusion
<i>bacitracin ophthalmic</i>	2	
<i>besifloxacin hcl</i>	Non-Formulary	PA messaging (Rebateable Exclusion)
BESIVANCE	2	
CILOXAN	Non-Formulary	Formulary Exclusion
<i>ciprofloxacin hcl ophthalmic</i>	1	
<i>erythromycin ointment 5 mg/gm ophthalmic</i>	2	
<i>erythromycin ointment 5 mg/gm ophthalmic</i>	1	
<i>gatifloxacin ophthalmic</i>	1	
<i>gentamicin sulfate ophthalmic</i>	1	
KLARITY-A	Non-Formulary	Non FDA Exclusion
<i>levofloxacin solution 0.5 % ophthalmic</i>	2	
<i>levofloxacin solution 1.5 % ophthalmic</i>	Non-Formulary	Non FDA Exclusion
<i>mitomycin intraocular</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
MITOSOL	Non-Formulary	Formulary Exclusion
<i>moxifloxacin hcl intraocular solution prefilled syringe</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>moxifloxacin hcl ophthalmic</i>	1	
<i>moxifloxacin hcl solution 1 mg/ml intraocular</i>	Non-Formulary	Non FDA Exclusion
<i>moxifloxacin hcl solution 1 mg/ml intraocular</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>moxifloxacin hcl solution 5 mg/ml intraocular</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
OCUFLOX	Non-Formulary	Formulary Exclusion
<i>ofloxacin ophthalmic</i>	1	
<i>tobramycin ophthalmic</i>	1	
TOBREX	Non-Formulary	Formulary Exclusion
VIGAMOX	Non-Formulary	Formulary Exclusion
*Ophthalmic Antifungal***		
NATACYN	2	
*Ophthalmic Anti-Infective Combinations***		
<i>bacitracin-polymyxin b</i>	1	
<i>moxifloxacin hcl-bss</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
<i>moxifloxacin-bromfenac</i>	Non-Formulary	Non FDA Exclusion
<i>neomycin-bacitracin zn-polymyx</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>tobramycin-vancomycin hcl</i>	Non-Formulary	Non FDA Exclusion
*Ophthalmic Antiseptics***		
BETADINE OPHTHALMIC PREP	Non-Formulary	Formulary Exclusion
<i>povidone-iodine ophthalmic</i>	Non-Formulary	Non FDA Exclusion
*Ophthalmic Antivirals***		
ZIRGAN	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
*Ophthalmic Carbonic Anhydrase Inhibitors***		
AZOPT	Non-Formulary	Formulary Exclusion
<i>brinzolamide</i>	1	
<i>dorzolamide hcl solution 2 % ophthalmic</i>	1	
<i>dorzolamide hcl solution 2 % ophthalmic</i>	Non-Formulary	Non FDA Exclusion
*Ophthalmic Complement C5 Inhibitors***		
IZERVAY	Non-Formulary	Medical Only Exclusion
*Ophthalmic Diagnostic Products***		
<i>ak-fluor</i>	Non-Formulary	Medical Only Exclusion
<i>altafluor benox</i>	Non-Formulary	Formulary Exclusion
BIO GLO	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
FLUCAINE	Non-Formulary	Non FDA Exclusion
<i>fluorescein intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>fluorescein sodium intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>fluorescein sodium ophthalmic</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>fluorescein sodium/benoxinate</i>	Non-Formulary	Formulary Exclusion
<i>fluorescein-benoxinate</i>	1	
FLUORESCITE	Non-Formulary	Medical Only Exclusion
FLUOR-I-STRIPS A.T.	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
FLURA-SAFE	Non-Formulary	Non FDA Exclusion
GREEN GLO LISSAMINE GREEN	Non-Formulary	Non FDA Exclusion
<i>proparacaine-fluorescein</i>	Non-Formulary	Non FDA Exclusion
*Ophthalmic Ectoparasiticide**		
XDEMVEY	3	PA; Specialty

Drug Name	Tier	Notes
<i>*Ophthalmic Gene Therapy***</i>		
ENCELTO	Non-Formulary	Medical Only Exclusion
LUXTURNA	Non-Formulary	Medical Only Exclusion
<i>*Ophthalmic Immunomodulators***</i>		
CEQUA	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF TWO OF THE FOLLOWING: MIEBO, XIIDRA, CYCLOSPORINE/RESTASIS, TYRVAYA IN THE PAST 365 DAYS); QL
<i>cyclosporine ophthalmic</i>	1	QL
KLARITY-C DROPS	Non-Formulary	PA; Non FDA Exclusion; Medical Only Exclusion
RESTASIS	2	ST; Step Therapy Requirements (TRIAL OF TWO OF THE FOLLOWING MIEBO, TYRVAYA, XIIDRA IN THE PAST 365 DAYS); QL
RESTASIS MULTIDOSE	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF TWO OF THE FOLLOWING MIEBO, TYRVAYA, XIIDRA IN THE PAST 365 DAYS); QL
VEVYE	Non-Formulary	PA; Formulary Exclusion
<i>*Ophthalmic Irrigation Solutions***</i>		
BSS	Non-Formulary	Medical Only Exclusion
BSS PLUS	Non-Formulary	Medical Only Exclusion
<i>*Ophthalmic Kinase Inhibitors - Combinations***</i>		
ROCKLATAN	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: bimatoprost, latanoprost, travoprost eye drops)
<i>*Ophthalmic Local Anesthetic - Combinations***</i>		
<i>bup-lido</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>lidocaine hcl-bupivacaine hcl</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>lidocaine-epinephrine intraocular</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
<i>lidocaine-phenylephrine</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>lidocaine-phenylephrine-bss</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
*Ophthalmic Local Anesthetics***		
AKTEN	Non-Formulary	Medical Only Exclusion
ALCAINE	Non-Formulary	Medical Only Exclusion
ALTACAINE	1	
IHEEZO	Non-Formulary	Medical Only Exclusion
<i>proparacaine hcl ophthalmic</i>	Non-Formulary	Medical Only Exclusion
<i>tetracaine hcl ophthalmic</i>	1	
*Ophthalmic Nerve Growth Factors***		
OXERVATE	3	PA; Specialty
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
ACULAR	Non-Formulary	Formulary Exclusion
ACULAR LS	Non-Formulary	Formulary Exclusion
ACUVAIL	Non-Formulary	Formulary Exclusion
<i>bromfenac sodium (once-daily)</i>	Non-Formulary	Formulary Exclusion
<i>bromfenac sodium solution 0.07 % ophthalmic</i>	Non-Formulary	Formulary Exclusion
<i>bromfenac sodium solution 0.075 % ophthalmic</i>	1	
BROMSITE	Non-Formulary	Formulary Exclusion
<i>diclofenac sodium ophthalmic</i>	1	
ILEVRO	2	
<i>ketorolac tromethamine ophthalmic</i>	1	
NEVANAC	Non-Formulary	Formulary Exclusion
PROLENSA	Non-Formulary	Formulary Exclusion
*Ophthalmic Photoenhancer Combinations***		
PHOTREXA-PHOTREXA VISCOUS KIT	Non-Formulary	Medical Only Exclusion
*Ophthalmic Photoenhancers***		
EPIOXA HD/ EPIOXA	Non-Formulary	Medical Only Exclusion
*Ophthalmic Rho Kinase Inhibitors***		
RHOPRESSA	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: bimatoprost, latanoprost, travoprost eye drops)

Drug Name	Tier	Notes
*Ophthalmic Selective Alpha Adrenergic Agonists***		
ALPHAGAN P	Non-Formulary	Formulary Exclusion
<i>brimonidine tartrate ophthalmic</i>	1	
IOPIDINE	Non-Formulary	Formulary Exclusion
*Ophthalmic Steroid Combinations***		
<i>bacitra-neomycin-polymyxin-hc</i>	1	
<i>dexamethasone-moxifloxacin</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>dexameth-moxiflox-ketorolac</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>double pm</i>	Non-Formulary	Non FDA Exclusion
MAXITROL	Non-Formulary	Formulary Exclusion
<i>neomycin-polymyxin-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic</i>	Non-Formulary	Formulary Exclusion
<i>prednisol ace-moxiflox-bromfen</i>	Non-Formulary	Non FDA Exclusion
<i>prednisolone acetate-nepafenac</i>	Non-Formulary	Non FDA Exclusion
<i>prednisolone acet-moxifloxacin</i>	Non-Formulary	Non FDA Exclusion
<i>prednisolone-bromfenac</i>	Non-Formulary	Non FDA Exclusion
<i>prednisolone-gatifloxacin</i>	Non-Formulary	Non FDA Exclusion
<i>prednisolone-moxifloxacin</i>	Non-Formulary	Non FDA Exclusion
<i>prednisolon-gatiflox-bromfenac</i>	Non-Formulary	Non FDA Exclusion
<i>prednisolon-moxiflox-bromfenac</i>	Non-Formulary	Non FDA Exclusion
<i>prednisolon-moxiflox-ketorolac</i>	Non-Formulary	Non FDA Exclusion
<i>prednisolon-moxiflox-nepafenac</i>	Non-Formulary	Non FDA Exclusion
TOBRADEX	2	
TOBRADEX ST	Non-Formulary	Non Essential Drug Exclusion; PA messaging (Rebateable Exclusion)
<i>tobramycin-dexamethasone</i>	1	
TRIMOXI+	Non-Formulary	Non FDA Exclusion
<i>triple pmb</i>	Non-Formulary	Non FDA Exclusion
<i>triple pmk</i>	Non-Formulary	Non FDA Exclusion
ZYLET	3	

Drug Name	Tier	Notes
<i>*Ophthalmic Steroids***</i>		
ALREX	3	ST; Step Therapy Requirements (TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS); QL
<i>clobetasol propionate ophthalmic</i>	3	ST; Step Therapy Requirements (TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS)
DEXTENZA	Non-Formulary	Medical Only Exclusion
DEXYCU	Non-Formulary	Medical Only Exclusion
<i>difluprednate emulsion 0.05 % ophthalmic</i>	1	
<i>difluprednate emulsion 0.05 % ophthalmic</i>	1	ST; Step Therapy Requirements (TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS)
DUREZOL	Non-Formulary	Formulary Exclusion
EYSUVIS	2	QL
FLAREX	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS); QL
<i>fluorometholone</i>	1	QL
FML FORTE	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS)
FML LIQUIFILM	Non-Formulary	Formulary Exclusion; QL
ILUVIEN	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
INVELTYS	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS)
KLARITY-L	Non-Formulary	Non FDA Exclusion
LOTEMAX OPHTHALMIC GEL	Non-Formulary	Formulary Exclusion
LOTEMAX OPHTHALMIC OINTMENT	2	
LOTEMAX OPHTHALMIC SUSPENSION	Non-Formulary	Formulary Exclusion
LOTEMAX SM	2	
<i>loteprednol etabonate ophthalmic gel</i>	1	
<i>loteprednol etabonate suspension 0.2 % ophthalmic</i>	1	ST; Step Therapy Requirements (TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS); QL
<i>loteprednol etabonate suspension 0.5 % ophthalmic</i>	1	
MAXIDEX	3	ST; Step Therapy Requirements (TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS); QL
OZURDEX	Non-Formulary	Medical Only Exclusion
PRED FORTE	Non-Formulary	Formulary Exclusion; QL
PRED MILD	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS); QL
<i>prednisolone acetate ophthalmic</i>	1	QL
<i>prednisolone acetate p-f</i>	Non-Formulary	Non FDA Exclusion; QL
<i>prednisolone sodium phosphate ophthalmic</i>	3	
RETISERT	Non-Formulary	Medical Only Exclusion
TRIESENCE	Non-Formulary	Medical Only Exclusion
XIPERE	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
YUTIQ	Non-Formulary	Medical Only Exclusion
<i>*Ophthalmic Surgical Aids - Combinations***</i>		
DISCOVISC	Non-Formulary	Medical Only Exclusion
DUOVISC KIT 0.4-0.35 ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
DUOVISC KIT 0.55-0.5 ML INTRAOCULAR	Non-Formulary	Medical Only Exclusion
DUOVISC KIT 0.85-0.5 ML INTRAOCULAR	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
OMIDRIA	Non-Formulary	Medical Only Exclusion
VISCOAT	Non-Formulary	Medical Only Exclusion
<i>*Ophthalmic Surgical Aids***</i>		
AMVISC	Non-Formulary	Medical Only Exclusion
AMVISC PLUS	Non-Formulary	Medical Only Exclusion
CELLUGEL	Non-Formulary	Medical Only Exclusion
CLEARVISC	Non-Formulary	Medical Only Exclusion
GELFILM OPHTHALMIC	Non-Formulary	Non FDA Exclusion
HEALON DUET PRO	Non-Formulary	Medical Only Exclusion
HEALON GV PRO	Non-Formulary	Medical Only Exclusion
HEALON PRO	Non-Formulary	Medical Only Exclusion
HEALON5 PRO	Non-Formulary	Medical Only Exclusion
NUVISC	Non-Formulary	Medical Only Exclusion
PROVISC	Non-Formulary	Medical Only Exclusion
TISSUEBLUE	Non-Formulary	Medical Only Exclusion
TOTALVISC	Non-Formulary	Medical Only Exclusion
VISIONBLUE	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
<i>*Ophthalmics - Blepharoptosis Agents**</i>		
UPNEEQ	3	PA
<i>*Ophthalmics - Cystinosis Agents**</i>		
CYSTADROPS	3	PA; Specialty
CYSTARAN	3	PA; Specialty

Drug Name	Tier	Notes
<i>*Ophthalmics - Ep2 Receptor Agonists***</i>		
OMLONTI	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF ONE GENERIC PROSTAGLANDIN OR LUMIGAN AND ONE OF THE FOLLOWING: GENERIC BETA-BLOCKERS, ALPHA-ANDRENERGIC AGONISTS, OR CARBONIC ANYHYDRASE INHIBITORS, OR SIMBRINZA); QL
<i>*Ophthalmics - Trpm8 Receptor Agonists***</i>		
TRYPTYR	Non-Formulary	PA; Formulary Exclusion
<i>*Ophthalmics Misc. - Other***</i>		
<i>chondroitin sulfate ophthalmic</i>	Non-Formulary	Non FDA Exclusion
MIEBO	2	
<i>*Prostaglandins - Ophthalmic***</i>		
<i>bimatoprost solution 0.01 % ophthalmic</i>	Non-Formulary	Non FDA Exclusion
<i>bimatoprost solution 0.03 % ophthalmic</i>	Non-Formulary	Formulary Exclusion
DURYSTA	Non-Formulary	Medical Only Exclusion
IDOSE TR	Non-Formulary	Medical Only Exclusion
IYUZEH	Non-Formulary	Formulary Exclusion
<i>latanoprost solution 0.005 % ophthalmic</i>	Non-Formulary	Non FDA Exclusion
<i>latanoprost solution 0.005 % ophthalmic</i>	1	
LUMIGAN	2	
<i>tafluprost (pf)</i>	1	
TRAVATAN Z	Non-Formulary	Formulary Exclusion
<i>travoprost (bak free)</i>	1	
VYZULTA	3	
XALATAN	Non-Formulary	Formulary Exclusion
XELPROS	Non-Formulary	Formulary Exclusion
ZIOPTAN	Non-Formulary	Formulary Exclusion
<i>*Vascular Endothelial Growth Factor (Vegf) Antagonists***</i>		
BEOVU	Non-Formulary	Medical Only Exclusion
<i>bevacizumab solution prefilled syringe 1.25 mg/0.05ml intravitreal</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>bevacizumab solution prefilled syringe 1.25 mg/0.05ml intravitreal</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>bevacizumab solution prefilled syringe 2.25 mg/0.09ml intravitreal</i>	Non-Formulary	Medical Only Exclusion
<i>bevacizumab solution prefilled syringe 2.75 mg/0.11ml intravitreal</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
BYOOVIZ	Non-Formulary	Medical Only Exclusion
CIMERLI	Non-Formulary	Medical Only Exclusion
EYLEA	Non-Formulary	Medical Only Exclusion
EYLEA HD	Non-Formulary	Medical Only Exclusion
LUCENTIS	Non-Formulary	Medical Only Exclusion
PAVBLU	Non-Formulary	Medical Only Exclusion
SUSVIMO (IMPLANT 1ST FILL)	Non-Formulary	Medical Only Exclusion
SUSVIMO (IMPLANT REFILL)	Non-Formulary	Medical Only Exclusion
OTIC AGENTS		
*Otic Agents - Miscellaneous***		
<i>acetic acid otic</i>	1	
*Otic Analgesic Combinations***		
PRAMOTIC	Non-Formulary	Non FDA Exclusion
*Otic Anti-Infectives***		
CETRAXAL	Non-Formulary	Formulary Exclusion
<i>ciprofloxacin hcl otic</i>	1	
<i>ofloxacin otic</i>	1	
*Otic Steroid-Anti-Infective Combinations***		
CIPRO HC	Non-Formulary	Formulary Exclusion
<i>ciprofloxacin-dexamethasone</i>	1	
<i>ciprofloxacin-fluocinolone pf</i>	3	
<i>ciprofloxacin-hydrocortisone</i>	3	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc otic</i>	1	
OTOVEL	3	
*Otic Steroids***		
DERMOTIC	Non-Formulary	Formulary Exclusion
DEX24	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>fluocinolone acetonide otic</i>	1	
<i>hydrocortisone-acetic acid solution 1-2 % otic</i>	1	
<i>hydrocortisone-acetic acid solution 1-2 % otic</i>	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
OXYTOCICS		
<i>*Abortifacients/Cervical Ripening - Prostaglandins***</i>		
<i>carboprost tromethamine</i>	Non-Formulary	Medical Only Exclusion
CERVIDIL	3	
HEMABATE	Non-Formulary	Medical Only Exclusion
PREPIDIL	Non-Formulary	Formulary Exclusion
<i>*Oxytocics***</i>		
<i>methylergonovine maleate injection</i>	Non-Formulary	Medical Only Exclusion
<i>methylergonovine maleate oral</i>	1	
<i>oxytocin +rfd</i>	Non-Formulary	Medical Only Exclusion
<i>oxytocin injection</i>	Non-Formulary	Medical Only Exclusion
<i>oxytocin-lactated ringers solution 10 unit/500ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>oxytocin-lactated ringers solution 15 unit/250ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>oxytocin-lactated ringers solution 20 unit/l intravenous</i>	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
<i>oxytocin-lactated ringers solution 20 unit/l intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>oxytocin-lactated ringers solution 30 unit/500ml intravenous</i>	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
<i>oxytocin-lactated ringers solution 30 unit/500ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>oxytocin-sodium chloride solution 15-0.9 ut/250ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
<i>oxytocin-sodium chloride solution 20-0.9 unit/l-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>oxytocin-sodium chloride solution 30-0.9 ut/500ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>oxytocin-sodium chloride solution 40-0.9 unit/l-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
PITOCIN	Non-Formulary	Medical Only Exclusion
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
<i>*Antitoxins-Antivenins***</i>		
ANASCORP	Non-Formulary	Medical Only Exclusion
ANAVIP	Non-Formulary	Medical Only Exclusion
<i>antivenin latrodectus mactans</i>	Non-Formulary	Medical Only Exclusion
<i>antivenin micrurus fulvius</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
CROFAB	Non-Formulary	Medical Only Exclusion
<i>*Antiviral Monoclonal Antibodies***</i>		
BEYFORTUS	2	
ENFLONSIA	Non-Formulary	Medical Only Exclusion
PEMGARDA	Non-Formulary	Medical Only Exclusion
<i>*Bacterial Monoclonal Antibodies***</i>		
ZINPLAVA	Non-Formulary	Medical Only Exclusion; QL with criteria
<i>*Immune Serums***</i>		
ALYGLO	3	PA; Specialty
ASCENIV	Non-Formulary	PA; Specialty; Formulary Exclusion
BABYBIG	Non-Formulary	Medical Only Exclusion
BIVIGAM	3	PA; Specialty
CNJ-016	Non-Formulary	Medical Only Exclusion
CUTAQUIG	Non-Formulary	PA; Specialty; Formulary Exclusion
CUVITRU	Non-Formulary	PA; Specialty; Formulary Exclusion
CYTOGAM	Non-Formulary	Medical Only Exclusion
FLEBOGAMMA DIF	3	PA; Specialty
GAMASTAN	3	PA; Specialty
GAMMAGARD	2	PA; Specialty
GAMMAGARD ERC	2	PA
GAMMAGARD S/D LESS IGA	2	PA; Specialty
GAMMAKED	3	PA; Specialty
GAMMAPLEX	2	PA; Specialty
GAMUNEX-C	2	PA; Specialty
HEPAGAM B	Non-Formulary	Medical Only Exclusion
HIZENTRA	3	PA; Specialty
HYPERHEP B	Non-Formulary	Medical Only Exclusion
HYPERRAB	Non-Formulary	Medical Only Exclusion
HYPERRHO	Non-Formulary	Medical Only Exclusion
HYPERRHO MINI-DOSE	3	
HYPERTET	Non-Formulary	Medical Only Exclusion
<i>kedrab</i>	Non-Formulary	Medical Only Exclusion
NABI-HB	Non-Formulary	Medical Only Exclusion
OCTAGAM	2	PA; Specialty
PANZYGA	3	PA; Specialty

Drug Name	Tier	Notes
PRIVIGEN	2	PA; Specialty
<i>qivigy</i>	3	PA; Specialty
RHOGAM ULTRA-FILTERED PLUS	Non-Formulary	Medical Only Exclusion
RHOPHYLAC	3	
VARIZIG	Non-Formulary	Medical Only Exclusion
WINRHO SDF	3	
XEMBIFY	2	PA; Specialty
YIMMUGO	3	PA; Specialty
<i>*Passive Immunizing Agents - Combinations***</i>		
HYQVIA	3	PA; Specialty
PENICILLINS		
<i>*Amidinopenicillins***</i>		
PIVYA	3	PA
<i>*Aminopenicillins***</i>		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin tablet chewable 125 mg oral</i>	3	
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	Non-Formulary	Medical Only Exclusion
<i>*Natural Penicillins***</i>		
BICILLIN L-A	Non-Formulary	Medical Only Exclusion
LENTOCILIN	Non-Formulary	Medical Only Exclusion
<i>penicillin g pot in dextrose</i>	Non-Formulary	Medical Only Exclusion
<i>penicillin g potassium</i>	Non-Formulary	Medical Only Exclusion
<i>penicillin g sodium</i>	Non-Formulary	Medical Only Exclusion
<i>penicillin v potassium oral tablet</i>	1	
PFIZERPEN	Non-Formulary	Medical Only Exclusion
<i>*Penicillin Combinations***</i>		
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin-sulbactam sodium</i>	Non-Formulary	Medical Only Exclusion
AUGMENTIN	3	Non Essential Drug Exclusion
AUGMENTIN ES-600	Non-Formulary	Formulary Exclusion
BICILLIN C-R	Non-Formulary	Medical Only Exclusion
BICILLIN C-R 900/300	Non-Formulary	Medical Only Exclusion
<i>piperacillin sod-tazobactam so</i>	Non-Formulary	Medical Only Exclusion
<i>piperacillin-tazobactam-nacl</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
UNASYN	Non-Formulary	Medical Only Exclusion
ZOSYN	Non-Formulary	Medical Only Exclusion
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium</i>	Non-Formulary	Medical Only Exclusion
<i>nafcillin sodium in dextrose</i>	Non-Formulary	Medical Only Exclusion
<i>oxacillin sodium</i>	Non-Formulary	Medical Only Exclusion
<i>oxacillin sodium in dextrose</i>	Non-Formulary	Medical Only Exclusion
PHARMACEUTICAL ADJUVANTS		
*External Vehicles***		
FOAMIL	Non-Formulary	Non FDA Exclusion
RHEOSPRAY	Non-Formulary	Non FDA Exclusion
TRICHOSOL	Non-Formulary	Non FDA Exclusion
*Misc. Vehicles***		
<i>multi-peptide serum</i>	Non-Formulary	Formulary Exclusion
*Non Gelatin Capsules (Empty)***		
<i>non gelatin capsules (empty)</i>	Non-Formulary	Non FDA Exclusion
*Oral Vehicles***		
ORAPENN SD ANHYD SWEETENED	Non-Formulary	Non FDA Exclusion
*Parenteral Vehicles***		
<i>bacteriostatic water(benz alc)</i>	Non-Formulary	Formulary Exclusion
<i>diluent for treprostinil</i>	Non-Formulary	Medical Only Exclusion
<i>saline bacteriostatic</i>	Non-Formulary	Medical Only Exclusion
<i>saline-phenol</i>	Non-Formulary	Medical Only Exclusion
<i>sodium chloride bacteriostatic</i>	Non-Formulary	Medical Only Exclusion
STERILE DILUENT FOR REMODULIN	Non-Formulary	Medical Only Exclusion
<i>sterile water for injection solution injection</i>	1	
<i>sterile water for injection solution injection</i>	2	
<i>sterile water for injection solution injection</i>	3	
<i>sterile water for injection solution injection</i>	Non-Formulary	Non FDA Exclusion
*Semi Solid Vehicles***		
AUXIPRO VANISHING	Non-Formulary	Non FDA Exclusion
<i>cream base niosomes</i>	Non-Formulary	Non FDA Exclusion
<i>cream-heavy base niosomes</i>	Non-Formulary	Non FDA Exclusion
<i>freedom adaptaderm external</i>	Non-Formulary	Non FDA Exclusion
<i>freedom derma serum</i>	Non-Formulary	Non FDA Exclusion
FREEDOM DERMA-D	Non-Formulary	Non FDA Exclusion

Drug Name	Tier	Notes
FREEDOM DERMA-N	Non-Formulary	Non FDA Exclusion
<i>hormone cr heavy base niosomes</i>	Non-Formulary	Non FDA Exclusion
<i>hormone cream base niosomes</i>	Non-Formulary	Non FDA Exclusion
LIOPEN ABSORPTION ENHANCING	Non-Formulary	Non FDA Exclusion
<i>multi-phasic penetrating cmpd</i>	Non-Formulary	Non FDA Exclusion
PLO GEL - MEDIFLO 30	Non-Formulary	Non FDA Exclusion
<i>sa3 derm</i>	Non-Formulary	Non FDA Exclusion
<i>salt durable cream</i>	Non-Formulary	Non FDA Exclusion
SALT STABLE LS ADVANCED	Non-Formulary	Non FDA Exclusion
SALTSTABLE LO	Non-Formulary	Non FDA Exclusion
TDC MAX	Non-Formulary	Formulary Exclusion
<i>teroderm-plus</i>	Non-Formulary	Non FDA Exclusion
VERSAPRO EXTERNAL CREAM	Non-Formulary	Non FDA Exclusion
VERSATILE ANHYDROUS CREAM BASE	Non-Formulary	Non FDA Exclusion
PROGESTINS		
<i>*Progestins***</i>		
<i>ec-rx progesterone</i>	Non-Formulary	Non FDA Exclusion
GALLIFREY	1	
<i>medroxyprogesterone acetate oral</i>	1	
<i>norethindrone acetate oral</i>	1	
<i>progesterone intramuscular</i>	1	
<i>progesterone micronized transdermal</i>	Non-Formulary	Non FDA Exclusion
<i>progesterone oral</i>	1	
PROMETRIUM	Non-Formulary	Formulary Exclusion
PROVERA	Non-Formulary	Formulary Exclusion
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>*Agents For Opioid Withdrawal***</i>		
<i>lofexidine hcl</i>	1	QL
LUCEMYRA	Non-Formulary	Formulary Exclusion; QL
<i>*Alcohol Deterrents***</i>		
<i>acamprosate calcium</i>	1	
<i>disulfiram oral</i>	1	
<i>*Alzheimer's Treatment - Anti-Amyloid Antibodies***</i>		
KISUNLA	Non-Formulary	Medical Only Exclusion
LEQEMBI	Non-Formulary	Medical Only Exclusion
LEQEMBI IQLIK	3	PA; Specialty

Drug Name	Tier	Notes
*Anti-Cataleptic Agents***		
LUMRYZ	3	PA; Specialty; QL with criteria
LUMRYZ STARTER PACK	3	PA; Specialty; QL
<i>sodium oxybate</i>	3	PA; Specialty; QL
XYREM	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
*Anti-Cataleptic Combinations***		
XYWAV	3	PA; Specialty; QL
*Antidementia Agent Combinations***		
<i>memantine hcl-donepezil hcl er</i>	1	ST; Step Therapy Requirements (TRIAL OF GENERIC DONEPEZIL AND MEMANTINE IN PAST 120 DAYS); QL
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF GENERIC DONEPEZIL AND MEMANTINE IN PAST 120 DAYS); QL
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF GENERIC DONEPEZIL AND MEMANTINE IN PAST 120 DAYS); QL
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 28-10 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF GENERIC DONEPEZIL AND MEMANTINE IN PAST 120 DAYS); QL
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG ORAL	3	ST; Step Therapy Requirements (TRIAL OF GENERIC DONEPEZIL AND MEMANTINE IN PAST 120 DAYS); QL
*Antisense Oligonucleotide (Aso) Inhibitor Agents***		
WAINUA	3	PA; Specialty
*Benzodiazepines & Tricyclic Agents***		
<i>chlordiazepoxide-amitriptyline tablet 5-12.5 mg oral</i>	3	
*Cald - Autologous Cellular Gene Therapy Agents***		
SKYSONA	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>*Cholinomimetics - Ache Inhibitors***</i>		
ARICEPT	Non-Formulary	Formulary Exclusion
<i>donepezil hcl</i>	1	
EXELON	Non-Formulary	Formulary Exclusion; QL
<i>galantamine hydrobromide er</i>	1	QL
<i>galantamine hydrobromide oral tablet</i>	1	QL
<i>rivastigmine</i>	1	QL
<i>rivastigmine tartrate</i>	1	
ZUNVEYL	3	ST; Step Therapy Requirements (TRIAL OF GENERIC GALANTAMINE TABS OR GALANTAMINE ER CAPS IN PAST 120 DAYS); QL
<i>*Fibromyalgia Agent - Miscellaneous***</i>		
TONMYA	3	ST; Non Essential Drug Exclusion; Step Therapy Requirements (TRIAL OF 2: MILNACIPRAN, AMITRIPTYLINE, CYCLOBENZAPRINE ORAL TABLETS, DULOXETINE, GABAPENTIN, OR PREGABALIN IN THE PAST 365 DAYS); QL
<i>*Fibromyalgia Agent - Snris***</i>		
SAVELLA	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: generic duloxetine, amitriptyline, nortriptyline, desipramine, imipramine, gabapentin, pregabalin, tramadol, cyclobenzaprine, venlafaxine)
SAVELLA TITRATION PACK	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE: generic duloxetine, amitriptyline, nortriptyline, desipramine, imipramine, gabapentin, pregabalin, tramadol, cyclobenzaprine, venlafaxine)
<i>*Mld - Autologous Cellular Gene Therapy Agents***</i>		
LENMELDY	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>*Movement Disorder Drug Therapy***</i>		
AUSTEDO	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
AUSTEDO XR	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
AUSTEDO XR PATIENT TITRATION	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
INGREZZA	2	PA; Specialty; QL
tetrabenazine	1	PA; Specialty
XENAZINE	Non-Formulary	PA; Specialty; Formulary Exclusion
<i>*Ms Agents - Pyrimidine Synthesis Inhibitors***</i>		
AUBAGIO	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
teriflunomide	1	PA; Specialty; QL
<i>*Multiple Sclerosis Agents - Antimetabolites***</i>		
cladribine (10 tabs)	1	PA; Specialty
cladribine (4 tabs)	1	PA; Specialty
cladribine (5 tabs)	1	PA; Specialty
cladribine (6 tabs)	1	PA; Specialty
cladribine (7 tabs)	1	PA; Specialty
cladribine (8 tabs)	1	PA; Specialty
cladribine (9 tabs)	1	PA; Specialty
MAVENCLAD (10 TABS)	2	PA; Specialty
MAVENCLAD (4 TABS)	2	PA; Specialty
MAVENCLAD (5 TABS)	2	PA; Specialty
MAVENCLAD (6 TABS)	2	PA; Specialty
MAVENCLAD (7 TABS)	2	PA; Specialty
MAVENCLAD (8 TABS)	2	PA; Specialty
MAVENCLAD (9 TABS)	2	PA; Specialty
<i>*Multiple Sclerosis Agents - Combinations***</i>		
OCREVUS ZUNOVO	Non-Formulary	Medical Only Exclusion
<i>*Multiple Sclerosis Agents - Interferons***</i>		
AVONEX PEN	2	PA; Specialty; QL
AVONEX PREFILLED	2	PA; Specialty; QL

Drug Name	Tier	Notes
BETASERON	2	PA; Specialty; QL
PLEGRIDY	2	PA; Specialty; QL
PLEGRIDY STARTER PACK	2	PA; Specialty; QL
REBIF	2	PA; Specialty; QL
REBIF REBIDOSE	2	PA; Specialty; QL
REBIF REBIDOSE TITRATION PACK	2	PA; Specialty; QL
REBIF TITRATION PACK	2	PA; Specialty; QL
<i>*Multiple Sclerosis Agents - Monoclonal Antibodies***</i>		
BRIUMVI	Non-Formulary	PA; Specialty; Formulary Exclusion; QL with criteria
KESIMPTA	2	PA; Specialty
LEMTRADA	Non-Formulary	PA; Medical Only Exclusion; Specialty; QL
OCREVUS	2	PA; Specialty; QL
TYRUKO	Non-Formulary	PA; Medical Only Exclusion; Specialty; QL
TYSABRI	3	PA; Specialty; QL
<i>*Multiple Sclerosis Agents - Nrf2 Pathway Activators***</i>		
BAFIERTAM	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
<i>dimethyl fumarate oral</i>	1	PA; Specialty; QL
<i>dimethyl fumarate starter pack</i>	1	PA; Specialty; QL
TECFIDERA	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
VUMERITY	2	PA; Specialty; QL
<i>*Multiple Sclerosis Agents - Potassium Channel Blockers***</i>		
<i>dalfampridine er</i>	1	PA; Specialty; QL
<i>*Multiple Sclerosis Agents***</i>		
COPAXONE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	2	PA; Specialty; QL
<i>glatiramer acetate</i>	1	PA; Specialty; QL
GLATOPA	1	PA; Specialty; QL
<i>*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***</i>		
<i>memantine hcl</i>	1	QL

Drug Name	Tier	Notes
memantine hcl er	1	QL
*Phenothiazines & Tricyclic Agents***		
perphenazine-amitriptyline tablet 2-10 mg oral	3	
perphenazine-amitriptyline tablet 4-10 mg oral	3	
perphenazine-amitriptyline tablet 4-25 mg oral	3	
perphenazine-amitriptyline tablet 4-50 mg oral	3	
*Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents***		
gabapentin (once-daily)	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
GRALISE	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
LYRICA CR	Non-Formulary	Formulary Exclusion; QL
pregabalin er	Non-Formulary	Formulary Exclusion; QL
*Postherpetic Neuralgia(Phn)/Neuropathic Pain Comb Agents***		
CONVENIENCE PAK	Non-Formulary	Non FDA Exclusion
*Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris***		
fluoxetine hcl (pmdd)	3	
*Pseudobulbar Affect Agent Combinations***		
NUEDEXTA	2	PA; QL
*Psychotherapeutic And Neurological Agents - Misc.***		
AQNEURSA	2	PA; Specialty; QL
MIPLYFFA	2	PA; Specialty; QL
*Restless Leg Syndrome (Rls) Agents***		
HORIZANT	3	Non Essential Drug Exclusion; QL
*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***		
ADDYI	3	PA
*Small Interfering Ribonucleic Acid (Sirna) Agents***		
AMVUTTRA	3	PA; Specialty; QL
ONPATTRO	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
*Smoking Deterrents***		
<i>bupropion hcl er (smoking det)</i>	1	
CHANTIX	Non-Formulary	Formulary Exclusion
CHANTIX CONTINUING MONTH PAK	Non-Formulary	Formulary Exclusion
CHANTIX STARTING MONTH PAK	Non-Formulary	Formulary Exclusion
<i>cvs nicotine</i>	1	
<i>cvs nicotine polacrilex</i>	1	
<i>eq nicotine</i>	1	
<i>eq nicotine polacrilex</i>	1	
<i>eq nicotine step 3</i>	1	
<i>ft nicotine lozenge 2 mg mouth/throat</i>	1	
<i>ft nicotine mini</i>	1	
<i>gnp nicotine gum 4 mg mouth/throat</i>	1	
<i>gnp nicotine mini</i>	1	
<i>gnp nicotine polacrilex</i>	1	
<i>gnp nicotine transdermal</i>	1	
<i>goodsense nicotine</i>	1	
HABITROL	1	
KLS QUIT2	1	
KLS QUIT4	1	
<i>nicotine mini</i>	1	
<i>nicotine polacrilex mini</i>	1	
<i>nicotine polacrilex mouth/throat</i>	1	
<i>nicotine step 1</i>	1	
<i>nicotine step 2</i>	1	
<i>nicotine step 3</i>	1	
<i>nicotine transdermal patch 24 hour</i>	1	
NICOTROL NS	2	
<i>qc nicotine transdermal system</i>	1	
THRIVE	1	
<i>varenicline tartrate (starter) tablet therapy pack 0.5 mg x 11 & 1 mg x 42 oral</i>	1	
<i>varenicline tartrate (starter) tablet therapy pack 0.5 mg x 11 & 1 mg x 42 oral</i>	2	
<i>varenicline tartrate tablet 0.5 mg oral</i>	1	
<i>varenicline tartrate tablet 0.5 mg oral</i>	2	
<i>varenicline tartrate tablet 1 mg oral</i>	1	
<i>varenicline tartrate tablet 1 mg oral</i>	2	
<i>varenicline tartrate(continue)</i>	1	

Drug Name	Tier	Notes
<i>*Snrri & Anesthetics/Analgesics***</i>		
DULOXICAIN	Non-Formulary	Non FDA Exclusion
<i>*Sphingosine 1-Phosphate (S1p) Receptor Modulators***</i>		
<i>fingolimod hcl</i>	1	PA; Specialty; QL
GILENYA CAPSULE 0.5 MG ORAL	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
MAYZENT	2	PA; Specialty; QL
MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL	2	PA; Specialty; QL
MAYZENT STARTER PACK TABLET THERAPY PACK 7 X 0.25 MG ORAL	2	PA; Specialty; QL with criteria
PONVORY	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
PONVORY STARTER PACK	Non-Formulary	PA; Specialty; Formulary Exclusion; QL
TASCENSO ODT	3	PA; Specialty; QL
ZEPOSIA	3	PA; Specialty; QL
ZEPOSIA 7-DAY STARTER PACK	3	PA; Specialty; QL with criteria
ZEPOSIA STARTER KIT	3	PA; Specialty; QL
<i>*Thienbenzodiazepines & Opioid Antagonists***</i>		
LYBALVI	3	QL
<i>*Thienbenzodiazepines & Ssris***</i>		
<i>olanzapine-fluoxetine hcl</i>	1	
<i>*Vasomotor Symptom Agents - Ssris***</i>		
<i>paroxetine mesylate</i>	1	
RESPIRATORY AGENTS - MISC.		
<i>*Alpha-Proteinase Inhibitor (Human)***</i>		
ARALAST NP	3	PA; Specialty
GLASSIA	3	PA; Specialty
PROLASTIN-C	3	PA; Specialty
ZEMAIRA	Non-Formulary	PA; Specialty; Formulary Exclusion
<i>*Cftr Potentiators***</i>		
KALYDECO	2	PA; Specialty
<i>*Cystic Fibrosis Agent - Combinations***</i>		
ALYFTREK	2	PA; Specialty

Drug Name	Tier	Notes
ORKAMBI	3	PA; Specialty
SYMDEKO	2	PA; Specialty
TRIKAFTA	2	PA; Specialty
*Cystic Fibrosis Agents - Miscellaneous***		
BRONCHITOL	3	ST; Specialty; Step Therapy Requirements (TRIAL OF INHALED 7% SODIUM CHLORIDE SOLUTION IN THE PAST 120 DAYS); QL
BRONCHITOL TOLERANCE TEST	3	ST; Specialty; Step Therapy Requirements (TRIAL OF INHALED 7% SODIUM CHLORIDE SOLUTION IN THE PAST 120 DAYS); QL
*Dipeptidyl Peptidase 1 (Dpp1) Inhibitors***		
BRINSUPRI	3	PA; Specialty; QL
*Hydrolytic Enzymes***		
PULMOZYME	2	PA; Specialty; QL
*Pleural Sclerosing Agents***		
STERITALC	Non-Formulary	Medical Only Exclusion
*Pulmonary Fibrosis Agents - Kinase Inhibitors***		
OFEV	2	PA; Specialty; QL
*Pulmonary Fibrosis Agents - Phosphodiesterase 4 (Pde4) Inhibitors***		
JASCAYD	2	PA; Specialty; QL
*Pulmonary Fibrosis Agents***		
pirfenidone oral capsule	1	PA; Specialty; QL
pirfenidone tablet 267 mg oral	1	PA; Specialty; QL
pirfenidone tablet 534 mg oral	3	PA; Specialty; QL
pirfenidone tablet 801 mg oral	1	PA; Specialty; QL
*Respiratory Agents - Misc.***		
CUROSURF	Non-Formulary	Medical Only Exclusion
INFASURF	Non-Formulary	Medical Only Exclusion
SURVANTA	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
SULFONAMIDES		
*Sulfonamides***		
<i>sulfadiazine oral</i>	1	
TETRACYCLINES		
*Aminomethylcyclines***		
NUZYRA INTRAVENOUS	Non-Formulary	Medical Only Exclusion; QL
NUZYRA ORAL	3	PA; QL
*Fluorocyclines***		
XERAVA	Non-Formulary	Medical Only Exclusion
*Glycylcyclines***		
<i>tigecycline</i>	Non-Formulary	Medical Only Exclusion
TYGACIL	Non-Formulary	Medical Only Exclusion
*Tetracycline Combinations***		
AVIDOXY DK	Non-Formulary	Non FDA Exclusion
BENZODOX	Non-Formulary	Non FDA Exclusion
*Tetracyclines***		
<i>avidoxy</i>	1	
<i>demeclocycline hcl</i>	1	
DORYX MPC	Non-Formulary	ST; Non Essential Drug Exclusion; Formulary Exclusion; Step Therapy Requirements (TRIAL OR CONTRAINDICATION OF GENERIC DOXYCYCLINE IR)
DOXY 100	Non-Formulary	Medical Only Exclusion
<i>doxycycline hyclate intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet delayed release</i>	1	ST; Non Essential Drug Exclusion; Step Therapy Requirements (TRIAL OR CONTRAINDICATION OF GENERIC DOXYCYCLINE IR)
<i>doxycycline hyclate tablet 100 mg oral</i>	1	
<i>doxycycline hyclate tablet 150 mg oral</i>	1	ST; Step Therapy Requirements (TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET IN THE PAST 120 DAYS)
<i>doxycycline hyclate tablet 20 mg oral</i>	1	

Drug Name	Tier	Notes
<i>doxycycline hyclate tablet 50 mg oral</i>	1	ST; Step Therapy Requirements (TRIAL OF DOXYCYCLINE HYCLATE 50MG CAPSULE OR DOXYCYCLINE MONOHYDRATE 50MG CAPSULES OR TABLETS REQUIRED)
<i>doxycycline hyclate tablet 75 mg oral</i>	1	ST; Step Therapy Requirements (TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET IN THE PAST 120 DAYS)
<i>doxycycline monohydrate capsule 100 mg oral</i>	1	
<i>doxycycline monohydrate capsule 150 mg oral</i>	1	ST; Step Therapy Requirements (TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 50, 75 OR 100MG TABLETS OR 50, 100 MG CAPSULES IN THE PAST 120 DAYS)
<i>doxycycline monohydrate capsule 50 mg oral</i>	1	
<i>doxycycline monohydrate capsule 75 mg oral</i>	1	ST; Step Therapy Requirements (TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET IN THE PAST 120 DAYS)
<i>doxycycline monohydrate oral suspension reconstituted</i>	1	
<i>doxycycline monohydrate tablet 100 mg oral</i>	1	
<i>doxycycline monohydrate tablet 150 mg oral</i>	1	ST; Step Therapy Requirements (TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 50, 75 OR 100MG TABLETS OR 50, 100 MG CAPSULES IN THE PAST 120 DAYS)
<i>doxycycline monohydrate tablet 50 mg oral</i>	1	
<i>doxycycline monohydrate tablet 75 mg oral</i>	1	
MINOCIN	Non-Formulary	Medical Only Exclusion
<i>minocycline hcl er tablet extended release 24 hour 105 mg oral</i>	1	ST; Step Therapy Requirements (MINOCYCLINE IR TABLETS/CAPSULES); QL

Drug Name	Tier	Notes
<i>minocycline hcl er tablet extended release 24 hour 115 mg oral</i>	1	ST; Step Therapy Requirements (MINOCYCLINE IR TABLETS/CAPSULES); QL
<i>minocycline hcl er tablet extended release 24 hour 135 mg oral</i>	1	ST; Step Therapy Requirements (MINOCYCLINE IR TABLETS/CAPSULES); QL
<i>minocycline hcl er tablet extended release 24 hour 55 mg oral</i>	1	ST; Step Therapy Requirements (MINOCYCLINE IR TABLETS/CAPSULES); QL
<i>minocycline hcl er tablet extended release 24 hour 65 mg oral</i>	1	ST; Step Therapy Requirements (MINOCYCLINE IR TABLETS/CAPSULES); QL
<i>minocycline hcl er tablet extended release 24 hour 80 mg oral</i>	1	ST; Step Therapy Requirements (MINOCYCLINE IR TABLETS/CAPSULES); QL
<i>minocycline hcl oral</i>	1	
MONDOXYNE NL	1	
SEYSARA	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion; QL
TARGADOX	1	ST; Step Therapy Requirements (TRIAL OF DOXYCYCLINE HYCLATE 50MG CAPSULE OR DOXYCYCLINE MONOHYDRATE 50MG CAPSULES OR TABLETS REQUIRED)
<i>tetracycline hcl oral capsule</i>	1	
<i>tetracycline hcl oral tablet</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
THYROID AGENTS		
*Antithyroid Agents - Radiopharmaceuticals***		
<i>sodium iodide i-131</i>	Non-Formulary	Formulary Exclusion
*Antithyroid Agents***		
<i>methimazole oral</i>	1	
<i>propylthiouracil oral</i>	1	
*Thyroid Hormones***		
ARMOUR THYROID	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS)
CYTOMEL	Non-Formulary	Formulary Exclusion

Drug Name	Tier	Notes
EVEXITHROID TABLET 45 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF LEVOTHYROXINE OR LIOETHYRONINE IN THE PAST 120 DAYS)
EVEXITHROID TABLET 75 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF LEVOTHYROXINE OR LIOETHYRONINE IN THE PAST 120 DAYS)
LEVO-T	1	
<i>levothyroxine sodium intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>levothyroxine sodium oral capsule</i>	3	ST; Step Therapy Requirements (TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS); QL
<i>levothyroxine sodium oral tablet</i>	1	
LEVOXYL	1	
LIOMNY	1	
<i>liothyronine sodium intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>liothyronine sodium oral</i>	1	
<i>niva thyroid</i>	3	ST; Step Therapy Requirements (TRIAL OF LEVOTHYROXINE OR LIOETHYRONINE IN THE PAST 120 DAYS)
NP THYROID	3	ST; Step Therapy Requirements (TRIAL OF LEVOTHYROXINE OR LIOETHYRONINE IN THE PAST 120 DAYS)
RENTHYROID TABLET 120 MG ORAL	Non-Formulary	ST; Non FDA Exclusion; Step Therapy Requirements (TRIAL OF LEVOTHYROXINE OR LIOETHYRONINE IN THE PAST 120 DAYS)
RENTHYROID TABLET 15 MG ORAL	Non-Formulary	ST; Non FDA Exclusion; Step Therapy Requirements (TRIAL OF LEVOTHYROXINE OR LIOETHYRONINE IN THE PAST 120 DAYS)
RENTHYROID TABLET 30 MG ORAL	Non-Formulary	ST; Non FDA Exclusion; Step Therapy Requirements (TRIAL OF LEVOTHYROXINE OR LIOETHYRONINE IN THE PAST 120 DAYS)

Drug Name	Tier	Notes
RENTHYROID TABLET 45 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS)
RENTHYROID TABLET 60 MG ORAL	Non-Formulary	ST; Non FDA Exclusion; Step Therapy Requirements (TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS)
RENTHYROID TABLET 75 MG ORAL	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS)
RENTHYROID TABLET 90 MG ORAL	Non-Formulary	ST; Non FDA Exclusion; Step Therapy Requirements (TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS)
SYNTHROID	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS)
THYQUIDITY	3	PA
<i>thyroid oral</i>	3	ST; Step Therapy Requirements (TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS)
TIROSINT	3	ST; Step Therapy Requirements (TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS); QL
TIROSINT-SOL	3	PA
UNITHROID	1	
TOXOIDS		
*Toxoid Combinations***		
ADACEL	2	
BOOSTRIX	2	
DAPTACEL	2	
INFANRIX	2	
KINRIX	2	
PEDIARIX	2	

Drug Name	Tier	Notes
PENTACEL	2	
QUADRACEL	2	
TENIVAC	2	
VAXELIS	2	
ULCER DRUGS/ANTISPASMODICS/ANTICH OLINERGICS		
*Anticholinergic Combinations***		
<i>belladonna alkaloids-opium</i>	3	
<i>chlordiazepoxide-clidinium capsule 5-2.5 mg oral</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>chlordiazepoxide-clidinium capsule 5-2.5 mg oral</i>	Non-Formulary	Non FDA Exclusion; Non Essential Drug Exclusion
DONNATAL	3	
LIBRAX	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
<i>pb-hyoscy-atropine-scopolamine</i>	Non-Formulary	Non FDA Exclusion
PHENOHYTRO	1	
*Antispasmodics***		
<i>dicyclomine hcl intramuscular</i>	Non-Formulary	Medical Only Exclusion
<i>dicyclomine hcl oral capsule</i>	1	
<i>dicyclomine hcl solution 10 mg/5ml oral</i>	1	
<i>dicyclomine hcl tablet 20 mg oral</i>	1	
<i>dicyclomine hcl tablet 40 mg oral</i>	Non-Formulary	Non Essential Drug Exclusion; Formulary Exclusion
*Belladonna Alkaloids***		
<i>atropine sulfate injection solution</i>	Non-Formulary	Medical Only Exclusion
<i>atropine sulfate intravenous solution</i>	Non-Formulary	Medical Only Exclusion
<i>atropine sulfate intravenous solution prefilled syringe</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>atropine sulfate solution prefilled syringe 0.25 mg/5ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>atropine sulfate solution prefilled syringe 0.5 mg/5ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>atropine sulfate solution prefilled syringe 1 mg/10ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>atropine sulfate solution prefilled syringe 1 mg/10ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>hyoscyamine sulfate er</i>	1	
<i>hyoscyamine sulfate oral elixir</i>	1	

Drug Name	Tier	Notes
<i>hyoscyamine sulfate oral solution</i>	1	
<i>hyoscyamine sulfate sl</i>	Non-Formulary	Non FDA Exclusion
<i>hyoscyamine sulfate sublingual</i>	1	
<i>hyoscyamine sulfate tablet 0.125 mg oral</i>	1	
<i>hyoscyamine sulfate tablet 0.125 mg oral</i>	Non-Formulary	Non FDA Exclusion
<i>hyoscyamine sulfate tablet dispersible 0.125 mg oral</i>	1	
<i>hyoscyamine sulfate tablet dispersible 0.125 mg oral</i>	Non-Formulary	Non FDA Exclusion
<i>hyosyne</i>	1	
LEVVID	3	
LEVSIN	3	
LEVSIN/SL	3	
NULEV	1	
<i>oscimin</i>	1	
*H-2 Antagonists***		
<i>cimetidine hcl</i>	1	
<i>cimetidine oral</i>	1	
<i>famotidine (pf)</i>	Non-Formulary	Medical Only Exclusion
<i>famotidine intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>famotidine oral suspension reconstituted</i>	1	
<i>famotidine premixed</i>	Non-Formulary	Medical Only Exclusion
<i>famotidine tablet 20 mg oral (rx)</i>	1	
<i>famotidine tablet 40 mg oral</i>	1	
<i>nizatidine capsule 150 mg oral</i>	1	
<i>nizatidine capsule 300 mg oral</i>	3	
PEPCID	Non-Formulary	Formulary Exclusion
<i>ranitidine hcl</i>	3	ST; Non Essential Drug Exclusion; Step Therapy Requirements (trial of generic oral famotidine tablets in the past 120 days)
*Misc. Anti-Ulcer***		
CARAFATE	Non-Formulary	Formulary Exclusion
<i>sucralfate oral</i>	1	
*Ppi - Potassium-Competitive Acid Blockers (P-Cab)***		
VOQUEZNA	3	PA; QL

Drug Name	Tier	Notes
*Proton Pump Inhibitor-Antacid Combinations***		
KONVOMEK	Non-Formulary	PA; Formulary Exclusion; QL with criteria
<i>omeprazole-sodium bicarbonate capsule 20-1100 mg oral (rx)</i>	1	PA; QL
<i>omeprazole-sodium bicarbonate capsule 40-1100 mg oral</i>	1	Non Essential Drug Exclusion; QL
<i>omeprazole-sodium bicarbonate oral packet</i>	1	PA
*Proton Pump Inhibitors***		
ACIPHEX	Non-Formulary	Formulary Exclusion; QL
DEXILANT	Non-Formulary	Formulary Exclusion; QL
<i>dexlansoprazole</i>	1	QL
<i>esomeprazole magnesium oral capsule delayed release</i>	1	QL
<i>esomeprazole magnesium packet 10 mg oral</i>	1	QL
<i>esomeprazole magnesium packet 2.5 mg oral</i>	1	QL
<i>esomeprazole magnesium packet 20 mg oral</i>	1	QL
<i>esomeprazole magnesium packet 40 mg oral</i>	1	QL
<i>esomeprazole magnesium packet 40 mg oral</i>	1	ST; Step Therapy Requirements (SWITCH TO STEP 1: OMEPRAZOLE, ESOMEPRAZOLE, PANTOPRAZOLE, LANSOPRAZOLE); QL
<i>esomeprazole magnesium packet 5 mg oral</i>	1	QL
<i>esomeprazole sodium</i>	Non-Formulary	Medical Only Exclusion
FIRST-LANSOPRAZOLE	3	
<i>lansoprazole oral</i>	1	QL
NEXIUM	Non-Formulary	Formulary Exclusion; QL
<i>omeprazole oral capsule delayed release</i>	1	QL
<i>pantoprazole sodium intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>pantoprazole sodium oral packet</i>	1	
<i>pantoprazole sodium oral tablet delayed release</i>	1	QL
<i>pantoprazole sodium-nacl</i>	Non-Formulary	Medical Only Exclusion
PREVACID	Non-Formulary	Formulary Exclusion; QL
PREVACID SOLUTAB	Non-Formulary	Formulary Exclusion; QL

Drug Name	Tier	Notes
PRILOSEC	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP 1: OMEPRAZOLE, ESOMEPRAZOLE, PANTOPRAZOLE, LANSOPRAZOLE)
PROTONIX INTRAVENOUS	Non-Formulary	Medical Only Exclusion
PROTONIX ORAL PACKET	Non-Formulary	Formulary Exclusion
PROTONIX ORAL TABLET DELAYED RELEASE	Non-Formulary	Formulary Exclusion; QL
<i>rabeprazole sodium oral capsule sprinkle</i>	3	ST; Step Therapy Requirements (SWITCH TO STEP 1: OMEPRAZOLE, ESOMEPRAZOLE, PANTOPRAZOLE, LANSOPRAZOLE); QL
<i>rabeprazole sodium oral tablet delayed release</i>	1	QL
*Quaternary Anticholinergics***		
CUVPOSA	Non-Formulary	Formulary Exclusion
GLYCATE	3	Non Essential Drug Exclusion
<i>glycopyrrolate injection solution</i>	Non-Formulary	Medical Only Exclusion
<i>glycopyrrolate injection solution prefilled syringe</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>glycopyrrolate intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>glycopyrrolate oral solution</i>	1	
<i>glycopyrrolate pf</i>	Non-Formulary	Medical Only Exclusion
<i>glycopyrrolate pf +rfid</i>	Non-Formulary	Medical Only Exclusion
<i>glycopyrrolate tablet 1 mg oral</i>	1	
<i>glycopyrrolate tablet 1.5 mg oral</i>	3	Non Essential Drug Exclusion
<i>glycopyrrolate tablet 2 mg oral</i>	1	
GLYRX-PF	Non-Formulary	Medical Only Exclusion
<i>methscopolamine bromide oral</i>	1	
*Ulcer Anti-Infective W/ Bismuth Combinations***		
<i>bis subcit-metronid-tetracyc</i>	1	
<i>bismuth/metronidaz/tetracyclin</i>	1	
PYLERA	Non-Formulary	Formulary Exclusion
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***		
TALICIA	2	QL

Drug Name	Tier	Notes
*Ulcer Anti-Infective-Pcab Combinations***		
VOQUEZNA DUAL PAK	Non-Formulary	PA; Formulary Exclusion; QL
VOQUEZNA TRIPLE PAK	Non-Formulary	PA; Formulary Exclusion; QL
*Ulcer Drugs - Prostaglandins***		
CYTOTEC	Non-Formulary	Formulary Exclusion
<i>misoprostol oral</i>	1	
URINARY ANTISPASMODICS		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
<i>darifenacin hydrobromide er</i>	Non-Formulary	Formulary Exclusion
<i>fesoterodine fumarate er</i>	1	
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride oral solution</i>	1	
<i>oxybutynin chloride tablet 2.5 mg oral</i>	Non-Formulary	Formulary Exclusion
<i>oxybutynin chloride tablet 5 mg oral</i>	1	
OXYTROL	3	ST; Step Therapy Requirements (SWITCH TO STEP ONE : OXYBUTYNIN, OXYBUTYNIN/SR, TOLTERODINE, TROSPIUM)
<i>solifenacin succinate</i>	1	ST; Step Therapy Requirements (SWITCH TO STEP ONE : OXYBUTYNIN, OXYBUTYNIN/SR, TOLTERODINE, TROSPIUM)
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
TOVIAZ	Non-Formulary	Formulary Exclusion
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	1	
VESICARE	Non-Formulary	Formulary Exclusion
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***		
GEMTESA	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (SWITCH TO STEP ONE : OXYBUTYNIN, OXYBUTYNIN/SR, TOLTERODINE, TROSPIUM)
<i>mirabegron er</i>	1	

Drug Name	Tier	Notes
MYRBETRIQ	2	ST; Step Therapy Requirements (SWITCH TO STEP ONE : OXYBUTYNIN, OXYBUTYNIN/SR, TOLTERODINE, TROSPIMUM)
*Urinary Antispasmodics - Cholinergic Agonists***		
<i>bethanechol chloride oral</i>	1	
*Urinary Antispasmodics - Direct Muscle Relaxants***		
<i>flavoxate hcl</i>	Non-Formulary	Formulary Exclusion
VACCINES		
*Bacterial Vaccines***		
ACTHIB	2	
<i>bcg vaccine</i>	3	
BEXSERO	2	
CAPVAXIVE	3	
HIBERIX	2	
MENQUADFI	2	
MENVEO	2	
PEDVAX HIB	2	
PENBRAYA	2	
<i>penmenvy</i>	Non-Formulary	New to Market Exclusion
PNEUMOVAX 23	2	
PREVNAR 20	2	
TRUMENBA	2	
TYPHIM VI	3	
VAXCHORA	3	
VAXNEUVANCE	2	
VIVOTIF	3	
*Viral Vaccine Combinations***		
M-M-R II	2	
PRIORIX	2	
PROQUAD	2	
TWINRIX	2	
*Viral Vaccines***		
ABRYSVO	2	
ACAM2000	3	
AFLURIA	2	

Drug Name	Tier	Notes
AFLURIA PRESERVATIVE FREE	2	
AREXVY	2	
AUDENZ	Non-Formulary	PA messaging (Rebateable Exclusion)
COMIRNATY	3	
COMIRNATY 5-11 YEARS	3	
DENGVAIXA	3	
ENGERIX-B	2	
ERVEBO	Non-Formulary	Medical Only Exclusion
FLUAD	2	
FLUARIX	2	
FLUBLOK	2	
FLUCELVAX	2	
FLULAVAL	2	
FLUMIST	2	
FLUZONE	2	
FLUZONE HIGH-DOSE	2	
GARDASIL 9	2	
HAVRIX	2	
HEPLISAV-B	2	
IMOVAX RABIES	Non-Formulary	Medical Only Exclusion
IPOL	2	
IXIARO	3	
JYNNEOS	2	
MNEXSPIKE	3	
MRESVIA	3	
<i>nuvaxovid covid-19 vaccine</i>	2	
RABAVERT	Non-Formulary	Medical Only Exclusion
RECOMBIVAX HB	2	
ROTARIX	2	
ROTATEQ	2	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
SPIKEVAX	2	
SPIKEVAX 6M-11Y	2	
TICOVAC	3	
VAQTA	2	
VARIVAX	2	
VIMKUNYA	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
YF-VAX	3	
VAGINAL AND RELATED PRODUCTS		
<i>*Imidazole-Related Antifungals***</i>		
GYNAZOLE-1	2	
<i>miconazole 3 vaginal suppository</i>	3	
<i>terconazole</i>	1	
<i>*Miscellaneous Vaginal Combinations***</i>		
FEM PH	Non-Formulary	Non FDA Exclusion
TRIMO-SAN	Non-Formulary	Non FDA Exclusion
<i>*Miscellaneous Vaginal Products***</i>		
INTRAROSA	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF PREMARIN CREAM AND ONE OF THE FOLLOWING: ESTRADIOL CREAM OR VAGINAL TABLET IN THE PAST 365 DAYS)
<i>*Spermicides***</i>		
ENCARE	2	
OPTIONS GYNOL II CONTRACEPTIVE	2	
TODAY SPONGE	2	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	3	
<i>*Vaginal Anti-Infectives***</i>		
CLEOCIN VAGINAL	Non-Formulary	Formulary Exclusion
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	3	ST; Step Therapy Requirements (TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE, ORAL CLINDAMYCIN, VAGINAL METRONIDAZOLE GEL, VAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS)
<i>metronidazole vaginal</i>	1	

Drug Name	Tier	Notes
NUVESSA	3	ST; Step Therapy Requirements (TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE, ORAL CLINDAMYCIN, VAGINAL METRONIDAZOLE GEL, VAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS)
XACIATO	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE, ORAL CLINDAMYCIN, VAGINAL METRONIDAZOLE GEL, VAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS)
*Vaginal Estrogens***		
ESTRACE	Non-Formulary	Formulary Exclusion
<i>estradiol vaginal</i>	1	
ESTRING	Non-Formulary	ST; Formulary Exclusion; Step Therapy Requirements (TRIAL OF PREMARIN CREAM AND ONE OF THE FOLLOWING: ESTRADIOL CREAM OR VAGINAL TABLET IN THE PAST 365 DAYS)
FEMRING	Non-Formulary	Formulary Exclusion
IMVEXXY MAINTENANCE PACK	3	ST; Step Therapy Requirements (TRIAL OF PREMARIN CREAM AND ONE OF THE FOLLOWING: ESTRADIOL CREAM OR VAGINAL TABLET IN THE PAST 365 DAYS)
IMVEXXY STARTER PACK	3	ST; Step Therapy Requirements (TRIAL OF PREMARIN CREAM AND ONE OF THE FOLLOWING: ESTRADIOL CREAM OR VAGINAL TABLET IN THE PAST 365 DAYS)
PREMARIN VAGINAL	2	
VAGIFEM	Non-Formulary	Formulary Exclusion
YUVAFEM	1	

Drug Name	Tier	Notes
<i>*Vaginal Progestins***</i>		
CRINONE	2	
ENDOMETRIN	Non-Formulary	PA; Formulary Exclusion
<i>progesterone vaginal</i>	1	PA
<i>*VASOPRESSORS*</i>		
<i>*Anaphylaxis Therapy Agents***</i>		
ADRENALIN INJECTION	Non-Formulary	Medical Only Exclusion
AUVI-Q	2	QL
<i>epinephrine (anaphylaxis) solution 1 mg/ml injection</i>	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
<i>epinephrine (anaphylaxis) solution 30 mg/30ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>epinephrine professional</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>epinephrine solution auto-injector 0.15 mg/0.15ml injection</i>	Non-Formulary	Formulary Exclusion; QL with criteria
<i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i>	1	QL with criteria
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>	Non-Formulary	Formulary Exclusion; QL with criteria
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>	1	QL with criteria
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>	Non-Formulary	Formulary Exclusion; QL
<i>epinephrine solution prefilled syringe 0.3 mg/0.3ml injection</i>	Non-Formulary	Formulary Exclusion; QL
EPINEPHRINESNAP	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
EPINEPHRINESNAP-EMS	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
EPINEPHRINESNAP-V	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
EPIPEN 2-PAK	Non-Formulary	Formulary Exclusion; QL with criteria
EPIPEN JR 2-PAK	Non-Formulary	Formulary Exclusion; QL with criteria
NEFFY	3	QL
<i>*Neurogenic Orthostatic Hypotension (Noh) - Agents***</i>		
<i>droxidopa</i>	1	PA; Specialty
NORTHERA	Non-Formulary	PA; Specialty; Formulary Exclusion

Drug Name	Tier	Notes
*Vasopressors***		
ADRENALIN SOLUTION 10-0.9 MG/250ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ADRENALIN SOLUTION 2-0.9 MG/250ML-% INTRAVENOUS	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
ADRENALIN SOLUTION 5-0.9 MG/250ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ADRENALIN SOLUTION 8-0.9 MG/250ML-% INTRAVENOUS	Non-Formulary	Medical Only Exclusion
ADRENALIN-NACL	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
AKOVAZ	Non-Formulary	Medical Only Exclusion
BIORPHEN	Non-Formulary	Medical Only Exclusion
EMERPHED	Non-Formulary	Medical Only Exclusion
<i>ephedrine sulfate (pressors) intravenous solution</i>	Non-Formulary	Medical Only Exclusion
<i>ephedrine sulfate (pressors) solution prefilled syringe 25 mg/5ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>ephedrine sulfate (pressors) solution prefilled syringe 50 mg/10ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>ephedrine sulfate (pressors) solution prefilled syringe 50 mg/5ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ephedrine sulfate-nacl solution prefilled syringe 10-0.9 mg/ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ephedrine sulfate-nacl solution prefilled syringe 100-0.9 mg/10ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ephedrine sulfate-nacl solution prefilled syringe 15-0.9 mg/3ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ephedrine sulfate-nacl solution prefilled syringe 25-0.9 mg/5ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>ephedrine sulfate-nacl solution prefilled syringe 25-0.9 mg/5ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ephedrine sulfate-nacl solution prefilled syringe 50-0.9 mg/10ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ephedrine sulfate-nacl solution prefilled syringe 50-0.9 mg/5ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>epinephrine bitartrate-nacl intravenous solution</i>	Non-Formulary	Medical Only Exclusion
<i>epinephrine bitartrate-nacl intravenous solution prefilled syringe</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>epinephrine hcl-dextrose</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>epinephrine hcl-nacl</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>epinephrine injection solution</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>epinephrine intravenous solution</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>epinephrine pf solution 1 mg/ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>epinephrine pf solution 1 mg/ml injection</i>	Non-Formulary	Medical Only Exclusion; Formulary Exclusion
<i>epinephrine solution prefilled syringe 0.1 mg/10ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>epinephrine solution prefilled syringe 0.2 mg/0.2ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>epinephrine solution prefilled syringe 1 mg/10ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>epinephrine solution prefilled syringe 1 mg/ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>epinephrine-dextrose</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>epinephrine-nacl</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
GIAPREZA	Non-Formulary	Medical Only Exclusion
IMMPHENTIV	Non-Formulary	Medical Only Exclusion
LEVOPHED	Non-Formulary	Medical Only Exclusion
<i>midodrine hcl</i>	1	
<i>norepinephrine bitartrate intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>norepinephrine-dextrose solution 16-5 mg/250ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>norepinephrine-dextrose solution 4-5 mg/250ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>norepinephrine-dextrose solution 4-5 mg/250ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>norepinephrine-dextrose solution 8-5 mg/250ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>norepinephrine-dextrose solution 8-5 mg/250ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>norepinephrine-dextrose solution 8-5 mg/500ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>norepinephrine-sodium chloride solution 16-0.9 mg/250ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>norepinephrine-sodium chloride solution 16-0.9 mg/250ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>norepinephrine-sodium chloride solution 32-0.9 mg/250ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>norepinephrine-sodium chloride solution 4-0.9 mg/250ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion

Drug Name	Tier	Notes
<i>norepinephrine-sodium chloride solution 4-0.9 mg/250ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>norepinephrine-sodium chloride solution 8-0.9 mg/250ml-% intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>norepinephrine-sodium chloride solution 8-0.9 mg/250ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>norepinephrine-sodium chloride solution 8-0.9 mg/500ml-% intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>phenylephrine hcl (pf)</i>	Non-Formulary	Medical Only Exclusion
<i>phenylephrine hcl (pressors) intravenous solution prefilled syringe</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>phenylephrine hcl (pressors) solution 0.4 mg/10ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>phenylephrine hcl (pressors) solution 0.8 mg/10ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>phenylephrine hcl (pressors) solution 10 mg/ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>phenylephrine hcl intravenous solution</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>phenylephrine hcl solution prefilled syringe 0.8 mg/10ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>phenylephrine hcl solution prefilled syringe 1 mg/10ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>phenylephrine hcl solution prefilled syringe 8 mg/50ml intravenous</i>	Non-Formulary	Medical Only Exclusion
<i>phenylephrine hcl-nacl</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
VAZCULEP	Non-Formulary	Medical Only Exclusion
VITAMINS		
*Vitamin A***		
AQUASOL A	Non-Formulary	Medical Only Exclusion
*Vitamin B-1***		
<i>thiamine hcl injection</i>	Non-Formulary	Medical Only Exclusion
<i>thiamine hcl-nacl</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
*Vitamin B-6***		
<i>pyridoxal-5 phosphate injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>pyridoxine hcl solution 100 mg/ml injection</i>	Non-Formulary	Medical Only Exclusion
<i>pyridoxine hcl solution 100 mg/ml injection</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion

Drug Name	Tier	Notes
*Vitamin C***		
ASCOR	Non-Formulary	Medical Only Exclusion
<i>ascorbic acid injection</i>	Non-Formulary	Non FDA Exclusion
<i>ascorbic acid solution 15000 mg/30ml intravenous</i>	Non-Formulary	Non FDA Exclusion; Medical Only Exclusion
<i>ascorbic acid solution 25000 mg/50ml intravenous</i>	Non-Formulary	Medical Only Exclusion
*Vitamin D***		
DRISDOL	Non-Formulary	Formulary Exclusion
<i>ergocalciferol oral capsule</i>	1	
<i>vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral</i>	1	
*Vitamin E***		
<i>wheat germ oil</i>	Non-Formulary	Formulary Exclusion
*Vitamin K***		
<i>phytonadione injection</i>	Non-Formulary	Medical Only Exclusion
<i>phytonadione oral</i>	1	
<i>vitamin k1 injection</i>	Non-Formulary	Medical Only Exclusion

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