



# Covered Drug List

2026

---

---



## How to find your meds:

Search for your medication by pressing **Ctrl + F**.

This will bring up a search box.

You can then type in your medication name to find the page on which it appears.

---

## Definitions

### **Age Minimum/Max**

This lists the age criteria a member must meet at the time of dispensing in order to receive a formulary product.

### **Day Supply**

This shows the number of days one prescription order of medication is intended to last.

### **Prior Authorization (PA) Required**

This indicates your medication requires approval before your plan covers it. If your prescription requires a PA, talk with your doctor. There may be other covered options that don't need approval. If not, your doctor can submit a PA request on your behalf.

### **Quantity Limit (QL)**

This denotes the maximum amount and/or days' supply a member may receive per prescription during a defined time period.

### **Specialty Drug**

Specialty drugs are used to treat complex or chronic conditions and may require special handling or monitoring. These medications are only available through preferred participating pharmacies. To ensure coverage under your plan, you must fill specialty medications at one of the preferred pharmacies.

### **Step Therapy (ST)**

This ensures members receive the safest, most effective and cost-effective medication by having them try certain medications that also treat the condition before the prescribed medication is covered.

## Cost sharing by Tier

<b>Drug Tiers</b>	<b>Preferred Retail Pharmacies</b> 30-day supply	<b>Preferred Retail Pharmacies</b> 90-day supply	<b>Non-Preferred Retail Pharmacies</b> 30-day supply	<b>Non-Preferred Retail Pharmacies</b> 90-day supply
<b>Tier 1: Generics</b>	\$12 or 15%, whichever is greater		\$60 or 30%, whichever is greater	\$120 or 30%, whichever is greater
<b>Tier 2: Preferred Brands</b>	\$30 or 30%, whichever is greater	\$45 or 30%, whichever is greater	\$80 or 40%, whichever is greater	\$160 or 40%, whichever is greater
<b>Tier 3: Non-Preferred Brands</b>	\$60 or 45%, whichever is greater	\$75 or 45%, whichever is greater	\$100 or 50%, whichever is greater	\$200 or 50%, whichever is greater
<b>Tier 4: Specialty Generics</b>	\$50 or 25%, whichever is greater	Not covered		
<b>Tier 5: Specialty Preferred Brands</b>	\$75 or 30%, whichever is greater			
<b>Tier 6: Specialty Non-Preferred Brands</b>	\$150 or 50%, whichever is greater			
<b>Tier 7: Extended Day Supply for Specialty</b>	\$75 or 30%, whichever is greater			
<b>Tier 10: Affordable Care Act Essential Health Benefits</b>	\$0			
<b>Tier 11: FreeStyle Libre 3</b>	\$35	\$105	Not covered	

- If your total prescription costs less than your cost share, you pay the lower amount.
- All specialty medications must be filled through a preferred pharmacy.
- One-time maintenance medication fills offered at non-preferred pharmacies. All future maintenance medication refills must be filled through a preferred pharmacy.
- Once you reach your out-of-pocket maximum, a \$0 cost share will apply.

## Memorial Health System of Southwest Oklahoma Formulary

	TRADE NAME	TIER	NOTES
<b>ADRENERGICS</b>			
<b>ADRENERGIC AGENTS, CATECHOLAMINES</b>			
Epinephrine Soln Prefilled Syringe 1 MG/ML	EPINEPHrine	TIER 1	
<b>ADRENERGIC VASOPRESSOR AGENTS</b>			
Midodrine HCl Tab 10 MG		TIER 1	
Midodrine HCl Tab 2.5 MG		TIER 1	
Midodrine HCl Tab 5 MG		TIER 1	
Droxidopa Cap 100 MG		TIER 4	• PA Required • Specialty
Droxidopa Cap 200 MG		TIER 4	• PA Required • Specialty
Droxidopa Cap 300 MG		TIER 4	• PA Required • Specialty
<b>ANAPHYLAXIS THERAPY AGENTS</b>			
Epinephrine Solution Auto-injector 0.15 MG/0.15ML (1:1000)	Auvi-Q	TIER 1	
Epinephrine Solution Auto-injector 0.15 MG/0.15ML (1:1000)	EPINEPHrine	TIER 1	• QL: <= 4
Epinephrine Solution Auto-injector 0.15 MG/0.3ML (1:2000)		TIER 1	• QL: <= 4
Epinephrine Solution Auto-injector 0.3 MG/0.3ML (1:1000)	EPINEPHrine	TIER 1	• QL: <= 4
Epinephrine Solution Auto-injector 0.3 MG/0.3ML (1:1000)	Auvi-Q	TIER 1	
Epinephrine Solution Prefilled Syringe 0.3 MG/0.3ML (1:1000)	EPINEPHrine	TIER 2	
<b>OVERACTIVE BLADDER AGENTS, BETA-3 ADRENERGIC RECEPTOR AGONISTS</b>			
Mirabegron Tab ER 24 HR 25 MG	Myrbetriq	TIER 2	

	TRADE NAME	TIER	NOTES
Mirabegron Tab ER 24 HR 50 MG	Myrbetriq	TIER 2	
<b>SYMPATHOMIMETIC AGENTS</b>			
Phenylephrine-NaCl IV Solution 40 MG/250ML-0.9%	Phenylephrine HCl-NaCl	TIER 1	
<b>ALDOSTERONE ANTAGONISTS</b>			
<b>POTASSIUM SPARING DIURETICS</b>			
Eplerenone Tab 25 MG		TIER 1	
Eplerenone Tab 50 MG		TIER 1	
Spirolactone Tab 100 MG		TIER 1	
Spirolactone Tab 25 MG		TIER 1	
Spirolactone Tab 50 MG		TIER 1	
<b>ALL OTHER ANTI-OBESITY PREPS</b>			
<b>ANTI-OBESITY - ANOREXIC AGENTS</b>			
Benzphetamine HCl Tab 50 MG		TIER 1	• QL: 3 IN 1 DAYS • AGE_YEARS=0-17 DENY
Phendimetrazine Tartrate Tab 35 MG		TIER 1	• QL: 6 IN 1 DAYS • AGE_YEARS=0-17 DENY
<b>FAT ABSORPTION DECREASING AGENTS</b>			
Orlistat Cap 120 MG	Orlistat	TIER 1	• PA Required
Orlistat Cap 120 MG	Xenical	TIER 1	• PA Required
<b>ALL OTHER DERMATOLOGICALS</b>			
<b>ACNE AGENTS, SYSTEMIC</b>			
Isotretinoin Cap 10 MG		TIER 1	
Isotretinoin Cap 20 MG		TIER 1	
Isotretinoin Cap 30 MG		TIER 1	
Isotretinoin Cap 40 MG		TIER 1	
<b>ACNE AGENTS, TOPICAL</b>			
Adapalene-Benzoyl Peroxide Gel 0.1-2.5%		TIER 1	
Adapalene-Benzoyl Peroxide Gel 0.3-2.5%		TIER 1	
Clindamycin Phosphate-Benzoyl Peroxide Gel 1.2-2.5%		TIER 1	
Clindamycin Phosphate-Benzoyl Peroxide Gel 1.2-3.75%		TIER 1	

	TRADE NAME	TIER	NOTES
Clindamycin Phosphate-Benzoyl Peroxide Gel 1-5%		TIER 1	
Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5%		TIER 1	
Dapsone Gel 5%		TIER 1	
Dapsone Gel 7.5%		TIER 1	
Sulfacetamide Sodium Lotion 10% (Acne)		TIER 1	
Adapalene-Benzoyl Peroxide-Clindamycin Gel 0.1-2.5-1%	Adeinzde	TIER 3	
Adapalene-Benzoyl Peroxide-Clindamycin Gel 0.15-3.1-1.2%	Cabtreo	TIER 3	• PA Required
Adapalene-Benzoyl Peroxide-Clindamycin Gel 0.3-2.5-1%	Adainzde	TIER 3	
Adapalene-Benzoyl Peroxide-Niacinamide Gel 0.3-2.5-4%	Adainzoxia	TIER 3	
Adapalene-Benzoyl Peroxide-Niacinamide Gel 0.3-2.5-4%	Aphoria	TIER 3	
Azelaic Acid-Niacinamide Cream 15-4%	Rumilo	TIER 3	
Azelaic Acid-Niacinamide Cream 15-4%	Acioxiay	TIER 3	
Benz Per-Clindamycin-Niacinamide-Tretinoin Gel 5-1-2-0.025%	Alomira LP	TIER 3	
Benz Per-Clindamycin-Niacinamide-Tretinoin Gel 5-1-2-0.025%	Onzdeaxiatar	TIER 3	
Benz Per-Clindamycin-Niacinamide-Tretinoin Gel 5-1-2-0.05%	Alomira	TIER 3	
Benz Per-Clindamycin-Niacinamide-Tretinoin Gel 5-1-2-0.05%	Onzdeaxiavar	TIER 3	
Benz Per-Clindamycin-Niacinamide-Tretinoin Gel 5-1-2-0.1%	Alomira HP	TIER 3	
Benz Per-Clindamycin-Niacinamide-Tretinoin Gel 5-1-2-0.1%	Onzdeaxiazar	TIER 3	
Benz Per-Clindamycin-Niacinamid-Tretinoin Gel 2.5-1-2-0.025%	Inzdeaxiatar	TIER 3	
Benz Per-Clindamycin-Niacinamid-Tretinoin Gel 2.5-1-2-0.025%	Adermica	TIER 3	
Benz Per-Clindamycin-Niacinamid-Tretinoin Gel 2.5-1-2-0.05%	Adermica HP	TIER 3	
Benz Per-Clindamycin-Niacinamid-Tretinoin Gel 2.5-1-2-0.05%	Inzdeaxiavar	TIER 3	

	TRADE NAME	TIER	NOTES
Benz Per-Clinda-Niacinam-Spiron-Tretinoin Gel 5-1-2-2-0.025%	Onzdeaxiademtar	TIER 3	
Benz Per-Clinda-Niacinam-Spiron-Tretinoin Gel 5-1-2-2-0.05%	Onzdeaxiademvar	TIER 3	
Clindamycin Phos-Niacinamide-Tretinoin Cream 1-4-0.025%	Tardeoxia	TIER 3	
Clindamycin Phos-Niacinamide-Tretinoin Cream 1-4-0.025%	Avidora	TIER 3	
Clindamycin Phos-Niacinamide-Tretinoin Cream 1-4-0.05%	Avidora HP	TIER 3	
Clindamycin Phos-Niacinamide-Tretinoin Cream 1-4-0.05%	Deoxiavar	TIER 3	
Clindamycin Phos-Niacinamide-Tretinoin Solution 1-4-0.025%	Deoxiatar	TIER 3	
Clindamycin Phos-Niacinamide-Tretinoin Solution 1-4-0.025%	Avidora	TIER 3	
Clindamycin Phosphate-Niacinamide Gel 1-4%	Aporix	TIER 3	
Clindamycin Phosphate-Niacinamide Gel 1-4%	Deoxia	TIER 3	
Clindamycin Phosphate-Niacinamide Lotion 1-4%	Aporix	TIER 3	
Clindamycin Phosphate-Niacinamide Lotion 1-4%	Deoxia	TIER 3	
Clindamycin-Benzoyl Peroxide-Niacinamide Gel 1-2.5-4%	Artilis	TIER 3	
Clindamycin-Benzoyl Peroxide-Niacinamide Gel 1-2.5-4%	Inzdeoxia	TIER 3	
Clindamycin-Benzoyl Peroxide-Niacinamide Gel 1-5-4%	Onzdeoxia	TIER 3	
Clindamycin-Benzoyl Peroxide-Niacinamide Gel 1-5-4%	Artilis HP	TIER 3	
Clindamycin-Niacinamid-Spironolac-Tretinoin Gel 1-4-2-0.025%	Augustil	TIER 3	
Clindamycin-Niacinamid-Spironolac-Tretinoin Gel 1-4-2-0.025%	Deoxiademtar	TIER 3	
Dapsone-Niacinamide Gel 6-4%	Diaoxia	TIER 3	
Dapsone-Niacinamide Gel 8.5-4%	Diasoxia	TIER 3	
Dapsone-Niacinamide-Spironolactone Gel 6-2-5%	Diadimaxia	TIER 3	

	TRADE NAME	TIER	NOTES
Dapsone-Niacinamide-Spironolactone Gel 8.5-2-5%	Diasdimaxia	TIER 3	
Dapsone-Niacinamide-Tretinoin Gel 8.5-2-0.025%	Diasaxiatar	TIER 3	
Niacinamide-Spironolactone Gel 4-5%	Dimoxia	TIER 3	
Niacinamide-Spironolactone Gel 4-5%	Adalina	TIER 3	
Niacinamide-Spironolactone-Tretinoin Gel 2-5-0.025%	Tardimaxia	TIER 3	
Niacinamide-Spironolactone-Tretinoin Gel 2-5-0.025%	Azalta	TIER 3	
Niacinamide-Spironolactone-Tretinoin Gel 2-5-0.05%	Vardimaxia	TIER 3	
Niacinamide-Spironolactone-Tretinoin Gel 2-5-0.05%	Azalta HP	TIER 3	
Niacinamide-Tretinoin Cream 4-0.025%	Oxiatar	TIER 3	
Niacinamide-Tretinoin Cream 4-0.025%	Taroxia	TIER 3	
Niacinamide-Tretinoin Cream 4-0.025%	Aluris LP	TIER 3	
Niacinamide-Tretinoin Cream 4-0.025%	Aluris LP Plus	TIER 3	
Niacinamide-Tretinoin Cream 4-0.05%	Oxiavarry	TIER 3	
Niacinamide-Tretinoin Cream 4-0.05%	Aluris Plus	TIER 3	
Niacinamide-Tretinoin Cream 4-0.05%	Aluris	TIER 3	
Niacinamide-Tretinoin Cream 4-0.05%	Varoxia	TIER 3	
Niacinamide-Tretinoin Cream 4-0.05%	Saroxia	TIER 3	
Niacinamide-Tretinoin Cream 4-0.05%	Oxiavar	TIER 3	
Niacinamide-Tretinoin Cream 4-0.05%	Sorixia	TIER 3	
Niacinamide-Tretinoin Cream 4-0.1%	Aluris HP Plus	TIER 3	
Niacinamide-Tretinoin Cream 4-0.1%	Oxiavary	TIER 3	
Niacinamide-Tretinoin Cream 4-0.1%	Oxiazar	TIER 3	
Niacinamide-Tretinoin Cream 4-0.1%	Aluris HP	TIER 3	
Niacinamide-Tretinoin Gel 4-0.025%	Taroxia	TIER 3	
Niacinamide-Tretinoin Gel 4-0.05%	Varoxia	TIER 3	
Niacinamide-Tretinoin Gel 4-0.05%	Aluris	TIER 3	
Niacinamide-Tretinoin Gel 5-0.025%	Sirvana	TIER 3	
Niacinamide-Tretinoin Gel 5-0.025%	Idyxiatar	TIER 3	

	TRADE NAME	TIER	NOTES
Salicylic Acid-Sulfacetamide Sodium Susp 2-8%	Apexol Cleanser	TIER 3	
Salicylic Acid-Sulfacetamide Sodium Susp 2-8%	Draxacey	TIER 3	
Salicylic Acid-Sulfacetamide Sodium Susp 2-8%	Draxace Lotion Cleanser	TIER 3	
Salicylic Acid-Sulfacetamide Sodium Susp 5-10%	Drixece	TIER 3	
Salicylic Acid-Sulfacetamide Sodium Susp 5-10%	Apexol HP Cleanser	TIER 3	

### ANTIPERSPIRANTS

Aluminum Chloride Soln 20%	Drysol	TIER 2	
Aluminum Chloride in Alcohol Solution 6.25%	Xerac AC	TIER 3	

### ANTIPSORIATIC AGENTS, SYSTEMIC

Methoxsalen Rapid Cap 10 MG	Methoxsalen Rapid	TIER 1	
Acitretin Cap 10 MG		TIER 4	• Specialty
Acitretin Cap 17.5 MG		TIER 4	• Specialty
Acitretin Cap 25 MG		TIER 4	• Specialty
Ixekizumab Subcutaneous Soln Auto-injector 80 MG/ML	Taltz	TIER 5	• PA Required • Specialty
Ixekizumab Subcutaneous Soln Prefilled Syringe 80 MG/ML	Taltz	TIER 5	• PA Required • Specialty
Bimekizumab-bkzx Subcutaneous Soln Auto-injector 160 MG/ML	Bimzelx	TIER 6	• PA Required • Specialty
Bimekizumab-bkzx Subcutaneous Soln Prefilled Syr 160 MG/ML	Bimzelx	TIER 6	• PA Required • Specialty
Deucravacitinib Tab 6 MG	Sotyktu	TIER 6	• PA Required • Specialty
Secukinumab IV Soln 125 MG/5ML	Cosentyx	TIER 6	• PA Required • Specialty
Secukinumab Subcutaneous Auto-inj 150 MG/ML (300 MG Dose)	Cosentyx Sensoready (300 MG)	TIER 6	• PA Required • Specialty
Secukinumab Subcutaneous Pref Syr 150 MG/ML (300 MG Dose)	Cosentyx (300 MG Dose)	TIER 6	• PA Required • Specialty
Secukinumab Subcutaneous Soln Auto-injector 150 MG/ML	Cosentyx Sensoready Pen	TIER 6	• PA Required • Specialty
Secukinumab Subcutaneous Soln Auto-injector 300 MG/2ML	Cosentyx UnoReady	TIER 6	• PA Required • Specialty
Secukinumab Subcutaneous Soln Prefilled Syringe 150 MG/ML	Cosentyx	TIER 6	• PA Required • Specialty

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
Secukinumab Subcutaneous Soln Prefilled Syringe 75 MG/0.5ML	Cosentyx	TIER 6	• PA Required • Specialty
Risankizumab-rzaa Soln Auto-injector 150 MG/ML	Skyrizi Pen	TIER 7	• PA Required • Specialty
Risankizumab-rzaa Soln Prefilled Syringe 150 MG/ML	Skyrizi	TIER 7	• PA Required • Specialty

### ANTIPSORIATICS AGENTS

Calcipotriene Cream 0.005%		TIER 1	
Calcipotriene Oint 0.005%		TIER 1	
Calcitriol Oint 3 MCG/GM	Calcitriol	TIER 1	
Tazarotene Cream 0.1%		TIER 1	
Tazarotene Gel 0.05%		TIER 1	• AGE_YEARS=40-999 DENY
Tazarotene Gel 0.1%		TIER 1	• AGE_YEARS=40-999 DENY
Anthralin Cream 1%	Dritho-Creme HP	TIER 2	
Anthralin Shampoo 1%	Zithranol	TIER 3	
Calcipotriene-Niacinamide Cream 0.005-4%	Purazil	TIER 3	
Calcipotriene-Niacinamide Cream 0.005-4%	Diooxia	TIER 3	
Calcitriol Oint 3 MCG/GM	Vectical	TIER 3	

### ANTISEBORRHEIC AGENTS

Selenium Sulfide Shampoo 2.25%		TIER 1	
Selenium Sulfide Shampoo 2.3%		TIER 1	
Sulfacetamide Sodium Liquid 10%		TIER 1	
Sulfacetamide Sodium Cream 10%	Ovace Plus	TIER 3	
Sulfacetamide Sodium Lotion 9.8%	Ovace Plus	TIER 3	• ST: REQUIRES PRIOR PRESCRIPTION FOR CICLOPIROX OR KETOCONAZOLE WITHIN THE PAST 120 DAYS

### DIABETIC ULCER PREPARATIONS, TOPICAL

Becaplermin Gel 0.01%	Regranex	TIER 2	
-----------------------	----------	--------	--

### IMMUNOMODULATORS

Imiquimod Cream 5%		TIER 1	• QL: 2 IN 1 DAYS
--------------------	--	--------	-------------------

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
Imiquimod-Levocetirizine DiHCl-Niacinamide Gel 5-1-2%	Quihoxaxia	TIER 3	
Imiquimod-Levocetirizine DiHCl-Niacinamide Gel 5-1-2%	Kynara	TIER 3	
Imiquimod-Levocetirizine DiHCl-Tretinoin Gel 5-1-0.05%	Quihoxvar	TIER 3	
Imiquimod-Levocetirizine DiHCl-Tretinoin Gel 5-1-0.05%	Kazuri	TIER 3	
Imiquimod-Salicylic Acid-Tretinoin Gel 5-30-0.1%	Quidrozzar	TIER 3	
Imiquimod-Salicylic Acid-Tretinoin Gel 5-30-0.1%	Kerida	TIER 3	

### IRRITANTS/COUNTER-IRRITANTS

Cantharidin Soln 0.7%	Ycanth	TIER 3	
Cantharidin Soln 0.7%	Cantharidin	TIER 3	
Capsaicin Patch 8% & Cleansing Gel Kit	Qutenza	TIER 3	• PA Required
Capsaicin Patch 8% & Cleansing Gel Kit	Qutenza (4 Patch)	TIER 3	• PA Required
Capsaicin Patch 8% & Cleansing Gel Kit	Qutenza (2 Patch)	TIER 3	• PA Required

### KERATOLYTICS

Benzoyl Peroxide Foam 9.8%	Benzoyl Peroxide	TIER 1	
Benzoyl Peroxide Foam 9.8%	BenzePrO Short Contact	TIER 1	
Podofilox Gel 0.5%		TIER 1	• QL: 0.5 IN 1 DAYS • ST: REQUIRES PRIOR PRESCRIPTION FOR PODOFILOX WITHIN THE PAST 120 DAYS
Podofilox Soln 0.5%	Podofilox	TIER 1	• QL: 0.5 IN 1 DAYS
Salicylic Acid Film Forming Liquid 27.5%		TIER 1	
Salicylic Acid Foam 6%		TIER 1	
Salicylic Acid Soln 26%	Salicylic Acid	TIER 1	
Silver Nitrate Soln 10%	Silver Nitrate	TIER 1	
Urea Cream 40%		TIER 1	
Urea Cream 45%	Urea	TIER 1	
Urea Cream 47%	Urea	TIER 1	
Urea Gel 45%		TIER 1	

	TRADE NAME	TIER	NOTES
Benzoyl Peroxide Cloth 5.8%	BenzePrO	TIER 3	
Benzoyl Peroxide Foam 5.2%	BenzePrO	TIER 3	
Ibuprofen-Salicylic Acid Gel 2-17%	Weleris	TIER 3	
Ibuprofen-Salicylic Acid Gel 2-17%	Metdray	TIER 3	
Lidocaine-Salicylic Acid Gel 5-40%	Nendrux	TIER 3	
Lidocaine-Salicylic Acid Gel 5-40%	Wayzen	TIER 3	
Podophyllum Resin Soln 25%	Podocon-25	TIER 3	
Salicylic & Lactic Acids Soln 16.7-16.7%	Gordofilm	TIER 3	
Salicylic Acid Cream 10%	Salimez Forte	TIER 3	
Salicylic Acid Cream 6%	Salimez	TIER 3	
Salicylic Acid Cream 6%	Salicylic Acid	TIER 3	
Salicylic Acid Cream 6%	Salycim	TIER 3	
Salicylic Acid ER Film-Forming Soln 28%	Xalix	TIER 3	
Silver Nitrate-Potassium Nitrate Applicator 75-25%	Arzol Silver Nit Applicators	TIER 3	
Silver Nitrate-Potassium Nitrate Applicator 75-25%	Grafco Silver Nit Applicator	TIER 3	
Urea Soln 45%	CEM-Urea	TIER 3	
Urea-Lactic Acid Gel 40-10%	Pronal	TIER 3	
Urea-Lactic Acid Gel 40-10%	Xirun	TIER 3	

## PROTECTIVES

*Dermatological Products Misc - Kit**	PR Cream	TIER 3	
---------------------------------------	----------	--------	--

## ROSACEA AGENTS, TOPICAL

Azelaic Acid Gel 15%		TIER 1	
Brimonidine Tartrate Gel 0.33% (Base Equivalent)		TIER 1	
Metronidazole Cream 0.75%		TIER 1	
Metronidazole Gel 0.75%		TIER 1	
Metronidazole Gel 1%		TIER 1	
Metronidazole Lotion 0.75%		TIER 1	
Azelaic Acid Foam 15%	Finacea	TIER 2	

	TRADE NAME	TIER	NOTES
Brimonidine Tart-Ivermectin-Metronid-Niacin Gel 0.25-1-1-4%	Rovis	TIER 3	
Brimonidine Tart-Ivermectin-Metronid-Niacin Gel 0.25-1-1-4%	Dazaveidaoxia	TIER 3	
Brimonidine Tartrate Gel 0.25%	Dazomon	TIER 3	
Brimonidine Tartrate Gel 0.25%	Remyda	TIER 3	
Ivermectin-Metronidazole Gel 1-1%	Aveida	TIER 3	
Ivermectin-Metronidazole Gel 1-1%	Restimo	TIER 3	
Ivermectin-Metronidazole-Niacinamide Gel 1-1-4%	Rositara	TIER 3	
Ivermectin-Metronidazole-Niacinamide Gel 1-1-4%	Aveidaoxia	TIER 3	
Metronidazole-Mupirocin Ointment 1-2%	Idaran	TIER 3	

### TISSUE/WOUND ADHESIVES

*Fibrin Sealant Component Kit 10 ML***	Tisseel	TIER 3	
*Fibrin Sealant Component Kit 10 ML***	Artiss	TIER 3	
*Fibrin Sealant Component Kit 2 ML***	Artiss	TIER 3	
*Fibrin Sealant Component Kit 2 ML***	Tisseel	TIER 3	
*Fibrin Sealant Component Kit 4 ML***	Artiss	TIER 3	
*Fibrin Sealant Component Kit 4 ML***	Tisseel	TIER 3	
*Fibrin Sealant Component Solution***	Artiss	TIER 3	
*Fibrin Sealant Component Solution***	Tisseel	TIER 3	

### TOP. ANTI-INFLAM.,PHOSPHODIESTERASE-4 (PDE4) INHIB

Crisaborole Oint 2%	Eucrisa	TIER 2	
---------------------	---------	--------	--

### TOPICAL ACNE AGENT,RETINOIC ACID RECEPTOR AGONIST

Niacinamide-Tazarotene Cream 4-0.05%	Ethoxia	TIER 3	
Niacinamide-Tazarotene Cream 4-0.05%	Alvox	TIER 3	
Niacinamide-Tazarotene Cream 4-0.1%	Ithoxia	TIER 3	
Niacinamide-Tazarotene Cream 4-0.1%	Alvox HP	TIER 3	

### TOPICAL AGENTS,MISCELLANEOUS

*Wound Dressings - Powder***	Collanex	TIER 3	
Baclofen Cream 2%	Muscusolice	TIER 3	

	TRADE NAME	TIER	NOTES
Baclofen Cream 5%	Muscusolice	TIER 3	
Trichloroacetic Acid Liqd 80%	Tri-Chlor	TIER 3	

### TOPICAL ANTIANDROGENIC AGENTS

Clascoterone Cream 1%	Winlevi	TIER 3	• PA Required
-----------------------	---------	--------	---------------

### TOPICAL ANTICHOLINERGIC HYPERHIDROSIS TX AGENTS

Glycopyrronium Tosylate Pad 2.4% (Base Equivalent)	Qbrexza	TIER 2	• PA Required
--	---------	--------	---------------

### TOPICAL IMMUNOSUPPRESSIVE AGENTS

Pimecrolimus Cream 1%		TIER 1	
Tacrolimus Oint 0.03%		TIER 1	
Tacrolimus Oint 0.1%		TIER 1	
Niacinamide-Tacrolimus Cream 4-0.1%	Elyzia	TIER 3	
Niacinamide-Tacrolimus Cream 4-0.1%	Oxianujo	TIER 3	
Niacinamide-Tacrolimus Oint 4-0.1%	Elyzia	TIER 3	
Niacinamide-Tacrolimus Oint 4-0.1%	Oxianujo	TIER 3	
Tacrolimus (Topical) Soln 0.1%	Hovyn	TIER 3	
Tacrolimus (Topical) Soln 0.1%	Nuju	TIER 3	
Tacrolimus Cream 0.1%	Nuju	TIER 3	
Tacrolimus Cream 0.1%	Veven	TIER 3	
Sirolimus Gel 0.2%	Hyftor	TIER 6	• PA Required • Specialty

### TOPICAL JANUS KINASE (JAK) INHIBITORS

Ruxolitinib Phosphate Cream 1.5%	Opzelura	TIER 2	• PA Required
----------------------------------	----------	--------	---------------

### TOPICAL VIT D ANALOG/ANTI-INFLAMMATORY STEROID

Calcipotriene-Betamethasone Dipropionate Oint 0.005-0.064%		TIER 1	
Calcipotriene-Betamethasone Dipropionate Susp 0.005-0.064%		TIER 1	
Calcipotriene-Betamethasone Dipropionate Cream 0.005-0.064%	Wynzora	TIER 3	
Calcipotriene-Betamethasone Dipropionate Foam 0.005-0.064%	Enstilar	TIER 3	
Calcipotriene-Clobetasol Propionate Soln 0.005-0.05%	Plenura	TIER 3	

	TRADE NAME	TIER	NOTES
Calcipotriene-Clobetasol Propionate Soln 0.005-0.05%	Diochloy	TIER 3	
<b>TOPICALS, HYPERTRICHOTIC AGENTS</b>			
Betamethasone Dipropionate-Minoxidil Soln 0.05-5%	Oxopid	TIER 3	
Betamethasone Dipropionate-Minoxidil Soln 0.05-5%	Hemtara	TIER 3	
Betamethasone Dipropionate-Minoxidil Soln 0.05-7%	Oxopod	TIER 3	
Betamethasone Dipropionate-Minoxidil Soln 0.05-7%	Hemtara HP	TIER 3	
Betameth-Minoxidil-Niacinamide-Pentoxifyl Soln 0.05-5-2-0.5%	Hesmilla	TIER 3	
Betameth-Minoxidil-Niacinamide-Pentoxifyl Soln 0.05-5-2-0.5%	Oxopidaxiaqup	TIER 3	
Dexameth-Finast-Minoxidil-Tretinoin Soln 0.1-0.1-5-0.025%	Flyprogpidtar	TIER 3	
Dexameth-Finast-Minoxidil-Tretinoin Soln 0.1-0.1-5-0.025%	Harisis	TIER 3	
Finasteride-Minoxidil Soln 0.1-5%	Finapid	TIER 3	
Finasteride-Minoxidil Soln 0.1-5%	Harviva	TIER 3	
Finasteride-Minoxidil Soln 0.1-7%	Harviva HP	TIER 3	
Finasteride-Minoxidil Soln 0.1-7%	Finapod	TIER 3	
Finasteride-Minoxidil-Tretinoin Soln 0.1-7-0.025%	Honista	TIER 3	
Finasteride-Minoxidil-Tretinoin Soln 0.1-7-0.025%	Finapodtar	TIER 3	
Fluocinolone Acet-Minoxidil-Tretinoin Soln 0.01-5-0.025%	Tetpidtar	TIER 3	
Fluocinolone Acet-Minoxidil-Tretinoin Soln 0.01-5-0.025%	Hevona	TIER 3	
Minoxidil-Niacinamide Soln 7-4%	Podoxia	TIER 3	
Minoxidil-Niacinamide Soln 7-4%	Hovitra	TIER 3	
Minoxidil-Progesterone-Tretinoin Soln 5-0.1-0.025%	Pidprogtar	TIER 3	
Minoxidil-Progesterone-Tretinoin Soln 5-0.1-0.025%	Hentis	TIER 3	
Minoxidil-Progesterone-Tretinoin Soln 7-0.1-0.025%	Hentis HP	TIER 3	

	TRADE NAME	TIER	NOTES
Minoxidil-Progesterone-Tretinoin Soln 7-0.1-0.025%	Podprogtar	TIER 3	
Minoxidil-Tretinoin Soln 7-0.025%	Podtar	TIER 3	
Minoxidil-Tretinoin Soln 7-0.025%	Holizar	TIER 3	
Progesterone-Minoxidil Soln 0.1-7%	Holixia	TIER 3	
Progesterone-Minoxidil Soln 0.1-7%	Podprog	TIER 3	

## VITAMIN A DERIVATIVES

Adapalene Cream 0.1%		TIER 1	
Adapalene Gel 0.3%		TIER 1	
Tretinoin Cream 0.025%		TIER 1	
Tretinoin Cream 0.05%		TIER 1	
Tretinoin Cream 0.1%		TIER 1	
Tretinoin Gel 0.01%		TIER 1	
Tretinoin Gel 0.025%		TIER 1	
Tretinoin Gel 0.05%		TIER 1	
Tretinoin Microsphere Gel 0.04%		TIER 1	• AGE_YEARS=40-999 DENY
Tretinoin Microsphere Gel 0.08%		TIER 1	• AGE_YEARS=40-999 DENY
Tretinoin Microsphere Gel 0.1%		TIER 1	• AGE_YEARS=40-999 DENY
Tretinoin Lotion 0.05%	Altreno	TIER 3	

## ALLERGENS

### ALLERGENIC EXTRACTS, THERAPEUTIC

*Dust Mite Mixed Ext SL Tab 12 SQ-HDM***	Odactra	TIER 2	• PA Required
*Grass Mixed Pollen Ext SL Tab 300 IR (Index of Reactivity)*	Oralair Adult Sample Kit	TIER 2	• PA Required
*Grass Mixed Pollen Ext SL Tab 300 IR (Index of Reactivity)*	Oralair Adult Starter Pack	TIER 2	• PA Required
*Grass Mixed Pollen Ext SL Tab 300 IR (Index of Reactivity)*	Oralair	TIER 2	• PA Required
Short Ragweed Pollen Allergen Extract SL Tab 12 Amb a 1-U	Ragwitek	TIER 2	• PA Required
Timothy Grass Pollen Allergen Ext SL Tab 2800 BAU	Grastek	TIER 2	• PA Required

	TRADE NAME	TIER	NOTES
Peanut Allergen Powder-dnfp Maintenance Packet 300 MG	Palforzia (300 MG Maintenance)	TIER 5	• PA Required • Specialty
Peanut Allergen Powder-dnfp Titration Packet 300 MG	Palforzia (300 MG Titration)	TIER 5	• PA Required • Specialty
Peanut Powder-dnfp Cap Sprinkle Pack 2 x 20 MG (40 MG Dose)	Palforzia (40 MG Daily Dose)	TIER 5	• PA Required • Specialty
Peanut Powder-dnfp Cap Sprinkle Pack 20 MG (20 MG Dose)	Palforzia (20 MG Daily Dose)	TIER 5	• PA Required • Specialty
Peanut Powder-dnfp Cap Sprinkle Pack 3 x 1 MG (3 MG Dose)	Palforzia (3 MG Daily Dose)	TIER 5	• PA Required • Specialty
Peanut Powder-dnfp Cap Sprinkle Pack 4 x 20 MG (80 MG Dose)	Palforzia (80 MG Daily Dose)	TIER 5	• PA Required • Specialty
Peanut Powder-dnfp Cap Sprinkle Pack 6 x 1 MG (6 MG Dose)	Palforzia (6 MG Daily Dose)	TIER 5	• PA Required • Specialty
Peanut Powder-dnfp Pack 2 x 1 MG & 10 MG (12 MG Dose)	Palforzia (12 MG Daily Dose)	TIER 5	• PA Required • Specialty
Peanut Powder-dnfp Pack 2 x 100 MG (200 MG Dose)	Palforzia (200 MG Daily Dose)	TIER 5	• PA Required • Specialty
Peanut Powder-dnfp Pack 2 x 20 MG & 2 x 100 MG (240 MG Dose)	Palforzia (240 MG Daily Dose)	TIER 5	• PA Required • Specialty
Peanut Powder-dnfp Pack 20 MG & 100 MG (120 MG Dose)	Palforzia (120 MG Daily Dose)	TIER 5	• PA Required • Specialty
Peanut Powder-dnfp Pack 3 x 20 MG & 100 MG (160 MG Dose)	Palforzia (160 MG Daily Dose)	TIER 5	• PA Required • Specialty
Peanut Powder-dnfp Starter Pack 0.5 & 1 & 1.5 & 3 & 6 MG	Palforzia Initial Escalation	TIER 5	• PA Required • Specialty
Peanut Powder-dnfp Starter Pack 0.5 & 1 & 1.5 & 3 & 6 MG	Palforzia Initial Dose 4-17yrs	TIER 5	• PA Required • Specialty

### AMPHETAMINE PREPARATIONS

#### ADRENERGICS, AROMATIC, NON-CATECHOLAMINE

Amphetamine Sulfate Tab 10 MG		TIER 1	• PA Required • Not Covered if AGE ≥ 25 YEARS
Amphetamine Sulfate Tab 5 MG		TIER 1	• PA Required • Not Covered if AGE ≥ 25 YEARS
Amphetamine-Dextroamphetamine 3-Bead Cap ER 24HR 12.5 MG		TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Amphetamine-Dextroamphetamine 3-Bead Cap ER 24HR 25 MG		TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
	Amphetamine-Dextroamphetamine 3-Bead Cap ER 24HR 37.5 MG	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
	Amphetamine-Dextroamphetamine 3-Bead Cap ER 24HR 50 MG	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
	Amphetamine-Dextroamphetamine Cap ER 24HR 10 MG	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
	Amphetamine-Dextroamphetamine Cap ER 24HR 15 MG	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
	Amphetamine-Dextroamphetamine Cap ER 24HR 20 MG	TIER 1	• QL: 2 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
	Amphetamine-Dextroamphetamine Cap ER 24HR 25 MG	TIER 1	• QL: 2 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
	Amphetamine-Dextroamphetamine Cap ER 24HR 30 MG	TIER 1	• QL: 2 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
	Amphetamine-Dextroamphetamine Cap ER 24HR 5 MG	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
	Amphetamine-Dextroamphetamine Tab 10 MG	TIER 1	• QL: 2 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
	Amphetamine-Dextroamphetamine Tab 12.5 MG	TIER 1	• QL: 2 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
	Amphetamine-Dextroamphetamine Tab 15 MG	TIER 1	• QL: 2 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
	Amphetamine-Dextroamphetamine Tab 20 MG	TIER 1	• QL: 2 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
	Amphetamine-Dextroamphetamine Tab 30 MG	TIER 1	• QL: 2 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
	Amphetamine-Dextroamphetamine Tab 5 MG	TIER 1	• QL: 2 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
	Amphetamine-Dextroamphetamine Tab 7.5 MG	TIER 1	• QL: 2 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS

TRADE NAME	TIER	NOTES
Dextroamphetamine Sulfate Cap ER 24HR 10 MG	TIER 1	• QL: 2 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Dextroamphetamine Sulfate Cap ER 24HR 15 MG	TIER 1	• QL: 4 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Dextroamphetamine Sulfate Cap ER 24HR 5 MG	TIER 1	• QL: 2 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Dextroamphetamine Sulfate Oral Solution 5 MG/5ML	TIER 1	• QL: 1800 IN 30 DAYS • Not Covered if AGE ≥ 25 YEARS
Dextroamphetamine Sulfate Tab 10 MG	TIER 1	• QL: 6 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Dextroamphetamine Sulfate Tab 15 MG	TIER 1	• QL: 3 IN 1 DAYS • ST: REQUIRES PRIOR PRESCRIPTION FOR DEXTROAMPHETAMINE SULFATE IMMEDIATE RELEASE 5/10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION WITHIN THE PAST 120 DAYS • Not Covered if AGE ≥ 25 YEARS
Dextroamphetamine Sulfate Tab 20 MG	TIER 1	• QL: 2 IN 1 DAYS • ST: REQUIRES PRIOR PRESCRIPTION FOR DEXTROAMPHETAMINE SULFATE IMMEDIATE RELEASE 5/10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION WITHIN THE PAST 120 DAYS • Not Covered if AGE ≥ 25 YEARS
Dextroamphetamine Sulfate Tab 30 MG	TIER 1	• QL: 2 IN 1 DAYS • ST: REQUIRES PRIOR PRESCRIPTION FOR DEXTROAMPHETAMINE SULFATE IMMEDIATE RELEASE 5/10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION WITHIN THE PAST 120 DAYS • Not Covered if AGE ≥ 25 YEARS

TRADE NAME	TIER	NOTES
Dextroamphetamine Sulfate Tab 5 MG	TIER 1	• QL: 3 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Lisdexamfetamine Dimesylate Cap 10 MG	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Lisdexamfetamine Dimesylate Cap 20 MG	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Lisdexamfetamine Dimesylate Cap 30 MG	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Lisdexamfetamine Dimesylate Cap 40 MG	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Lisdexamfetamine Dimesylate Cap 50 MG	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Lisdexamfetamine Dimesylate Cap 60 MG	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Lisdexamfetamine Dimesylate Cap 70 MG	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Lisdexamfetamine Dimesylate Chew Tab 10 MG	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Lisdexamfetamine Dimesylate Chew Tab 20 MG	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Lisdexamfetamine Dimesylate Chew Tab 30 MG	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Lisdexamfetamine Dimesylate Chew Tab 40 MG	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Lisdexamfetamine Dimesylate Chew Tab 50 MG	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Lisdexamfetamine Dimesylate Chew Tab 60 MG	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methamphetamine HCl Tab 5 MG	TIER 1	• QL: 5 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS

	TRADE NAME	TIER	NOTES
Amphetamine Extended Release Susp 2.5 MG/ML	Dyanavel XR	TIER 3	• QL: 240 IN 30 DAYS• ST: AT LEAST 2 PRIOR PRESCRIPTIONS FOR GENERIC METHYLPHENIDATE ER/LA/CD OR CONCERTA OR ADDERALL XR OR MYDAYIS WITHIN THE PAST 365 DAYS • Not Covered if AGE ≥ 25 YEARS
Amphetamine Tab Extended Release 10 MG	Dyanavel XR	TIER 3	• QL: 1 IN 1 DAYS• ST: AT LEAST 2 PRIOR PRESCRIPTIONS FOR GENERIC METHYLPHENIDATE ER/LA/CD OR CONCERTA OR ADDERALL XR OR MYDAYIS WITHIN THE PAST 365 DAYS • Not Covered if AGE ≥ 25 YEARS
Amphetamine Tab Extended Release 15 MG	Dyanavel XR	TIER 3	• QL: 1 IN 1 DAYS• ST: AT LEAST 2 PRIOR PRESCRIPTIONS FOR GENERIC METHYLPHENIDATE ER/LA/CD OR CONCERTA OR ADDERALL XR OR MYDAYIS WITHIN THE PAST 365 DAYS • Not Covered if AGE ≥ 25 YEARS
Amphetamine Tab Extended Release 20 MG	Dyanavel XR	TIER 3	• QL: 1 IN 1 DAYS• ST: AT LEAST 2 PRIOR PRESCRIPTIONS FOR GENERIC METHYLPHENIDATE ER/LA/CD OR CONCERTA OR ADDERALL XR OR MYDAYIS WITHIN THE PAST 365 DAYS • Not Covered if AGE ≥ 25 YEARS

	TRADE NAME	TIER	NOTES
Amphetamine Tab Extended Release 5 MG	Dyanavel XR	TIER 3	• QL: 1 IN 1 DAYS • ST: AT LEAST 2 PRIOR PRESCRIPTIONS FOR GENERIC METHYLPHENIDATE ER/LA/CD OR CONCERTA OR ADDERALL XR OR MYDAYIS WITHIN THE PAST 365 DAYS • Not Covered if AGE ≥ 25 YEARS
Dextroamphetamine Sulfate Tab 10 MG		TIER 3	• QL: 6 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Dextroamphetamine Sulfate Tab 2.5 MG	Dextroamphetamine Sulfate	TIER 3	• QL: 3 IN 1 DAYS • ST: REQUIRES PRIOR PRESCRIPTION FOR DEXTROAMPHETAMINE SULFATE IMMEDIATE RELEASE 5/10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION WITHIN THE PAST 120 DAYS • Not Covered if AGE ≥ 25 YEARS
Dextroamphetamine Sulfate Tab 7.5 MG	Dextroamphetamine Sulfate	TIER 3	• QL: 3 IN 1 DAYS • ST: REQUIRES PRIOR PRESCRIPTION FOR DEXTROAMPHETAMINE SULFATE IMMEDIATE RELEASE 5/10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION WITHIN THE PAST 120 DAYS • Not Covered if AGE ≥ 25 YEARS

## ANDROGENS

### ANDROGENIC AGENTS

Testosterone TD Soln 30 MG/ACT		TIER 1	• PA Required
Testosterone Undecanoate Cap 100 MG	Kyzatrex	TIER 3	• PA Required
Testosterone Undecanoate Cap 150 MG	Kyzatrex	TIER 3	• PA Required
Testosterone Undecanoate Cap 200 MG	Undecatrex	TIER 3	• PA Required
Testosterone Undecanoate Cap 200 MG	Kyzatrex	TIER 3	• PA Required

### ANESTHETIC LOCAL TOPICAL

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
<b>LOCAL ANESTHETICS</b>			
Lidocaine HCl Soln 4%		TIER 1	
Lidocaine HCl Urethral/Mucosal Gel Prefilled Syringe 2%		TIER 1	
Lidocaine HCl Viscous Soln 2%		TIER 1	
*Bupivacaine HCl (PF) Inj 0.5% & Anesthetic Spray Kit***	Marvona SUIK	TIER 3	
Bupivacaine HCl Implant 3 x 100 MG (300 MG Dose)	Xaracoll	TIER 3	
<b>TOPICAL ANTI-INFLAMMATORY STEROID-LOCAL ANESTHETIC</b>			
Hydrocortisone Acetate w/ Pramoxine Perianal Lotn 2.5-1%	Analpram-HC	TIER 2	
Hydrocortisone Acetate w/ Pramoxine Perianal Lotn 2.5-1%	Analpram HC	TIER 2	
Pramoxine-HC Cream 1-1%	Pramosone	TIER 2	• ST: TRIAL OF HYDROCORTISONE/PRA MOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
Pramoxine-HC Lotion 1-1%	Pramosone	TIER 2	
Pramoxine-HC Lotion 1-2.5%	Pramosone	TIER 2	
Pramoxine-HC Oint 1-1%	Pramosone	TIER 2	• ST: TRIAL OF HYDROCORTISONE/PRA MOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
Pramoxine-HC Oint 1-2.5%	Pramosone	TIER 2	
Pramoxine-HC Aerosol Foam 1-1%	Epifoam	TIER 3	• ST: TRIAL OF HYDROCORTISONE/PRA MOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
<b>TOPICAL LOCAL ANESTHETICS</b>			
Lidocaine HCl Cream 3%		TIER 1	
Lidocaine HCl Gel 2.8%	Lidorex	TIER 1	
Lidocaine HCl Gel 2.8%	DermacinRx Lidogel	TIER 1	
Lidocaine HCl Laryngotracheal Soln 4%	Lidocaine HCl	TIER 1	
Lidocaine HCl-Racepinephrine-Tetracaine HCl Gel 4-0.05-0.5%	L.E.T. (Racepinephrine)	TIER 1	

	TRADE NAME	TIER	NOTES
Lidocaine Oint 5%		TIER 1	• QL: 240 IN 30 DAYS
Lidocaine Patch 5%		TIER 1	
Lidocaine Patch 5%		TIER 1	• QL: 3 IN 1 DAYS
Lidocaine-Prilocaine Cream 2.5-2.5%		TIER 1	
Lidocaine-Racepinephrine-Tetracaine External Sol 4-0.05-0.5%	Lido-Racepinephrine-Tetracaine	TIER 1	
Benzocaine Oint 10%	Anacaine	TIER 3	
Benzocaine-Lidocaine-Tetracaine Ointment 20-10-10%	Enznonuty	TIER 3	
Benzocaine-Lidocaine-Tetracaine Ointment 20-10-10%	Nobela	TIER 3	
Butamben-Tetracaine-Benzocaine Aerosol Spray 2-2-14%	Cetacaine	TIER 3	
Ketamine HCl Cream 5%	Praketamide	TIER 3	
Lidocaine Cream 10%	Lidtopic Max	TIER 3	
Lidocaine HCl Cream 3.25%	Lidopin	TIER 3	
Lidocaine HCl-Epinephrine Bit-Tetracaine HCl Gel 4-0.09-0.5%	Topical L.E.T.	TIER 3	
Lidocaine HCl-Epinephrine Bit-Tetracaine HCl Gel 4-0.18-0.5%	Sterile Topical L.E.T. Gel	TIER 3	
Lidocaine HCl-Racepinephrine-Tetracaine HCl Gel 4-0.05-0.5%	L.E.T. (Racepinephrine)	TIER 3	
Lidocaine Lotion 4%	Eha	TIER 3	
Lidocaine-Epinephrine-Tetracaine Gel 4-0.05-0.5%	L.E.T.	TIER 3	
Lidocaine-Menthol Patch 3.5-7%	LM Plus Relief	TIER 3	
Lidocaine-Racepinephrine-Tetracaine External Sol 4-0.05-0.5%	L.E.T. (Racepinephrine)	TIER 3	
Lidocaine-Tetracaine Cream 23-7%	Nynutey	TIER 3	
Lidocaine-Tetracaine Cream 23-7%	Nolira	TIER 3	
Pentafluoropropane-Tetrafluoroethane Aero Spray	Gebauers Spray and Stretch	TIER 3	
Pentafluoropropane-Tetrafluoroethane Aero Spray	Gebauers Pain Ease	TIER 3	
Pentafluoropropane-Tetrafluoroethane Aero Spray	CryoDose TA	TIER 3	

### **URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)**

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
	Phenazopyridine HCl Tab 100 MG	TIER 1	
	Phenazopyridine HCl Tab 200 MG	TIER 1	
<b>ANESTHETICS GEN INHALANT</b>			
<b>GENERAL ANESTHETICS,INHALANT</b>			
	Desflurane Inhal Soln	TIER 1	
	Isoflurane Inhal Soln	TIER 1	
	Sevoflurane Inhal Soln	TIER 1	
<b>ANESTHETICS GEN INJECT</b>			
<b>GENERAL ANESTHETICS,INJECTABLE-BENZODIAZEPINE TYPE</b>			
	Midazolam HCl Inj 10 MG/2ML (Base Equivalent)	TIER 1	
	Midazolam HCl Inj 5 MG/ML (Base Equivalent)	TIER 1	
	Midazolam HCl Inj PF 10 MG/2ML (Base Equivalent)	TIER 1	
	Midazolam HCl Inj PF 5 MG/ML (Base Equivalent)	TIER 1	
<b>ANTIARTHRITICS</b>			
<b>ANALGESIC/ANTIPYRETICS, SALICYLATES</b>			
	Salsalate Tab 500 MG	TIER 1	
	Salsalate Tab 750 MG	TIER 1	
<b>ANTI-ARTHRITIC AND CHELATING AGENTS</b>			
	Penicillamine Cap 250 MG	TIER 4	• PA Required • Specialty
	Penicillamine Tab 250 MG	TIER 4	• PA Required • Specialty
<b>ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS</b>			
	Methotrexate Soln PF Auto-Injector 10 MG/0.4ML	Otrexup	TIER 2 • QL: 1.6 IN 28 DAYS
	Methotrexate Soln PF Auto-Injector 12.5 MG/0.4ML	Otrexup	TIER 2 • QL: 1.6 IN 28 DAYS
	Methotrexate Soln PF Auto-Injector 15 MG/0.4ML	Otrexup	TIER 2 • QL: 1.6 IN 28 DAYS
	Methotrexate Soln PF Auto-Injector 17.5 MG/0.4ML	Otrexup	TIER 2 • QL: 1.6 IN 28 DAYS
	Methotrexate Soln PF Auto-Injector 20 MG/0.4ML	Rasuvo	TIER 2

	TRADE NAME	TIER	NOTES
Methotrexate Soln PF Auto-Injector 20 MG/0.4ML	Otrexup	TIER 2	• QL: 1.6 IN 28 DAYS
Methotrexate Soln PF Auto-Injector 22.5 MG/0.4ML	Otrexup	TIER 2	• QL: 1.6 IN 28 DAYS
Methotrexate Soln PF Auto-Injector 25 MG/0.4ML	Otrexup	TIER 2	• QL: 1.6 IN 28 DAYS

### ANTI-INFLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST

Anakinra Subcutaneous Soln Prefilled Syringe 100 MG/0.67ML	Kineret	TIER 6	• PA Required • Specialty
--	---------	--------	---------------------------

### ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR

Adalimumab-adaz Soln Auto-injector 40 MG/0.4ML	Adalimumab-adaz	TIER 4	• PA Required • Specialty
Adalimumab-adaz Soln Prefilled Syringe 40 MG/0.4ML	Adalimumab-adaz	TIER 4	• PA Required • Specialty
Adalimumab Auto-injector Kit 40 MG/0.8ML	Humira (2 Pen)	TIER 5	• Specialty
Adalimumab Prefilled Syringe Kit 40 MG/0.8ML	Humira (2 Syringe)	TIER 5	• Specialty
Adalimumab-adaz Soln Auto-injector 40 MG/0.4ML	Hyrimoz	TIER 5	• PA Required • Specialty
Adalimumab-adaz Soln Auto-injector 40 MG/0.8ML	Hyrimoz	TIER 5	• Specialty
Adalimumab-adaz Soln Auto-injector 80 MG/0.8ML	Adalimumab-adaz	TIER 5	• PA Required • Specialty
Adalimumab-adaz Soln Auto-injector 80 MG/0.8ML	Hyrimoz-Crohns/UC Starter	TIER 5	• PA Required • Specialty
Adalimumab-adaz Soln Auto-injector 80 MG/0.8ML	Hyrimoz	TIER 5	• PA Required • Specialty
Adalimumab-adaz Soln Auto-injector 80 MG/0.8ML & 40 MG/0.4ML	Hyrimoz-Plaque Psoriasis Start	TIER 5	• PA Required • Specialty
Adalimumab-adaz Soln Auto-injector 80 MG/0.8ML & 40 MG/0.4ML	Hyrimoz-Plaq Psor/Uveit Start	TIER 5	• PA Required • Specialty
Adalimumab-adaz Soln Prefilled Syr 80 MG/0.8ML & 40 MG/0.4ML	Hyrimoz-Ped<40kg Crohn Starter	TIER 5	• PA Required • Specialty
Adalimumab-adaz Soln Prefilled Syringe 10 MG/0.1ML	Adalimumab-adaz	TIER 5	• PA Required • Specialty
Adalimumab-adaz Soln Prefilled Syringe 10 MG/0.1ML	Hyrimoz	TIER 5	• PA Required • Specialty
Adalimumab-adaz Soln Prefilled Syringe 20 MG/0.2ML	Adalimumab-adaz	TIER 5	• PA Required • Specialty

	TRADE NAME	TIER	NOTES
Adalimumab-adaz Soln Prefilled Syringe 20 MG/0.2ML	Hyrimoz	TIER 5	• PA Required • Specialty
Adalimumab-adaz Soln Prefilled Syringe 40 MG/0.4ML	Hyrimoz	TIER 5	• PA Required • Specialty
Adalimumab-adaz Soln Prefilled Syringe 40 MG/0.8ML	Hyrimoz	TIER 5	• Specialty
Adalimumab-adaz Soln Prefilled Syringe 80 MG/0.8ML	Hyrimoz-Ped>/=40kg Crohn Start	TIER 5	• PA Required • Specialty
Adalimumab-adbm Auto-injector Kit 40 MG/0.8ML	Adalimumab-adbm (2 Pen)	TIER 5	• PA Required • Specialty
Adalimumab-adbm Auto-injector Kit 40 MG/0.8ML	Adalimumab-adbm(CD/UC/HS Strt)	TIER 5	• PA Required • Specialty
Adalimumab-adbm Auto-injector Kit 40 MG/0.8ML	Adalimumab-adbm(Ps/UV Starter)	TIER 5	• PA Required • Specialty
Adalimumab-adbm Auto-injector Kit 40 MG/0.8ML	Cyltezo (2 Pen)	TIER 5	• PA Required • Specialty
Adalimumab-adbm Auto-injector Kit 40 MG/0.8ML	Cyltezo-CD/UC/HS Starter	TIER 5	• PA Required • Specialty
Adalimumab-adbm Auto-injector Kit 40 MG/0.8ML	Cyltezo-Psoriasis/UV Starter	TIER 5	• PA Required • Specialty
Adalimumab-adbm Prefilled Syringe Kit 10 MG/0.2ML	Adalimumab-adbm (2 Syringe)	TIER 5	• PA Required • Specialty
Adalimumab-adbm Prefilled Syringe Kit 10 MG/0.2ML	Cyltezo (2 Syringe)	TIER 5	• PA Required • Specialty
Adalimumab-adbm Prefilled Syringe Kit 20 MG/0.4ML	Cyltezo (2 Syringe)	TIER 5	• PA Required • Specialty
Adalimumab-adbm Prefilled Syringe Kit 20 MG/0.4ML	Adalimumab-adbm (2 Syringe)	TIER 5	• PA Required • Specialty
Adalimumab-adbm Prefilled Syringe Kit 40 MG/0.8ML	Cyltezo (2 Syringe)	TIER 5	• PA Required • Specialty
Adalimumab-adbm Prefilled Syringe Kit 40 MG/0.8ML	Adalimumab-adbm (2 Syringe)	TIER 5	• PA Required • Specialty
Adalimumab-atto Soln Auto-injector 40 MG/0.8ML	Amjevita	TIER 5	• PA Required • Specialty
Adalimumab-atto Soln Prefilled Syringe 10 MG/0.2ML	Amjevita-Ped 10kg to <15kg	TIER 5	• PA Required • Specialty
Adalimumab-atto Soln Prefilled Syringe 20 MG/0.4ML	Amjevita-Ped 15kg to <30kg	TIER 5	• Specialty
Adalimumab-atto Soln Prefilled Syringe 40 MG/0.8ML	Amjevita	TIER 5	• PA Required • Specialty
Adalimumab-bwwd Soln Auto-injector 40 MG/0.4ML	Hadlima PushTouch	TIER 5	• Specialty

	TRADE NAME	TIER	NOTES
Adalimumab-bwwd Soln Auto-injector 40 MG/0.8ML	Hadlima PushTouch	TIER 5	• Specialty
Adalimumab-bwwd Soln Prefilled Syringe 40 MG/0.4ML	Hadlima	TIER 5	• Specialty
Adalimumab-bwwd Soln Prefilled Syringe 40 MG/0.8ML	Hadlima	TIER 5	• Specialty
Etanercept Subcutaneous Inj 25 MG/0.5ML	Enbrel	TIER 5	• Specialty
Etanercept Subcutaneous Soln Prefilled Syringe 25 MG/0.5ML	Enbrel	TIER 5	• Specialty
Etanercept Subcutaneous Soln Prefilled Syringe 50 MG/ML	Enbrel	TIER 5	• Specialty
Etanercept Subcutaneous Solution Auto-injector 50 MG/ML	Enbrel SureClick	TIER 5	• Specialty
Etanercept Subcutaneous Solution Cartridge 50 MG/ML	Enbrel Mini	TIER 5	• Specialty
Golimumab Subcutaneous Soln Auto-injector 100 MG/ML	Simponi	TIER 5	• Specialty
Golimumab Subcutaneous Soln Auto-injector 50 MG/0.5ML	Simponi	TIER 5	• Specialty
Golimumab Subcutaneous Soln Prefilled Syringe 100 MG/ML	Simponi	TIER 5	• Specialty
Golimumab Subcutaneous Soln Prefilled Syringe 50 MG/0.5ML	Simponi	TIER 5	• Specialty

### **ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR**

Leflunomide Tab 10 MG		TIER 1	
Leflunomide Tab 20 MG		TIER 1	

### **ANTI-INFLAMMATORY, PHOSPHODIESTERASE-4 (PDE4) INHIB.**

Apremilast Tab 30 MG	Otezla	TIER 6	• PA Required • Specialty
Apremilast Tab Starter Therapy Pack 10 MG & 20 MG & 30 MG	Otezla	TIER 6	• PA Required • Specialty

### **ANTINFLAMMATORY, SEL.COSTIM.MOD., T-CELL INHIBITOR**

Abatacept Subcutaneous Soln Auto-Injector 125 MG/ML	Orencia ClickJect	TIER 6	• PA Required • Specialty
Abatacept Subcutaneous Soln Prefilled Syringe 125 MG/ML	Orencia	TIER 6	• PA Required • Specialty
Abatacept Subcutaneous Soln Prefilled Syringe 50 MG/0.4ML	Orencia	TIER 6	• PA Required • Specialty

	TRADE NAME	TIER	NOTES
Abatacept Subcutaneous Soln Prefilled Syringe 87.5 MG/0.7ML	Orencia	TIER 6	• PA Required • Specialty
<b>COLCHICINE</b>			
Colchicine Cap 0.6 MG		TIER 1	• QL: 2 IN 1 DAYS
Colchicine Tab 0.6 MG		TIER 1	• QL: 4 IN 1 DAYS
Colchicine Oral Soln 0.6 MG/5ML	Gloperba	TIER 3	• QL: 10 IN 1 DAYS• ST: TRIAL OF COLCHICINE CAPS OR TABS IN THE PAST 120 DAYS
<b>GOLD SALTS</b>			
Auranofin Cap 3 MG	Ridaura	TIER 3	
Auranofin Cap 3 MG	Auranofin	TIER 3	
<b>HYPERURICEMIA TX - XANTHINE OXIDASE INHIBITORS</b>			
Allopurinol Tab 100 MG		TIER 1	
Allopurinol Tab 300 MG		TIER 1	
Febuxostat Tab 40 MG		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR ALLOPURINOL WITHIN THE PAST 120 DAYS
Febuxostat Tab 80 MG		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR ALLOPURINOL WITHIN THE PAST 120 DAYS
<b>JANUS KINASE (JAK) INHIBITORS</b>			
Upadacitinib Tab ER 24HR 15 MG	Rinvoq	TIER 5	• PA Required • Specialty
Tofacitinib Citrate Oral Soln 1 MG/ML (Base Equivalent)	Xeljanz	TIER 6	• PA Required • Specialty
Tofacitinib Citrate Tab 10 MG (Base Equivalent)	Xeljanz	TIER 6	• PA Required • Specialty
Tofacitinib Citrate Tab 5 MG (Base Equivalent)	Xeljanz	TIER 6	• PA Required • Specialty
Tofacitinib Citrate Tab ER 24HR 11 MG (Base Equivalent)	Xeljanz XR	TIER 6	• PA Required • Specialty
Tofacitinib Citrate Tab ER 24HR 22 MG (Base Equivalent)	Xeljanz XR	TIER 6	• PA Required • Specialty
<b>NSAIDS(COX NON-SPEC.INHIB)AND PROSTAGLANDIN ANALOG</b>			

	TRADE NAME	TIER	NOTES
	Diclofenac w/ Misoprostol Tab Delayed Release 50-0.2 MG	TIER 1	
	Diclofenac w/ Misoprostol Tab Delayed Release 75-0.2 MG	TIER 1	
<b>NSAIDS, CYCLOOXYGENASE INHIBITOR TYPE ANALGESICS</b>			
	Diclofenac Sodium Tab Delayed Release 25 MG	TIER 1	
	Diclofenac Sodium Tab Delayed Release 50 MG	TIER 1	
	Diclofenac Sodium Tab Delayed Release 75 MG	TIER 1	
	Diclofenac Sodium Tab ER 24HR 100 MG	TIER 1	
	Etodolac Cap 200 MG	TIER 1	
	Etodolac Cap 300 MG	TIER 1	
	Etodolac Tab 400 MG	TIER 1	
	Etodolac Tab 500 MG	TIER 1	
	Etodolac Tab ER 24HR 400 MG	TIER 1	
	Etodolac Tab ER 24HR 500 MG	TIER 1	
	Etodolac Tab ER 24HR 600 MG	TIER 1	
	Flurbiprofen Tab 100 MG	TIER 1	
	Ibuprofen Susp 100 MG/5ML	TIER 1	
	Ibuprofen Tab 400 MG	TIER 1	
	Ibuprofen Tab 600 MG	TIER 1	
	Ibuprofen Tab 800 MG	TIER 1	
	Indomethacin Cap 25 MG	TIER 1	
	Indomethacin Cap 50 MG	TIER 1	
	Indomethacin Cap ER 75 MG	TIER 1	
	Indomethacin Suppos 100 MG	Indomethacin	TIER 1
	Ketoprofen Cap 50 MG	Ketoprofen	TIER 1
	Ketoprofen Cap 75 MG	Orudis	TIER 1
	Ketoprofen Cap ER 24HR 200 MG	Ketoprofen ER	TIER 1
	Meclofenamate Sodium Cap 100 MG	Meclofenamate Sodium	TIER 1
	Meclofenamate Sodium Cap 50 MG	Meclofenamate Sodium	TIER 1

	TRADE NAME	TIER	NOTES
Meloxicam Susp 7.5 MG/5ML	Zybic	TIER 1	
Meloxicam Susp 7.5 MG/5ML	Meloxicam	TIER 1	
Meloxicam Tab 15 MG		TIER 1	
Meloxicam Tab 7.5 MG		TIER 1	
Nabumetone Tab 500 MG		TIER 1	
Nabumetone Tab 750 MG		TIER 1	
Naproxen Sodium Tab 275 MG		TIER 1	
Naproxen Sodium Tab 550 MG		TIER 1	
Naproxen Tab 250 MG		TIER 1	
Naproxen Tab 375 MG		TIER 1	
Naproxen Tab 500 MG		TIER 1	
Naproxen Tab EC 375 MG		TIER 1	
Naproxen Tab EC 500 MG		TIER 1	
Oxaprozin Tab 600 MG		TIER 1	
Piroxicam Cap 10 MG		TIER 1	
Piroxicam Cap 20 MG		TIER 1	
Sulindac Tab 150 MG		TIER 1	
Sulindac Tab 200 MG		TIER 1	
Tolmetin Sodium Cap 400 MG	Tolmetin Sodium	TIER 1	
Ketoprofen Cap 25 MG	Ketoprofen	TIER 3	
Ketoprofen Cap 25 MG	Kiprofen	TIER 3	
Tolmetin Sodium Tab 600 MG	Tolmetin Sodium	TIER 3	
Tolmetin Sodium Tab 600 MG	Tolectin 600	TIER 3	

### **NSAIDS, CYCLOOXYGENASE-2(COX-2) SELECTIVE INHIBITOR**

Celecoxib Cap 100 MG		TIER 1	
Celecoxib Cap 200 MG		TIER 1	
Celecoxib Cap 400 MG		TIER 1	
Celecoxib Cap 50 MG		TIER 1	

### **TOPICAL ANTI-INFLAMMATORY, NSAIDS**

Diclofenac Epolamine Patch 1.3%	Flector	TIER 1	
---------------------------------	---------	--------	--

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
Diclofenac Epolamine Patch 1.3%	Diclofenac Epolamine	TIER 1	
Diclofenac Sodium Gel 1% (1.16% Diethylamine Equiv)		TIER 1	
Diclofenac Sodium Soln 1.5%		TIER 1	
Diclofenac Epolamine Patch 1.3%	Flector	TIER 3	
Diclofenac Epolamine Patch 24HR 1.3%	Licart	TIER 3	• QL: 1 IN 1 DAYS • ST: TRIAL OF GENERIC FLECTOR PATCH IN THE PAST 120 DAYS
Diclofenac Sodium-Niacinamide Gel 3-4%	Keraxa	TIER 3	
Diclofenac Sodium-Niacinamide Gel 3-4%	Roaoxia	TIER 3	

### URICOSURIC AGENTS

Colchicine w/ Probenecid Tab 0.5-500 MG		TIER 1	
Probenecid Tab 500 MG		TIER 1	

### ANTICOAGULANTS

#### ANTICOAGULANTS, COUMARIN TYPE

Warfarin Sodium Tab 1 MG		TIER 1	
Warfarin Sodium Tab 10 MG		TIER 1	
Warfarin Sodium Tab 2 MG		TIER 1	
Warfarin Sodium Tab 2.5 MG		TIER 1	
Warfarin Sodium Tab 3 MG		TIER 1	
Warfarin Sodium Tab 4 MG		TIER 1	
Warfarin Sodium Tab 5 MG		TIER 1	
Warfarin Sodium Tab 6 MG		TIER 1	
Warfarin Sodium Tab 7.5 MG		TIER 1	

#### CITRATES AS ANTICOAGULANTS

*Anticoagulant Citrate Dextrose Solution A**	ACD-A noClot-50	TIER 3	
*Anticoagulant Citrate Dextrose Solution A**	ACD Formula A	TIER 3	
*Continuous Renal Replacement Therapy (CRRT) Solutions**	Trisodium Citrate/CRRT	TIER 3	
*Regional Citrate Anticoagulation (RCA) for CRRT Soln*	Regiocit	TIER 3	
Anticoagulant Sodium Citrate Concentrate 46.7%	TriCitrasol	TIER 3	

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
Sodium Citrate Soln Prefilled Syringe 4%	Sodium Citrate	TIER 3	
<b>DIRECT FACTOR XA INHIBITORS</b>			
Apixaban Tab 2.5 MG	Eliquis	TIER 2	• QL: 2 IN 1 DAYS
Apixaban Tab 5 MG	Eliquis	TIER 2	• QL: 74 IN 30 DAYS
Apixaban Tab Starter Pack 5 MG	Eliquis DVT/PE Starter Pack	TIER 2	• QL: 74 IN 30 DAYS
Rivaroxaban Tab 10 MG	Xarelto	TIER 2	• QL: 1 IN 1 DAYS
Rivaroxaban Tab 15 MG	Xarelto	TIER 2	• QL: 2 IN 1 DAYS
Rivaroxaban Tab 2.5 MG	Xarelto	TIER 2	• QL: 2 IN 1 DAYS
Rivaroxaban Tab 20 MG	Xarelto	TIER 2	• QL: 1 IN 1 DAYS
Rivaroxaban Tab Starter Therapy Pack 15 MG & 20 MG	Xarelto Starter Pack	TIER 2	• QL: 51 IN 30 DAYS
<b>HEPARIN AND RELATED PREPARATIONS</b>			
Heparin Sod (Porcine)-NaCl IV Soln 1000 Unit/500ML-0.9%		TIER 1	
Heparin Sod (Porcine)-NaCl IV Soln 2000 Unit/L-0.9%		TIER 1	
Heparin Sodium (Porcine) Inj 1000 Unit/ML		TIER 1	
Heparin Sodium (Porcine) Inj 10000 Unit/ML		TIER 1	
Heparin Sodium (Porcine) Inj 20000 Unit/ML		TIER 1	
Heparin Sodium (Porcine) Inj 5000 Unit/ML		TIER 1	
Heparin Sodium (Porcine) PF Inj 1000 Unit/ML		TIER 1	
Heparin Sodium (Porcine) PF Inj 5000 Unit/0.5ML		TIER 1	
Heparin Sod (Porcine) in NaCl IV Soln 2500 Unit/500ML-0.9%	Heparin (Porcine) in NaCl	TIER 3	
Heparin Sod (Porcine)-NaCl IV Soln 5000 Unit/500ML-0.9%	Heparin (Porcine) in NaCl	TIER 3	
Enoxaparin Sodium Inj 300 MG/3ML		TIER 4	• QL: 1 IN 1 DAYS • Specialty
Enoxaparin Sodium Inj Soln Pref Syr 100 MG/ML		TIER 4	• Specialty
Enoxaparin Sodium Inj Soln Pref Syr 120 MG/0.8ML		TIER 4	• Specialty
Enoxaparin Sodium Inj Soln Pref Syr 150 MG/ML		TIER 4	• Specialty

	TRADE NAME	TIER	NOTES
Enoxaparin Sodium Inj Soln Pref Syr 30 MG/0.3ML		TIER 4	• Specialty
Enoxaparin Sodium Inj Soln Pref Syr 40 MG/0.4ML		TIER 4	• Specialty
Enoxaparin Sodium Inj Soln Pref Syr 60 MG/0.6ML		TIER 4	• Specialty
Enoxaparin Sodium Inj Soln Pref Syr 80 MG/0.8ML		TIER 4	• Specialty
Fondaparinux Sodium Subcutaneous Inj 10 MG/0.8ML		TIER 4	• QL: 24 IN 30 DAYS • Specialty
Fondaparinux Sodium Subcutaneous Inj 2.5 MG/0.5ML		TIER 4	• QL: 15 IN 30 DAYS • Specialty
Fondaparinux Sodium Subcutaneous Inj 5 MG/0.4ML		TIER 4	• QL: 12 IN 30 DAYS • Specialty
Fondaparinux Sodium Subcutaneous Inj 7.5 MG/0.6ML		TIER 4	• QL: 18 IN 30 DAYS • Specialty
Dalteparin Sodium Soln Prefilled Syr 10000 Unit/ML	Fragmin	TIER 5	• QL: 2 IN 1 DAYS • Specialty
Dalteparin Sodium Soln Prefilled Syr 12500 Unit/0.5ML	Fragmin	TIER 5	• QL: 1 IN 1 DAYS • Specialty
Dalteparin Sodium Soln Prefilled Syr 15000 Unit/0.6ML	Fragmin	TIER 5	• QL: 36 IN 30 DAYS • Specialty
Dalteparin Sodium Soln Prefilled Syr 18000 Unit/0.72ML	Fragmin	TIER 5	• QL: 43.2 IN 30 DAYS • Specialty
Dalteparin Sodium Soln Prefilled Syr 2500 Unit/0.2ML	Fragmin	TIER 5	• QL: 12 IN 30 DAYS • Specialty
Dalteparin Sodium Soln Prefilled Syr 5000 Unit/0.2ML	Fragmin	TIER 5	• QL: 12 IN 30 DAYS • Specialty
Dalteparin Sodium Soln Prefilled Syr 7500 Unit/0.3ML	Fragmin	TIER 5	• QL: 18 IN 30 DAYS • Specialty
Dalteparin Sodium Subcutaneous Soln 10000 Unit/4ML	Fragmin	TIER 5	• QL: 8 IN 1 DAYS • Specialty
Dalteparin Sodium Subcutaneous Soln 95000 Unit/3.8ML	Fragmin	TIER 5	• QL: 7.6 IN 30 DAYS • Specialty

### PLATELET AGGREGATION INHIBITORS

Aspirin-Dipyridamole Cap ER 12HR 25-200 MG		TIER 1	
Cilostazol Tab 100 MG		TIER 1	
Cilostazol Tab 50 MG		TIER 1	

	TRADE NAME	TIER	NOTES
Clopidogrel Bisulfate Tab 300 MG (Base Equiv)		TIER 1	• QL: 4 IN 30 DAYS
Clopidogrel Bisulfate Tab 75 MG (Base Equiv)		TIER 1	
Dipyridamole Tab 25 MG		TIER 1	
Dipyridamole Tab 50 MG		TIER 1	
Dipyridamole Tab 75 MG		TIER 1	
Prasugrel HCl Tab 10 MG (Base Equiv)		TIER 1	• QL: 1 IN 1 DAYS
Prasugrel HCl Tab 5 MG (Base Equiv)		TIER 1	• QL: 1 IN 1 DAYS
Aspirin Chew Tab 81 MG		TIER 10	
Aspirin Tab Delayed Release 81 MG		TIER 10	
Ticagrelor Tab 60 MG	Brilinta	TIER 2	• QL: 2 IN 1 DAYS
Ticagrelor Tab 90 MG	Brilinta	TIER 2	• QL: 2 IN 1 DAYS
Vorapaxar Sulfate Tab 2.08 MG (Base Equivalent)	Zontivity	TIER 3	• QL: 1 IN 1 DAYS

### **THROMBIN INHIBITORS, SELECTIVE, DIRECT, REVERSIBLE**

Dabigatran Etexilate Mesylate Cap 110 MG (Etexilate Base Eq)		TIER 1	• QL: 2 IN 1 DAYS
Dabigatran Etexilate Mesylate Cap 150 MG (Etexilate Base Eq)		TIER 1	• QL: 2 IN 1 DAYS
Dabigatran Etexilate Mesylate Cap 75 MG (Etexilate Base Eq)		TIER 1	• QL: 2 IN 1 DAYS
Dabigatran Etexilate Mesylate Pellet Pack 110 MG	Pradaxa	TIER 3	• PA Required
Dabigatran Etexilate Mesylate Pellet Pack 150 MG	Pradaxa	TIER 3	• PA Required
Dabigatran Etexilate Mesylate Pellet Pack 20 MG	Pradaxa	TIER 3	• PA Required
Dabigatran Etexilate Mesylate Pellet Pack 30 MG	Pradaxa	TIER 3	• PA Required
Dabigatran Etexilate Mesylate Pellet Pack 40 MG	Pradaxa	TIER 3	• PA Required
Dabigatran Etexilate Mesylate Pellet Pack 50 MG	Pradaxa	TIER 3	• PA Required

### **ANTICONVULSANTS**

#### **ANTICONVULSANT - BENZODIAZEPINE TYPE**

Clobazam Suspension 2.5 MG/ML		TIER 1	• QL: 480 IN 30 DAYS
-------------------------------	--	--------	----------------------

	TRADE NAME	TIER	NOTES
Clobazam Tab 10 MG		TIER 1	• QL: 2 IN 1 DAYS
Clobazam Tab 20 MG		TIER 1	• QL: 2 IN 1 DAYS
Clonazepam Orally Disintegrating Tab 0.125 MG		TIER 1	
Clonazepam Orally Disintegrating Tab 0.25 MG		TIER 1	
Clonazepam Orally Disintegrating Tab 0.5 MG		TIER 1	
Clonazepam Orally Disintegrating Tab 1 MG		TIER 1	
Clonazepam Orally Disintegrating Tab 2 MG		TIER 1	
Clonazepam Tab 0.5 MG		TIER 1	
Clonazepam Tab 1 MG		TIER 1	
Clonazepam Tab 2 MG		TIER 1	
Diazepam Rectal Gel Delivery System 10 MG		TIER 1	• QL: <= 1
Diazepam Rectal Gel Delivery System 20 MG		TIER 1	• QL: <= 1
Diazepam Nasal Spray 10 MG/0.1 ML	Valtoco 10 MG Dose	TIER 3	• QL: 10 IN 30 DAYS
Diazepam Nasal Spray 5 MG/0.1 ML	Valtoco 5 MG Dose	TIER 3	• QL: 10 IN 30 DAYS
Diazepam Nasal Spray Ther Pack 2 x 10 MG/0.1ML (20 MG Dose)	Valtoco 20 MG Dose	TIER 3	• QL: 10 IN 30 DAYS
Diazepam Nasal Spray Ther Pack 2 x 7.5 MG/0.1ML (15 MG Dose)	Valtoco 15 MG Dose	TIER 3	• QL: 10 IN 30 DAYS
Diazepam Rectal Gel Delivery System 2.5 MG	Diastat Pediatric	TIER 3	
Midazolam Nasal Spray Soln 5 MG/0.1 ML	Nayzilam	TIER 3	• QL: 10 IN 30 DAYS

### ANTICONVULSANT - CANNABINOID TYPE

Cannabidiol Soln 100 MG/ML	Epidiolex	TIER 6	• ST: TRIAL OF ONE OF THE FOLLOWING GENERIC ANTICONVULSANTS: CLOBAZAM, VALPROIC ACID DERIVATIVES, LAMOTRIGINE, LEVETIRACETAM, TOPIRAMATE, VIGABATRIN, CARBAMAZEPINE, AND OXCARBAZEPINE IN 365 DAYS • Specialty
----------------------------	-----------	--------	--

### ANTICONVULSANTS

Carbamazepine Cap ER 12HR 100 MG

TIER 1

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Page 33

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

TRADE NAME	TIER	NOTES
Carbamazepine Cap ER 12HR 200 MG	TIER 1	
Carbamazepine Cap ER 12HR 300 MG	TIER 1	
Carbamazepine Chew Tab 100 MG	TIER 1	
Carbamazepine Susp 100 MG/5ML	TIER 1	
Carbamazepine Tab 200 MG	TIER 1	
Carbamazepine Tab ER 12HR 100 MG	TIER 1	
Carbamazepine Tab ER 12HR 200 MG	TIER 1	
Carbamazepine Tab ER 12HR 400 MG	TIER 1	
Divalproex Sodium Cap Delayed Release Sprinkle 125 MG	TIER 1	
Divalproex Sodium Tab Delayed Release 125 MG	TIER 1	
Divalproex Sodium Tab Delayed Release 250 MG	TIER 1	
Divalproex Sodium Tab Delayed Release 500 MG	TIER 1	
Divalproex Sodium Tab ER 24 HR 250 MG	TIER 1	
Divalproex Sodium Tab ER 24 HR 500 MG	TIER 1	
Ethosuximide Cap 250 MG	TIER 1	
Ethosuximide Soln 250 MG/5ML	TIER 1	
Felbamate Susp 600 MG/5ML	TIER 1	• QL: 30 IN 1 DAYS
Felbamate Tab 400 MG	TIER 1	• QL: 9 IN 1 DAYS
Felbamate Tab 600 MG	TIER 1	• QL: 6 IN 1 DAYS
Gabapentin Cap 100 MG	TIER 1	
Gabapentin Cap 300 MG	TIER 1	
Gabapentin Cap 400 MG	TIER 1	
Gabapentin Oral Soln 250 MG/5ML	TIER 1	
Gabapentin Tab 600 MG	TIER 1	
Gabapentin Tab 800 MG	TIER 1	
Lacosamide Oral Solution 10 MG/ML	TIER 1	• QL: 1200 IN 30 DAYS
Lacosamide Tab 100 MG	TIER 1	• QL: 2 IN 1 DAYS
Lacosamide Tab 150 MG	TIER 1	• QL: 2 IN 1 DAYS

TRADE NAME	TIER	NOTES
Lacosamide Tab 200 MG	TIER 1	• QL: 2 IN 1 DAYS
Lacosamide Tab 50 MG	TIER 1	• QL: 2 IN 1 DAYS
Lamotrigine Orally Disintegrating Tab 100 MG	TIER 1	• QL: 3 IN 1 DAYS
Lamotrigine Orally Disintegrating Tab 200 MG	TIER 1	• QL: 2 IN 1 DAYS
Lamotrigine Orally Disintegrating Tab 25 MG	TIER 1	• QL: 6 IN 1 DAYS
Lamotrigine Orally Disintegrating Tab 50 MG	TIER 1	• QL: 6 IN 1 DAYS
Lamotrigine Tab 100 MG	TIER 1	
Lamotrigine Tab 150 MG	TIER 1	
Lamotrigine Tab 200 MG	TIER 1	
Lamotrigine Tab 25 MG	TIER 1	
Lamotrigine Tab 25 MG (42) & 100 MG (7) Starter Kit	TIER 1	
Lamotrigine Tab 35 x 25 MG Starter Kit	TIER 1	
Lamotrigine Tab 84 x 25 MG & 14 x 100 MG Starter Kit	TIER 1	
Lamotrigine Tab Chewable Dispersible 25 MG	TIER 1	
Lamotrigine Tab Chewable Dispersible 5 MG	TIER 1	
Lamotrigine Tab Disint 21 x 25 MG & 7 x 50 MG Titration Kit	TIER 1	
Lamotrigine Tab Disint 25 (14) & 50 MG (14) & 100 MG (7) Kit	TIER 1	
Lamotrigine Tab Disint 42 x 50MG & 14 x 100MG Titration Kit	TIER 1	
Lamotrigine Tab ER 24HR 100 MG	TIER 1	• QL: 3 IN 1 DAYS
Lamotrigine Tab ER 24HR 200 MG	TIER 1	• QL: 2 IN 1 DAYS
Lamotrigine Tab ER 24HR 25 MG	TIER 1	• QL: 6 IN 1 DAYS
Lamotrigine Tab ER 24HR 250 MG	TIER 1	• QL: 2 IN 1 DAYS
Lamotrigine Tab ER 24HR 300 MG	TIER 1	• QL: 2 IN 1 DAYS
Lamotrigine Tab ER 24HR 50 MG	TIER 1	• QL: 6 IN 1 DAYS
Levetiracetam Oral Soln 100 MG/ML	TIER 1	
Levetiracetam Tab 1000 MG	TIER 1	
Levetiracetam Tab 250 MG	TIER 1	
Levetiracetam Tab 500 MG	TIER 1	

	TRADE NAME	TIER	NOTES
	Levetiracetam Tab 750 MG	TIER 1	
	Levetiracetam Tab ER 24HR 500 MG	TIER 1	
	Levetiracetam Tab ER 24HR 750 MG	TIER 1	
	Methsuximide Cap 300 MG	TIER 1	
	Oxcarbazepine Susp 300 MG/5ML (60 MG/ML)	TIER 1	
	Oxcarbazepine Tab 150 MG	TIER 1	
	Oxcarbazepine Tab 300 MG	TIER 1	
	Oxcarbazepine Tab 600 MG	TIER 1	
	Phenytoin Chew Tab 50 MG	TIER 1	
	Phenytoin Sodium Extended Cap 100 MG	TIER 1	
	Phenytoin Sodium Extended Cap 200 MG	TIER 1	
	Phenytoin Sodium Extended Cap 300 MG	TIER 1	
	Phenytoin Susp 125 MG/5ML	TIER 1	
	Pregabalin Cap 100 MG	TIER 1	
	Pregabalin Cap 150 MG	TIER 1	
	Pregabalin Cap 200 MG	TIER 1	
	Pregabalin Cap 225 MG	TIER 1	
	Pregabalin Cap 25 MG	TIER 1	
	Pregabalin Cap 300 MG	TIER 1	
	Pregabalin Cap 50 MG	TIER 1	
	Pregabalin Cap 75 MG	TIER 1	
	Pregabalin Soln 20 MG/ML	TIER 1	
	Primidone Tab 125 MG	Primidone	TIER 1
	Primidone Tab 250 MG		TIER 1
	Primidone Tab 50 MG		TIER 1
	Rufinamide Susp 40 MG/ML	TIER 1	• QL: 80 IN 1 DAYS
	Rufinamide Tab 200 MG	TIER 1	• QL: 16 IN 1 DAYS
	Rufinamide Tab 400 MG	TIER 1	• QL: 8 IN 1 DAYS
	Tiagabine HCl Tab 12 MG	TIER 1	• QL: 4 IN 1 DAYS
	Tiagabine HCl Tab 16 MG	TIER 1	• QL: 3 IN 1 DAYS

	TRADE NAME	TIER	NOTES
	Tiagabine HCl Tab 2 MG	TIER 1	• QL: 4 IN 1 DAYS
	Tiagabine HCl Tab 4 MG	TIER 1	• QL: 4 IN 1 DAYS
	Topiramate Cap ER 24HR 100 MG	TIER 1	• QL: 2 IN 1 DAYS
	Topiramate Cap ER 24HR 200 MG	TIER 1	• QL: 2 IN 1 DAYS
	Topiramate Cap ER 24HR 25 MG	TIER 1	• QL: 8 IN 1 DAYS
	Topiramate Cap ER 24HR 50 MG	TIER 1	• QL: 4 IN 1 DAYS
	Topiramate Cap ER 24HR Sprinkle 100 MG	TIER 1	• QL: 1 IN 1 DAYS
	Topiramate Cap ER 24HR Sprinkle 150 MG	TIER 1	• QL: 2 IN 1 DAYS
	Topiramate Cap ER 24HR Sprinkle 200 MG	TIER 1	• QL: 2 IN 1 DAYS
	Topiramate Cap ER 24HR Sprinkle 25 MG	TIER 1	• QL: 1 IN 1 DAYS
	Topiramate Cap ER 24HR Sprinkle 50 MG	TIER 1	• QL: 1 IN 1 DAYS
	Topiramate Sprinkle Cap 15 MG	TIER 1	
	Topiramate Sprinkle Cap 25 MG	TIER 1	
	Topiramate Tab 100 MG	TIER 1	
	Topiramate Tab 200 MG	TIER 1	
	Topiramate Tab 25 MG	TIER 1	
	Topiramate Tab 50 MG	TIER 1	
	Valproate Sodium Oral Soln 250 MG/5ML (Base Equiv)	TIER 1	
	Valproic Acid Cap 250 MG	TIER 1	
	Zonisamide Cap 100 MG	TIER 1	
	Zonisamide Cap 25 MG	TIER 1	
	Zonisamide Cap 50 MG	TIER 1	
	Cenobamate Tab 100 MG	Xcopri TIER 2	• QL: 1 IN 1 DAYS• ST: TRIAL OF CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 120 DAYS

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Cenobamate Tab 150 MG	Xcopri	TIER 2	• QL: 1 IN 1 DAYS• ST: TRIAL OF CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 120 DAYS
Cenobamate Tab 200 MG	Xcopri	TIER 2	• QL: 2 IN 1 DAYS• ST: TRIAL OF CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 120 DAYS
Cenobamate Tab 50 MG	Xcopri	TIER 2	• QL: 1 IN 1 DAYS• ST: TRIAL OF CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 120 DAYS
Cenobamate Tab Pack 100 MG & 150 MG Tabs (250 MG Daily Dose)	Xcopri (250 MG Daily Dose)	TIER 2	• QL: 2 IN 1 DAYS• ST: TRIAL OF CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 120 DAYS

	TRADE NAME	TIER	NOTES
Cenobamate Tab Pack 150 MG & 200 MG Tabs (350 MG Daily Dose)	Xcopri (350 MG Daily Dose)	TIER 2	• QL: 1 IN 1 DAYS• ST: TRIAL OF CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 120 DAYS
Cenobamate Tab Titration Pack 14 x 12.5 MG & 14 x 25 MG	Xcopri	TIER 2	• QL: 1 IN 1 DAYS• ST: TRIAL OF CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 120 DAYS
Cenobamate Tab Titration Pack 14 x 150 MG & 14 x 200 MG	Xcopri	TIER 2	• QL: 1 IN 1 DAYS• ST: TRIAL OF CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 120 DAYS
Cenobamate Tab Titration Pack 14 x 50 MG & 14 x 100 MG	Xcopri	TIER 2	• QL: 1 IN 1 DAYS• ST: TRIAL OF CARBAMAZEPINE, DIVALPROEX, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE IN THE PAST 120 DAYS
Eslicarbazepine Acetate Tab 200 MG	Aptiom	TIER 3	• QL: 1 IN 1 DAYS
Eslicarbazepine Acetate Tab 400 MG	Aptiom	TIER 3	• QL: 1 IN 1 DAYS
Eslicarbazepine Acetate Tab 600 MG	Aptiom	TIER 3	• QL: 2 IN 1 DAYS

	TRADE NAME	TIER	NOTES
Eslicarbazepine Acetate Tab 800 MG	Aptiom	TIER 3	• QL: 2 IN 1 DAYS
Lamotrigine Tab ER 24HR 21 x 25 MG & 7 x 50 MG Titration Kit	LaMICtal XR	TIER 3	
Lamotrigine Tab ER 24HR 25 (14) & 50 MG (14) & 100 MG(7) Kit	LaMICtal XR	TIER 3	
Lamotrigine Tab ER 24HR 50 (14) & 100 MG(14) & 200 MG(7) Kit	LaMICtal XR	TIER 3	
Oxcarbazepine Tab ER 24HR 150 MG	Oxtellar XR	TIER 3	• QL: 1 IN 1 DAYS
Oxcarbazepine Tab ER 24HR 300 MG	Oxtellar XR	TIER 3	• QL: 1 IN 1 DAYS
Oxcarbazepine Tab ER 24HR 600 MG	Oxtellar XR	TIER 3	• QL: 4 IN 1 DAYS
Phenytoin Sodium Extended Cap 30 MG	Dilantin	TIER 3	
Zonisamide Oral Susp 100 MG/5ML (20 MG/ML)	Zonisade	TIER 3	• PA Required
Vigabatrin Powd Pack 500 MG		TIER 4	• PA Required • Specialty
Vigabatrin Tab 500 MG		TIER 4	• PA Required • Specialty
Fenfluramine HCl Oral Soln 2.2 MG/ML	Fintepla	TIER 6	• PA Required • Specialty
Stiripentol Cap 250 MG	Diacomit	TIER 6	• PA Required • Specialty
Stiripentol Cap 500 MG	Diacomit	TIER 6	• PA Required • Specialty
Stiripentol Packet 250 MG	Diacomit	TIER 6	• PA Required • Specialty
Stiripentol Packet 500 MG	Diacomit	TIER 6	• PA Required • Specialty

## ANTIDIARRHEALS

### ANTIDIARRHEAL - G.I. CHLORIDE CHANNEL INHIBITORS

Crofelemer Tab Delayed Release 125 MG	Mytesi	TIER 6	• QL: 2 IN 1 DAYS• ST: TRIAL OF ANTI-RETROVIRAL THERAPY IN THE PAST 120 DAYS • Specialty
---------------------------------------	--------	--------	---

### ANTIDIARRHEAL - TRYPTOPHAN HYDROXYLASE INHIBITOR

Telotristat Ethyl Tab 250 MG (as Telotristat Etiprate)	Xermelo	TIER 5	• PA Required • Specialty
--	---------	--------	---------------------------

## ANTIDIARRHEALS

Diphenoxylate w/ Atropine Liq 2.5-0.025 MG/5ML	Diphenoxylate-Atropine	TIER 1	
Diphenoxylate w/ Atropine Tab 2.5-0.025 MG		TIER 1	
Loperamide HCl Cap 2 MG		TIER 1	

## ANTIDOTES

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
<b>ANTIVENINS</b>			
Centruroides (Scorpion) Imm F(ab') <sub>2</sub> (Equine) For IV Infusion	Anascorp	TIER 3	
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>			
Leucovorin Calcium Tab 10 MG		TIER 1	
Leucovorin Calcium Tab 15 MG		TIER 1	
Leucovorin Calcium Tab 25 MG		TIER 1	
Leucovorin Calcium Tab 5 MG		TIER 1	
Mesna Tab 400 MG	Mesnex	TIER 3	
Uridine Triacetate Oral Granules Packet 10 GM	Vistogard	TIER 5	• QL: 24 IN 14 DAYS • Specialty
<b>CHOLINESTERASE REACTIVAT.-MUSCARINIC ANTG.ANTIDOTE</b>			
Atropine 2.1 MG/0.7ML-Pralidoxime Cl 600 MG/2ML IM Auto-Inj	DuoDote	TIER 3	
<b>METALLIC POISON,AGENTS TO TREAT</b>			
Deferoxamine Mesylate For Inj 2 GM		TIER 1	• PA Required
Deferoxamine Mesylate For Inj 500 MG		TIER 1	• PA Required
Prussian Blue Insoluble Cap 0.5 GM	Radiogardase	TIER 3	
Succimer Cap 100 MG	Chemet	TIER 3	
Zinc Acetate Cap 25 MG (Elemental Zinc)	Galzin	TIER 3	
Zinc Acetate Cap 25 MG (Elemental Zinc)	Wilzin	TIER 3	
Zinc Acetate Cap 50 MG (Elemental Zinc)	Galzin	TIER 3	
Deferiprone Tab 1000 MG		TIER 4	• PA Required • Specialty
Deferiprone Tab 500 MG		TIER 4	• PA Required • Specialty
Trientine HCl Cap 250 MG		TIER 4	• PA Required • Specialty
Trientine HCl Cap 500 MG	Trientine HCl	TIER 4	• PA Required • Specialty
Trientine Tetrahydrochloride Tab 300 MG	Cuvrior	TIER 6	• PA Required • Specialty
<b>MU-OPIOID RECEPTOR ANTAGONISTS,PERIPHERALLY-ACTING</b>			
Naloxegol Oxalate Tab 12.5 MG (Base Equivalent)	Movantik	TIER 2	• QL: 1 IN 1 DAYS
Naloxegol Oxalate Tab 25 MG (Base Equivalent)	Movantik	TIER 2	• QL: 1 IN 1 DAYS

	TRADE NAME	TIER	NOTES
Methylnaltrexone Bromide Inj 12 MG/0.6ML (20 MG/ML)	Relistor	TIER 3	• PA Required
Methylnaltrexone Bromide Soln Pref Syr 12 MG/0.6ML	Relistor	TIER 3	• PA Required
Methylnaltrexone Bromide Soln Pref Syr 8 MG/0.4ML	Relistor	TIER 3	• PA Required
Methylnaltrexone Bromide Tab 150 MG	Relistor	TIER 3	• PA Required

## OPIOID ANTAGONISTS

Naloxone HCl Nasal Spray 4 MG/0.1ML		TIER 1	• QL: 4 IN 30 DAYS
Naloxone HCl Nasal Spray 4 MG/0.1ML		TIER 1	
Naloxone HCl Soln Cartridge 0.4 MG/ML	Naloxone HCl	TIER 1	
Naloxone HCl Soln Prefilled Syringe 2 MG/2ML		TIER 1	
Naltrexone HCl Tab 50 MG		TIER 1	
Naloxone HCl Nasal Spray 8 MG/0.1ML	Kloxxado	TIER 2	• QL: 4 IN 30 DAYS
Nalmefene HCl Nasal Spray 2.7 MG/0.1ML (Base Equiv)	Opvee	TIER 3	• QL: 4 IN 30 DAYS
Naloxone HCl Soln Prefilled Syringe 5 MG/0.5ML	Zimhi	TIER 3	• QL: 2 IN 30 DAYS
Naltrexone HCl (Pain) Cap 1.5 MG	Lotrexone	TIER 3	
Naltrexone HCl (Pain) Cap 1.5 MG	Naltrex	TIER 3	
Naltrexone HCl (Pain) Cap 4.5 MG	Lotrexone	TIER 3	
Naltrexone HCl (Pain) Cap 4.5 MG	Naltrex	TIER 3	

## ANTIFUNGALS

### ANTIFUNGAL AGENTS

Clotrimazole Troche 10 MG		TIER 1	
Fluconazole For Susp 10 MG/ML		TIER 1	
Fluconazole For Susp 40 MG/ML		TIER 1	
Fluconazole Tab 100 MG		TIER 1	
Fluconazole Tab 150 MG		TIER 1	
Fluconazole Tab 200 MG		TIER 1	
Fluconazole Tab 50 MG		TIER 1	
Flucytosine Cap 250 MG		TIER 1	
Flucytosine Cap 500 MG		TIER 1	

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
Itraconazole Cap 100 MG		TIER 1	
Itraconazole Oral Soln 10 MG/ML		TIER 1	
Ketoconazole Tab 200 MG		TIER 1	
Posaconazole Susp 40 MG/ML		TIER 1	• PA Required
Posaconazole Tab Delayed Release 100 MG		TIER 1	• PA Required
Terbinafine HCl Tab 250 MG		TIER 1	
Voriconazole For Susp 40 MG/ML		TIER 1	
Voriconazole Tab 200 MG		TIER 1	
Voriconazole Tab 50 MG		TIER 1	
Isavuconazonium Sulfate Cap 186 MG	Cresemba	TIER 3	• PA Required
Isavuconazonium Sulfate Cap 74.5 MG	Cresemba	TIER 3	• PA Required
Miconazole Buccal Tab 50 MG (Mouth-Throat)	Oravig	TIER 3	
Oteseconazole Cap Therapy Pack 150 MG (12 Weeks)	Vivjoa	TIER 3	• PA Required
Posaconazole For Delayed Release Susp Packet 300 MG	Noxafil	TIER 3	• PA Required

### ANTIFUNGAL ANTIBIOTICS

Griseofulvin Microsize Susp 125 MG/5ML		TIER 1	
Griseofulvin Microsize Tab 500 MG		TIER 1	
Griseofulvin Ultramicrosize Tab 125 MG		TIER 1	
Griseofulvin Ultramicrosize Tab 250 MG		TIER 1	
Nystatin Susp 100000 Unit/ML		TIER 1	
Nystatin Tab 500000 Unit		TIER 1	
Ibrexafungerp Citrate Tab 150 MG	Brexafemme	TIER 3	• PA Required

### OPHTHALMIC ANTIFUNGAL AGENTS

Natamycin Ophth Susp 5%	Natacyn	TIER 3	
-------------------------	---------	--------	--

### TOPICAL ANTIFUNGAL/ANTI-INFLAMMATORY, STEROID AGENT

Clotrimazole w/ Betamethasone Cream 1-0.05%		TIER 1	
Ciclopirox-Clobetasol Shampoo 0.77-0.05%	Divendo	TIER 3	
Ciclopirox-Clobetasol Shampoo 0.77-0.05%	Haxchlo	TIER 3	

	TRADE NAME	TIER	NOTES
Ciclopirox-Clobetasol-Salicylic Acid Shampoo 0.77-0.05-3%	Dionaris	TIER 3	
Ciclopirox-Clobetasol-Salicylic Acid Shampoo 0.77-0.05-3%	Haxchlodrex	TIER 3	
Ketoconazole-Hydrocortisone Cream 2-2.5%	Delibon	TIER 3	
Ketoconazole-Hydrocortisone Cream 2-2.5%	Pheyo	TIER 3	

## TOPICAL ANTIFUNGALS

Ciclopirox Gel 0.77%		TIER 1	
Ciclopirox Olamine Cream 0.77% (Base Equiv)		TIER 1	• QL: <= 180
Ciclopirox Olamine Susp 0.77% (Base Equiv)		TIER 1	• QL: <= 180
Ciclopirox Shampoo 1%		TIER 1	
Ciclopirox Solution 8%		TIER 1	• QL: <= 19.8
Clotrimazole Cream 1%		TIER 1	
Clotrimazole Soln 1%		TIER 1	
Econazole Nitrate Cream 1%		TIER 1	• QL: <= 170
Ketoconazole Cream 2%		TIER 1	• QL: <= 180
Ketoconazole Shampoo 2%		TIER 1	• QL: <= 360
Miconazole-Zinc Oxide-White Petrolatum Oint 0.25-15-81.35%	Miconazole-Zinc Oxide-Petrolat	TIER 1	
Naftifine HCl Cream 1%	Naftifine HCl	TIER 1	
Naftifine HCl Cream 2%		TIER 1	• QL: <= 180
Naftifine HCl Gel 2%		TIER 1	
Nystatin Cream 100000 Unit/GM		TIER 1	
Nystatin Oint 100000 Unit/GM		TIER 1	• QL: <= 90
Nystatin Topical Powder 100000 Unit/GM	Nystatin	TIER 1	
Nystatin Topical Powder 100000 Unit/GM	Nystop	TIER 1	
Nystatin Topical Powder 100000 Unit/GM	Klayesta	TIER 1	
Nystatin Topical Powder 100000 Unit/GM	Nyamyc	TIER 1	
Nystatin-Triamcinolone Cream 100000-0.1 Unit/GM-%		TIER 1	
Nystatin-Triamcinolone Oint 100000-0.1 Unit/GM-%		TIER 1	• QL: <= 180

	TRADE NAME	TIER	NOTES
Oxiconazole Nitrate Cream 1%		TIER 1	• QL: <= 180
Tavaborole Soln 5%		TIER 1	• PA Required
Sulconazole Nitrate Cream 1%	Exelderm	TIER 2	
Sulconazole Nitrate Cream 1%	Sulconazole Nitrate	TIER 2	
Sulconazole Nitrate Solution 1%	Sulconazole Nitrate	TIER 2	
Sulconazole Nitrate Solution 1%	Exelderm	TIER 2	
*Ketoconazole Foam 2% & Cleanser Kit***	Ketodan	TIER 3	
Butenafine HCl Cream 1%	Butenafine HCl	TIER 3	
Butenafine HCl Cream 1%	CVS Butenafine HCl	TIER 3	
Butenafine HCl Cream 1%	Lotrimin Ultra	TIER 3	
Ciclopirox Solution Kit 8%	Ciclodan Solution	TIER 3	
Ciclopirox-Fluconazole-Terbinafine HCl Soln 8-1-1%	Filoma	TIER 3	
Ciclopirox-Fluconazole-Terbinafine HCl Soln 8-1-1%	Hixdefrima	TIER 3	
Ciclopirox-Itraconazole-Urea Lotion 3-5-20%	Fervina	TIER 3	
Ciclopirox-Itraconazole-Urea Lotion 3-5-20%	Hexiounyl	TIER 3	
Ciclopirox-Salicylic Acid Shampoo 0.77-2%	Haxdrax	TIER 3	
Ciclopirox-Salicylic Acid Shampoo 0.77-2%	Dafilor	TIER 3	
Econazole Nitrate Foam 1%	Ecoza	TIER 3	
Econazole Nitrate Foam 1%	Econazole Nitrate	TIER 3	
Econazole Nitrate-Niacinamide Cream 1-4%	Frivo	TIER 3	
Econazole Nitrate-Niacinamide Cream 1-4%	Imioxia	TIER 3	
Fluconazole-Ibuprofen-Itraconazole-Terbinafine Soln 4-2-1-4%	Fenovia	TIER 3	
Fluconazole-Ibuprofen-Itraconazole-Terbinafine Soln 4-2-1-4%	Difmetioxrime	TIER 3	
Ketoconazole-Niacinamide Cream 2-4%	Pheoxia	TIER 3	
Ketoconazole-Niacinamide Cream 2-4%	Denvita	TIER 3	
Ketoconazole-Salicylic Acid Shampoo 2-2%	Phedrax	TIER 3	
Ketoconazole-Salicylic Acid Shampoo 2-2%	Fidila	TIER 3	
Luliconazole Cream 1%	Luliconazole	TIER 3	• PA Required

	TRADE NAME	TIER	NOTES
Luliconazole Cream 1%	Luzu	TIER 3	• QL: 60 IN 28 DAYS • PA Required
Miconazole-Zinc Oxide-White Petrolatum Oint 0.25-15-81.35%	Vusion	TIER 3	
Naftifine HCl Gel 1%	Naftin	TIER 3	
Oxiconazole Nitrate Lotion 1%	Oxistat	TIER 3	
Sodium Thiosulfate-Salicylic Acid Lotion 25-1%	Exoderm	TIER 3	

### VAGINAL ANTIFUNGALS

Terconazole Vaginal Cream 0.4%		TIER 1	
Terconazole Vaginal Cream 0.8%		TIER 1	
Terconazole Vaginal Suppos 80 MG		TIER 1	
Butoconazole Nitrate (One Dose) Vaginal Cream 2%	Gynazole-1	TIER 2	
Miconazole Nitrate Vaginal Suppos 200 MG	Miconazole 3	TIER 3	

### ANTIHISTAMINES

#### ANTIHISTAMINES - 1ST GENERATION

Carbinoxamine Maleate Tab 4 MG		TIER 1	• AGE_YEARS=0-1 DENY
Clemastine Fumarate Tab 2.68 MG	Clemasz	TIER 1	
Clemastine Fumarate Tab 2.68 MG	Clemastine Fumarate	TIER 1	
Clemastine Fumarate Tab 2.68 MG	Clemsza	TIER 1	
Cyproheptadine HCl Syrup 2 MG/5ML		TIER 1	
Cyproheptadine HCl Tab 4 MG		TIER 1	
Diphenhydramine HCl Elixir 12.5 MG/5ML		TIER 1	
Diphenhydramine HCl Inj 50 MG/ML		TIER 1	
Hydroxyzine HCl Syrup 10 MG/5ML		TIER 1	
Hydroxyzine HCl Tab 10 MG		TIER 1	
Hydroxyzine HCl Tab 25 MG		TIER 1	
Hydroxyzine HCl Tab 50 MG		TIER 1	
Hydroxyzine Pamoate Cap 100 MG	hydrOXYzine Pamoate	TIER 1	
Hydroxyzine Pamoate Cap 25 MG		TIER 1	
Hydroxyzine Pamoate Cap 50 MG		TIER 1	

	TRADE NAME	TIER	NOTES
Promethazine HCl Inj 25 MG/ML		TIER 1	
Promethazine HCl Inj 50 MG/ML		TIER 1	
Promethazine HCl Oral Soln 6.25 MG/5ML		TIER 1	
Promethazine HCl Tab 12.5 MG		TIER 1	
Promethazine HCl Tab 25 MG		TIER 1	
Promethazine HCl Tab 50 MG		TIER 1	
Carbinoxamine Maleate Extended Release Susp 4 MG/5ML	Karbinal ER	TIER 3	• QL: 960 IN 30 DAYS• ST: TRIAL OF CARBINOXAMINE IR ORAL SOLUTION IN THE PAST 120 DAYS• AGE_YEARS=0-1 DENY
Carbinoxamine Maleate Extended Release Susp 4 MG/5ML	Carbinoxamine Maleate ER	TIER 3	• AGE_YEARS=0-1 DENY

### ANTI-HISTAMINES - 2ND GENERATION

Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)		TIER 1	
Desloratadine Tab 5 MG		TIER 1	• QL: 1 IN 1 DAYS
Desloratadine Tab Orally Disintegrating 2.5 MG	Desloratadine	TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR DESLORATADINE OR LEVOCETIRIZINE TABLETS WITHIN THE PAST 120 DAYS
Desloratadine Tab Orally Disintegrating 5 MG	Desloratadine	TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR DESLORATADINE OR LEVOCETIRIZINE TABLETS WITHIN THE PAST 120 DAYS
Levocetirizine Dihydrochloride Soln 2.5 MG/5ML (0.5 MG/ML)		TIER 1	• QL: 10 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR DESLORATADINE OR LEVOCETIRIZINE TABLETS WITHIN THE PAST 120 DAYS
Levocetirizine Dihydrochloride Tab 5 MG		TIER 1	

### EYE ANTI-HISTAMINES

Azelastine HCl Ophth Soln 0.05%		TIER 1	• QL: 12 IN 30 DAYS
---------------------------------	--	--------	---------------------

	TRADE NAME	TIER	NOTES
	Epinastine HCl Ophth Soln 0.05%	TIER 1	• QL: 10 IN 30 DAYS
	Olopatadine HCl Ophth Soln 0.1% (Base Equivalent)	TIER 1	
	Olopatadine HCl Ophth Soln 0.2% (Base Equivalent)	TIER 1	
	Olopatadine HCl Ophth Soln 0.2% (Base Equivalent)	TIER 1	• QL: 3 IN 30 DAYS

## ANTIMALARIALS

### ANTIMALARIAL DRUGS

	Atovaquone-Proguanil HCl Tab 250-100 MG		TIER 1	
	Atovaquone-Proguanil HCl Tab 62.5-25 MG		TIER 1	
	Chloroquine Phosphate Tab 250 MG		TIER 1	• QL: 36 IN 16 DAYS
	Chloroquine Phosphate Tab 500 MG		TIER 1	• QL: 18 IN 16 DAYS
	Hydroxychloroquine Sulfate Tab 100 MG		TIER 1	• QL: 6 IN 1 DAYS
	Hydroxychloroquine Sulfate Tab 200 MG		TIER 1	• QL: 100 IN 30 DAYS
	Hydroxychloroquine Sulfate Tab 300 MG		TIER 1	• QL: 2 IN 1 DAYS
	Hydroxychloroquine Sulfate Tab 400 MG		TIER 1	• QL: 2 IN 1 DAYS
	Mefloquine HCl Tab 250 MG		TIER 1	
	Primaquine Phosphate Tab 26.3 MG (15 MG Base)		TIER 1	
	Quinine Sulfate Cap 324 MG		TIER 1	
	Tafenoquine Succinate Tab 150 MG (Base Equivalent)	Krintafel	TIER 2	• QL: <= 2
	Artemether-Lumefantrine Tab 20-120 MG	Coartem	TIER 3	
	Tafenoquine Succinate Tab 100 MG (Base Equivalent)	Arakoda	TIER 3	
	Pyrimethamine Tab 25 MG		TIER 4	• PA Required • Specialty

## ANTINAUSEANTS

### ANTIEMETIC, CANNABINOID-TYPE

	Dronabinol Cap 10 MG		TIER 1	• QL: 2 IN 1 DAYS • ST: REQUIRES PRIOR PRESCRIPTION FOR A 5HT3 ANTAGONISTS, CORTICOSTEROID, EMEND, OR MEGESTROL SUSPENSION WITHIN THE PAST 120 DAYS
--	----------------------	--	--------	---

TRADE NAME	TIER	NOTES
Dronabinol Cap 2.5 MG	TIER 1	• QL: 2 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR A 5HT3 ANTAGONISTS, CORTICOSTEROID, EMEND, OR MEGESTROL SUSPENSION WITHIN THE PAST 120 DAYS
Dronabinol Cap 5 MG	TIER 1	• QL: 2 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR A 5HT3 ANTAGONISTS, CORTICOSTEROID, EMEND, OR MEGESTROL SUSPENSION WITHIN THE PAST 120 DAYS
Dronabinol Soln 5 MG/ML	Syndros TIER 3	• QL: 2 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR DRONABINOL CAPSULES OR MEGESTROL SUSPENSION WITHIN THE PAST 120 DAYS

### ANTIEMETIC/ANTIVERTIGO AGENTS

Aprepitant Capsule 125 MG	TIER 1	• QL: 1 IN 21 DAYS
Aprepitant Capsule 40 MG	TIER 1	• QL: 1 IN 28 DAYS
Aprepitant Capsule 80 MG	TIER 1	• QL: 2 IN 21 DAYS
Aprepitant Capsule Therapy Pack 80 & 125 MG	TIER 1	• QL: 3 IN 21 DAYS
Doxylamine-Pyridoxine Tab Delayed Release 10-10 MG	TIER 1	• QL: 4 IN 1 DAYS
Granisetron HCl Tab 1 MG	TIER 1	• QL: 8 IN 30 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR ONDANSETRON TABLETS OR ODT WITHIN THE PAST 120 DAYS
Meclizine HCl Tab 12.5 MG	TIER 1	
Meclizine HCl Tab 25 MG	TIER 1	
Ondansetron HCl Oral Soln 4 MG/5ML	TIER 1	• QL: 50 IN 15 DAYS
Ondansetron HCl Tab 4 MG	TIER 1	

	TRADE NAME	TIER	NOTES
Ondansetron HCl Tab 8 MG		TIER 1	
Ondansetron Orally Disintegrating Tab 4 MG		TIER 1	
Ondansetron Orally Disintegrating Tab 8 MG		TIER 1	
Prochlorperazine Maleate Tab 10 MG (Base Equivalent)		TIER 1	
Prochlorperazine Maleate Tab 5 MG (Base Equivalent)		TIER 1	
Prochlorperazine Suppos 25 MG		TIER 1	
Promethazine HCl Suppos 12.5 MG		TIER 1	
Promethazine HCl Suppos 25 MG		TIER 1	
Scopolamine TD Patch 72HR 1 MG/3DAYS		TIER 1	
Trimethobenzamide HCl Cap 300 MG		TIER 1	
Aprepitant For Oral Susp 125 MG (125 MG/5ML)	Emend	TIER 2	• QL: 3 IN 21 DAYS
Netupitant-Palonosetron Cap 300-0.5 MG	Akynzeo	TIER 2	• QL: 1 IN 28 DAYS
Dolasetron Mesylate Tab 50 MG	Anzemet	TIER 3	• QL: <= 8• ST: REQUIRES PRIOR PRESCRIPTION FOR ONDANSETRON TABLETS OR ODT WITHIN THE PAST 120 DAYS
Granisetron TD Patch 3.1 MG/24HR (Contains 34.3 MG)	Sancuso	TIER 3	• QL: 1 IN 7 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR ONDANSETRON TABLETS OR ODT WITHIN THE PAST 120 DAYS
Promethazine HCl Suppos 50 MG	Promethegan	TIER 3	
Promethazine HCl Suppos 50 MG	Promethazine HCl	TIER 3	
Rolapitant HCl Tab Therapy Pack 2 x 90 MG (Base Equiv)	Varubi (180 MG Dose)	TIER 3	• QL: 2 IN 14 DAYS

### INTESTINAL MOTILITY STIMULANTS

Metoclopramide HCl Soln 5 MG/5ML (10 MG/10ML) (Base Equiv)		TIER 1	
Metoclopramide HCl Tab 10 MG (Base Equivalent)		TIER 1	
Metoclopramide HCl Tab 5 MG (Base Equivalent)		TIER 1	

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
Metoclopramide HCl Nasal Spray 15 MG/ACT	Gimoti	TIER 6	• PA Required • Specialty
<b>ANTINEOPLASTICS</b>			
<b>ANP - SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR)</b>			
Bexarotene Cap 75 MG		TIER 4	• PA Required • Specialty
<b>ANTIBIOTIC ANTINEOPLASTICS</b>			
Mitomycin For Pyelocalyceal Soln 40 MG	Jelmyto	TIER 6	• PA Required • Specialty
<b>ANTINEOPLAST,HISTONE DEACETYLASE (HDAC) INHIBITORS</b>			
Vorinostat Cap 100 MG	Zolinza	TIER 5	• Specialty
<b>ANTINEOPLASTIC - ALKYLATING AGENTS</b>			
Hydroxyurea Cap 500 MG		TIER 1	
Cyclophosphamide Cap 25 MG		TIER 4	• Specialty
Cyclophosphamide Cap 50 MG		TIER 4	• Specialty
Cyclophosphamide Tab 25 MG	cycloPHOSphamide	TIER 4	• Specialty
Temozolomide Cap 100 MG		TIER 4	• PA Required • Specialty
Temozolomide Cap 140 MG		TIER 4	• PA Required • Specialty
Temozolomide Cap 180 MG		TIER 4	• PA Required • Specialty
Temozolomide Cap 20 MG		TIER 4	• PA Required • Specialty
Temozolomide Cap 250 MG		TIER 4	• PA Required • Specialty
Temozolomide Cap 5 MG		TIER 4	• PA Required • Specialty
Busulfan Tab 2 MG	Myleran	TIER 5	• Specialty
Chlorambucil Tab 2 MG	Leukeran	TIER 5	• Specialty
Cyclophosphamide Cap 25 MG		TIER 6	• Specialty
Cyclophosphamide Cap 50 MG		TIER 6	• Specialty
Cyclophosphamide Tab 50 MG	cycloPHOSphamide	TIER 6	• Specialty
<b>ANTINEOPLASTIC - ANTIANDROGENIC AGENTS</b>			
Bicalutamide Tab 50 MG		TIER 1	
Flutamide Cap 125 MG	Eulexin	TIER 3	
Abiraterone Acetate Tab 250 MG		TIER 4	• PA Required • Specialty
Abiraterone Acetate Tab 500 MG		TIER 4	• PA Required • Specialty

	TRADE NAME	TIER	NOTES
Nilutamide Tab 150 MG		TIER 4	• QL: 2 IN 1 DAYS • Specialty
Apalutamide Tab 240 MG	Erleada	TIER 5	• PA Required • Specialty
Apalutamide Tab 60 MG	Erleada	TIER 5	• PA Required • Specialty
Darolutamide Tab 300 MG	Nubeqa	TIER 5	• PA Required • Specialty
Enzalutamide Cap 40 MG	Xtandi	TIER 5	• PA Required • Specialty
Enzalutamide Tab 40 MG	Xtandi	TIER 5	• PA Required • Specialty
Enzalutamide Tab 80 MG	Xtandi	TIER 5	• PA Required • Specialty
Abiraterone Acetate Micronized Tab 125 MG	Yonsa	TIER 6	• PA Required • Specialty
Abiraterone Acetate Micronized Tab 125 MG	Abiraterone Acetate Micronized	TIER 6	• PA Required • Specialty

### ANTINEOPLASTIC - ANTIMETABOLITES

Mercaptopurine Tab 50 MG		TIER 1	
Methotrexate Sodium For Inj 1 GM		TIER 1	
Methotrexate Sodium Inj 250 MG/10ML (25 MG/ML)	Methotrexate Sodium	TIER 1	
Methotrexate Sodium Inj 50 MG/2ML (25 MG/ML)	Methotrexate Sodium	TIER 1	
Methotrexate Sodium Inj PF 1000 MG/40ML (25 MG/ML)		TIER 1	
Methotrexate Sodium Inj PF 250 MG/10ML (25 MG/ML)		TIER 1	
Methotrexate Sodium Inj PF 50 MG/2ML (25 MG/ML)		TIER 1	
Methotrexate Sodium Tab 2.5 MG (Base Equiv)		TIER 1	
Methotrexate Sodium Tab 10 MG (Base Equiv)	Trexall	TIER 2	
Methotrexate Sodium Tab 15 MG (Base Equiv)	Trexall	TIER 2	
Methotrexate Sodium Tab 5 MG (Base Equiv)	Trexall	TIER 2	
Methotrexate Sodium Tab 7.5 MG (Base Equiv)	Trexall	TIER 2	
Methotrexate Oral Soln 2 MG/ML	Jylamvo	TIER 3	• PA Required

	TRADE NAME	TIER	NOTES
Methotrexate Oral Soln 2.5 MG/ML	Xatmep	TIER 3	• QL: 120 IN 60 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR METHOTREXATE TABLETS OR INJECTION SOLUTION WITHIN THE PAST 120 DAYS IF 12 YEARS OF AGE AND OLDER;
Capecitabine Tab 150 MG		TIER 4	• PA Required • Specialty
Capecitabine Tab 500 MG		TIER 4	• PA Required • Specialty
Azacitidine Tab 200 MG	Onureg	TIER 5	• PA Required • Specialty
Azacitidine Tab 300 MG	Onureg	TIER 5	• PA Required • Specialty
Decitabine-Cedazuridine Tab 35-100 MG	Inqovi	TIER 5	• PA Required • Specialty
Mercaptopurine Susp 2000 MG/100ML (20 MG/ML)	Purixan	TIER 5	• ST: REQUIRES PRIOR PRESCRIPTION FOR MERCAPTOPYRINE WITHIN THE PAST 120 DAYS • Specialty
Thioguanine Tab 40 MG	Tabloid	TIER 5	• Specialty
Trifluridine-Tipiracil Tab 15-6.14 MG	Lonsurf	TIER 5	• PA Required • Specialty
Trifluridine-Tipiracil Tab 20-8.19 MG	Lonsurf	TIER 5	• PA Required • Specialty

### ANTINEOPLASTIC - AROMATASE INHIBITORS

Letrozole Tab 2.5 MG		TIER 1	
Anastrozole Tab 1 MG		TIER 10	
Exemestane Tab 25 MG		TIER 10	

### ANTINEOPLASTIC - BRAF KINASE INHIBITORS

Dabrafenib Mesylate Cap 50 MG (Base Equivalent)	Tafinlar	TIER 5	• PA Required • Specialty
Dabrafenib Mesylate Cap 75 MG (Base Equivalent)	Tafinlar	TIER 5	• PA Required • Specialty
Dabrafenib Mesylate Tab For Oral Susp 10 MG (Base Equiv)	Tafinlar	TIER 5	• PA Required • Specialty
Encorafenib Cap 75 MG	Braftovi	TIER 5	• PA Required • Specialty
Vemurafenib Tab 240 MG	Zelboraf	TIER 5	• PA Required • Specialty

### ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR

Glasdegib Maleate Tab 100 MG (Base Equivalent)	Daurismo	TIER 5	• PA Required • Specialty
---	----------	--------	---------------------------

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
Glasdegib Maleate Tab 25 MG (Base Equivalent)	Daurismo	TIER 5	• PA Required • Specialty
Sonidegib Phosphate Cap 200 MG (Base Equivalent)	Odomzo	TIER 5	• PA Required • Specialty
Vismodegib Cap 150 MG	Erivedge	TIER 5	• PA Required • Specialty

### ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS

Ruxolitinib Phosphate Tab 10 MG (Base Equivalent)	Jakafi	TIER 5	• PA Required • Specialty
Ruxolitinib Phosphate Tab 15 MG (Base Equivalent)	Jakafi	TIER 5	• PA Required • Specialty
Ruxolitinib Phosphate Tab 20 MG (Base Equivalent)	Jakafi	TIER 5	• PA Required • Specialty
Ruxolitinib Phosphate Tab 25 MG (Base Equivalent)	Jakafi	TIER 5	• PA Required • Specialty
Ruxolitinib Phosphate Tab 5 MG (Base Equivalent)	Jakafi	TIER 5	• PA Required • Specialty

### ANTINEOPLASTIC - KRAS PROTEIN INHIBITOR

Adagrasib Tab 200 MG	Krazati	TIER 5	• PA Required • Specialty
Sotorasib Tab 120 MG	Lumakras	TIER 5	• PA Required • Specialty
Sotorasib Tab 320 MG	Lumakras	TIER 5	• PA Required • Specialty

### ANTINEOPLASTIC - MEK KINASE INHIBITORS

Binimetinib Tab 15 MG	Mektovi	TIER 5	• PA Required • Specialty
Cobimetinib Fumarate Tab 20 MG (Base Equivalent)	Cotellic	TIER 5	• PA Required • Specialty
Selumetinib Sulfate Cap 10 MG	Koselugo	TIER 5	• PA Required • Specialty
Selumetinib Sulfate Cap 25 MG	Koselugo	TIER 5	• PA Required • Specialty
Trametinib Dimethyl Sulfoxide For Soln 0.05 MG/ML (Base Eq)	Mekinist	TIER 5	• PA Required • Specialty
Trametinib Dimethyl Sulfoxide Tab 0.5 MG (Base Equivalent)	Mekinist	TIER 5	• PA Required • Specialty
Trametinib Dimethyl Sulfoxide Tab 2 MG (Base Equivalent)	Mekinist	TIER 5	• PA Required • Specialty

### ANTINEOPLASTIC - MTOR KINASE INHIBITORS

Everolimus Tab 10 MG		TIER 4	• PA Required • Specialty
Everolimus Tab 2.5 MG		TIER 4	• PA Required • Specialty
Everolimus Tab 5 MG		TIER 4	• PA Required • Specialty

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
Everolimus Tab 7.5 MG		TIER 4	• PA Required • Specialty
Everolimus Tab for Oral Susp 2 MG		TIER 4	• PA Required • Specialty
Everolimus Tab for Oral Susp 3 MG		TIER 4	• PA Required • Specialty
Everolimus Tab for Oral Susp 5 MG		TIER 4	• PA Required • Specialty

### ANTINEOPLASTIC - PROTEIN METHYLTRANSFERASE INHIBIT

Tazemetostat HBr Tab 200 MG	Tazverik	TIER 5	• PA Required • Specialty
-----------------------------	----------	--------	---------------------------

### ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS

Topotecan HCl Cap 0.25 MG (Base Equiv)	Hycamtin	TIER 5	• Specialty
Topotecan HCl Cap 1 MG (Base Equiv)	Hycamtin	TIER 5	• Specialty

### ANTINEOPLASTIC COMB - KINASE AND AROMATASE INHIBIT

Ribociclib 200 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPK	Kisqali Femara (200 MG Dose)	TIER 5	• Specialty
Ribociclib 400 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPK	Kisqali Femara (400 MG Dose)	TIER 5	• Specialty
Ribociclib 600 MG Dose (200 MG Tab) & Letrozole 2.5 MG TBPK	Kisqali Femara (600 MG Dose)	TIER 5	• Specialty

### ANTINEOPLASTIC IMMUNOMODULATOR AGENTS

Lenalidomide Cap 10 MG		TIER 4	• PA Required • Specialty
Lenalidomide Cap 15 MG		TIER 4	• PA Required • Specialty
Lenalidomide Cap 20 MG		TIER 4	• PA Required • Specialty
Lenalidomide Cap 25 MG		TIER 4	• PA Required • Specialty
Lenalidomide Cap 5 MG		TIER 4	• PA Required • Specialty
Lenalidomide Caps 2.5 MG		TIER 4	• PA Required • Specialty

### ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPR.

Leuprolide Acetate Inj Kit 1 MG/0.2ML (5 MG/ML)		TIER 4	• PA Required • Specialty
Leuprolide Acetate (3 Month) For Subcutaneous Inj Kit 22.5MG	Eligard	TIER 5	• PA Required • Specialty
Leuprolide Acetate (3 Month) For Subcutaneous Inj Kit 22.5MG	Vabrinty	TIER 5	• PA Required • Specialty
Leuprolide Acetate (4 Month) For Subcutaneous Inj Kit 30 MG	Vabrinty	TIER 5	• PA Required • Specialty
Leuprolide Acetate (4 Month) For Subcutaneous Inj Kit 30 MG	Eligard	TIER 5	• PA Required • Specialty

	TRADE NAME	TIER	NOTES
Leuprolide Acetate (6 Month) For Subcutaneous Inj Kit 45 MG	Vabrinty	TIER 5	• PA Required • Specialty
Leuprolide Acetate (6 Month) For Subcutaneous Inj Kit 45 MG	Eligard	TIER 5	• PA Required • Specialty
Leuprolide Acetate For Subcutaneous Inj Kit 7.5 MG	Eligard	TIER 5	• PA Required • Specialty

### ANTINEOPLASTIC LHRH(GNRH) ANTAGONIST,PITUIT.SUPPRS

Relugolix Tab 120 MG	Orgovyx	TIER 5	• PA Required • Specialty
Degarelix Acetate For Inj 120 MG/VIAL (240 MG Dose)	Firmagon (240 MG Dose)	TIER 6	• QL: 2 IN 365 DAYS • Specialty
Degarelix Acetate For Inj 80 MG (Base Equiv)	Firmagon	TIER 6	• QL: 1 IN 30 DAYS • Specialty

### ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS

Futibatinib Tab Therapy Pack 4 MG (12 MG Daily Dose)	Lytgobi (12 MG Daily Dose)	TIER 3	
Futibatinib Tab Therapy Pack 4 MG (16 MG Daily Dose)	Lytgobi (16 MG Daily Dose)	TIER 3	
Futibatinib Tab Therapy Pack 4 MG (20 MG Daily Dose)	Lytgobi (20 MG Daily Dose)	TIER 3	
Erlotinib HCl Tab 100 MG (Base Equivalent)		TIER 4	• PA Required • Specialty
Erlotinib HCl Tab 150 MG (Base Equivalent)		TIER 4	• PA Required • Specialty
Erlotinib HCl Tab 25 MG (Base Equivalent)		TIER 4	• PA Required • Specialty
Gefitinib Tab 250 MG		TIER 4	• PA Required • Specialty
Imatinib Mesylate Tab 100 MG (Base Equivalent)		TIER 4	• PA Required • Specialty
Imatinib Mesylate Tab 400 MG (Base Equivalent)		TIER 4	• PA Required • Specialty
Lapatinib Ditosylate Tab 250 MG (Base Equiv)		TIER 4	• PA Required • Specialty
Pazopanib HCl Tab 200 MG (Base Equiv)		TIER 4	• PA Required • Specialty
Sorafenib Tosylate Tab 200 MG (Base Equivalent)		TIER 4	• PA Required • Specialty
Sunitinib Malate Cap 12.5 MG (Base Equivalent)		TIER 4	• PA Required • Specialty
Sunitinib Malate Cap 25 MG (Base Equivalent)		TIER 4	• PA Required • Specialty
Sunitinib Malate Cap 37.5 MG (Base Equivalent)		TIER 4	• PA Required • Specialty
Sunitinib Malate Cap 50 MG (Base Equivalent)		TIER 4	• PA Required • Specialty

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Abemaciclib Tab 100 MG	Verzenio	TIER 5	• PA Required • Specialty
Abemaciclib Tab 150 MG	Verzenio	TIER 5	• PA Required • Specialty
Abemaciclib Tab 200 MG	Verzenio	TIER 5	• PA Required • Specialty
Abemaciclib Tab 50 MG	Verzenio	TIER 5	• PA Required • Specialty
Acalabrutinib Maleate Tab 100 MG	Calquence	TIER 5	• PA Required • Specialty
Afatinib Dimaleate Tab 20 MG (Base Equivalent)	Gilotrif	TIER 5	• PA Required • Specialty
Afatinib Dimaleate Tab 30 MG (Base Equivalent)	Gilotrif	TIER 5	• PA Required • Specialty
Afatinib Dimaleate Tab 40 MG (Base Equivalent)	Gilotrif	TIER 5	• PA Required • Specialty
Alectinib HCl Cap 150 MG (Base Equivalent)	Alecensa	TIER 5	• PA Required • Specialty
Alpelisib Tab Pack 250 MG Daily Dose (200 MG & 50 MG Tabs)	Piqray (250 MG Daily Dose)	TIER 5	• PA Required • Specialty
Alpelisib Tab Pack 300 MG Daily Dose (2x150 MG Tab)	Piqray (300 MG Daily Dose)	TIER 5	• PA Required • Specialty
Alpelisib Tab Therapy Pack 200 MG Daily Dose	Piqray (200 MG Daily Dose)	TIER 5	• PA Required • Specialty
Asciminib HCl Tab 20 MG	Scemblix	TIER 5	• PA Required • Specialty
Asciminib HCl Tab 40 MG	Scemblix	TIER 5	• PA Required • Specialty
Avapritinib Tab 100 MG	Ayvakit	TIER 5	• PA Required • Specialty
Avapritinib Tab 200 MG	Ayvakit	TIER 5	• PA Required • Specialty
Avapritinib Tab 25 MG	Ayvakit	TIER 5	• PA Required • Specialty
Avapritinib Tab 300 MG	Ayvakit	TIER 5	• PA Required • Specialty
Avapritinib Tab 50 MG	Ayvakit	TIER 5	• PA Required • Specialty
Axitinib Tab 1 MG	Inlyta	TIER 5	• PA Required • Specialty
Axitinib Tab 5 MG	Inlyta	TIER 5	• PA Required • Specialty
Bosutinib Cap 100 MG	Bosulif	TIER 5	• PA Required • Specialty
Bosutinib Cap 50 MG	Bosulif	TIER 5	• PA Required • Specialty
Bosutinib Tab 100 MG	Bosulif	TIER 5	• PA Required • Specialty
Bosutinib Tab 400 MG	Bosulif	TIER 5	• PA Required • Specialty
Bosutinib Tab 500 MG	Bosulif	TIER 5	• PA Required • Specialty
Cabozantinib S-Mal Cap 1 X 80 MG & 1 X 20 MG (100 Dose) Kit	Cometriq (100 MG Daily Dose)	TIER 5	• PA Required • Specialty

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Cabozantinib S-Mal Cap 1 X 80 MG & 3 X 20 MG (140 Dose) Kit	Cometriq (140 MG Daily Dose)	TIER 5	• PA Required • Specialty
Cabozantinib S-Malate Cap 3 X 20 MG (60 MG Dose) Kit	Cometriq (60 MG Daily Dose)	TIER 5	• PA Required • Specialty
Cabozantinib S-Malate Tab 20 MG (Base Equivalent)	Cabometyx	TIER 5	• PA Required • Specialty
Cabozantinib S-Malate Tab 40 MG (Base Equivalent)	Cabometyx	TIER 5	• PA Required • Specialty
Cabozantinib S-Malate Tab 60 MG (Base Equivalent)	Cabometyx	TIER 5	• PA Required • Specialty
Capivasertib Tab 160 MG	Truqap	TIER 5	• PA Required • Specialty
Capivasertib Tab 200 MG	Truqap	TIER 5	• PA Required • Specialty
Capivasertib Tab Therapy Pack 160 MG	Truqap	TIER 5	• PA Required • Specialty
Capivasertib Tab Therapy Pack 200 MG	Truqap	TIER 5	• PA Required • Specialty
Capmatinib HCl Tab 150 MG	Tabrecta	TIER 5	• PA Required • Specialty
Capmatinib HCl Tab 200 MG	Tabrecta	TIER 5	• PA Required • Specialty
Ceritinib Tab 150 MG	Zykadia	TIER 5	• PA Required • Specialty
Crizotinib Cap 200 MG	Xalkori	TIER 5	• PA Required • Specialty
Crizotinib Cap 250 MG	Xalkori	TIER 5	• PA Required • Specialty
Crizotinib Cap Sprinkle 150 MG	Xalkori	TIER 5	• PA Required • Specialty
Crizotinib Cap Sprinkle 20 MG	Xalkori	TIER 5	• PA Required • Specialty
Crizotinib Cap Sprinkle 50 MG	Xalkori	TIER 5	• PA Required • Specialty
Dacomitinib Tab 15 MG	Vizimpro	TIER 5	• PA Required • Specialty
Dacomitinib Tab 30 MG	Vizimpro	TIER 5	• PA Required • Specialty
Dacomitinib Tab 45 MG	Vizimpro	TIER 5	• PA Required • Specialty
Dasatinib Tab 100 MG	Sprycel	TIER 5	• PA Required • Specialty
Dasatinib Tab 140 MG	Sprycel	TIER 5	• PA Required • Specialty
Dasatinib Tab 20 MG	Sprycel	TIER 5	• PA Required • Specialty
Dasatinib Tab 50 MG	Sprycel	TIER 5	• PA Required • Specialty
Dasatinib Tab 70 MG	Sprycel	TIER 5	• PA Required • Specialty
Dasatinib Tab 80 MG	Sprycel	TIER 5	• PA Required • Specialty
Eflornithine HCl Tab 192 MG	Iwifin	TIER 5	• PA Required • Specialty
Entrectinib Cap 100 MG	Rozlytrek	TIER 5	• PA Required • Specialty

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Entrectinib Cap 200 MG	Rozlytrek	TIER 5	• PA Required • Specialty
Entrectinib Pellet Pack 50 MG	Rozlytrek	TIER 5	• PA Required • Specialty
Erdafitinib Tab 3 MG	Balversa	TIER 5	• PA Required • Specialty
Erdafitinib Tab 4 MG	Balversa	TIER 5	• PA Required • Specialty
Erdafitinib Tab 5 MG	Balversa	TIER 5	• PA Required • Specialty
Fedratinib HCl Cap 100 MG	Inrebic	TIER 5	• PA Required • Specialty
Fruquintinib Cap 1 MG	Fruzaqla	TIER 5	• PA Required • Specialty
Fruquintinib Cap 5 MG	Fruzaqla	TIER 5	• PA Required • Specialty
Gilteritinib Fumarate Tablet 40 MG (Base Equivalent)	Xospata	TIER 5	• PA Required • Specialty
Ibrutinib Cap 140 MG	Imbruvica	TIER 5	• PA Required • Specialty
Ibrutinib Cap 70 MG	Imbruvica	TIER 5	• PA Required • Specialty
Ibrutinib Oral Susp 70 MG/ML	Imbruvica	TIER 5	• PA Required • Specialty
Ibrutinib Tab 140 MG	Imbruvica	TIER 5	• PA Required • Specialty
Ibrutinib Tab 280 MG	Imbruvica	TIER 5	• PA Required • Specialty
Ibrutinib Tab 420 MG	Imbruvica	TIER 5	• PA Required • Specialty
Idelalisib Tab 100 MG	Zydelig	TIER 5	• PA Required • Specialty
Idelalisib Tab 150 MG	Zydelig	TIER 5	• PA Required • Specialty
Ixazomib Citrate Cap 2.3 MG (Base Equivalent)	Ninlaro	TIER 5	• PA Required • Specialty
Ixazomib Citrate Cap 3 MG (Base Equivalent)	Ninlaro	TIER 5	• PA Required • Specialty
Ixazomib Citrate Cap 4 MG (Base Equivalent)	Ninlaro	TIER 5	• PA Required • Specialty
Larotrectinib Sulfate Cap 100 MG (Base Equivalent)	Vittrakvi	TIER 5	• PA Required • Specialty
Larotrectinib Sulfate Cap 25 MG (Base Equivalent)	Vittrakvi	TIER 5	• PA Required • Specialty
Larotrectinib Sulfate Oral Soln 20 MG/ML (Base Equivalent)	Vittrakvi	TIER 5	• PA Required • Specialty
Lenvatinib Cap Ther Pack 10 MG & 2 x 4 MG (18 MG Daily Dose)	Lenvima (18 MG Daily Dose)	TIER 5	• PA Required • Specialty
Lenvatinib Cap Ther Pack 2 x 10 MG & 4 MG (24 MG Daily Dose)	Lenvima (24 MG Daily Dose)	TIER 5	• PA Required • Specialty
Lenvatinib Cap Therapy Pack 10 & 4 MG (14 MG Daily Dose)	Lenvima (14 MG Daily Dose)	TIER 5	• PA Required • Specialty

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Lenvatinib Cap Therapy Pack 10 MG (10 MG Daily Dose)	Lenvima (10 MG Daily Dose)	TIER 5	• PA Required • Specialty
Lenvatinib Cap Therapy Pack 2 x 10 MG (20 MG Daily Dose)	Lenvima (20 MG Daily Dose)	TIER 5	• PA Required • Specialty
Lenvatinib Cap Therapy Pack 2 x 4 MG (8 MG Daily Dose)	Lenvima (8 MG Daily Dose)	TIER 5	• PA Required • Specialty
Lenvatinib Cap Therapy Pack 3 x 4 MG (12 MG Daily Dose)	Lenvima (12 MG Daily Dose)	TIER 5	• PA Required • Specialty
Lenvatinib Cap Therapy Pack 4 MG (4 MG Daily Dose)	Lenvima (4 MG Daily Dose)	TIER 5	• PA Required • Specialty
Lorlatinib Tab 100 MG	Lorbrena	TIER 5	• PA Required • Specialty
Lorlatinib Tab 25 MG	Lorbrena	TIER 5	• PA Required • Specialty
Midostaurin Cap 25 MG	Rydapt	TIER 5	• PA Required • Specialty
Mobocertinib Succinate Cap 40 MG	Exkivity	TIER 5	• Specialty
Momelotinib Dihydrochloride Tab 100 MG	Ojjaara	TIER 5	• PA Required • Specialty
Momelotinib Dihydrochloride Tab 150 MG	Ojjaara	TIER 5	• PA Required • Specialty
Momelotinib Dihydrochloride Tab 200 MG	Ojjaara	TIER 5	• PA Required • Specialty
Neratinib Maleate Tab 40 MG (Base Equivalent)	Nerlynx	TIER 5	• PA Required • Specialty
Niraparib Tosylate Tab 100 MG (Base Equivalent)	Zejula	TIER 5	• PA Required • Specialty
Niraparib Tosylate Tab 200 MG (Base Equivalent)	Zejula	TIER 5	• PA Required • Specialty
Niraparib Tosylate Tab 300 MG (Base Equivalent)	Zejula	TIER 5	• PA Required • Specialty
Olaparib Tab 100 MG	Lynparza	TIER 5	• PA Required • Specialty
Olaparib Tab 150 MG	Lynparza	TIER 5	• PA Required • Specialty
Osimertinib Mesylate Tab 40 MG (Base Equivalent)	Tagrisso	TIER 5	• PA Required • Specialty
Osimertinib Mesylate Tab 80 MG (Base Equivalent)	Tagrisso	TIER 5	• PA Required • Specialty
Pacritinib Citrate Cap 100 MG	Vonjo	TIER 5	• PA Required • Specialty
Palbociclib Cap 100 MG	Ibrance	TIER 5	• PA Required • Specialty
Palbociclib Cap 125 MG	Ibrance	TIER 5	• PA Required • Specialty
Palbociclib Cap 75 MG	Ibrance	TIER 5	• PA Required • Specialty
Palbociclib Tab 100 MG	Ibrance	TIER 5	• PA Required • Specialty

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Palbociclib Tab 125 MG	Ibrance	TIER 5	• PA Required • Specialty
Palbociclib Tab 75 MG	Ibrance	TIER 5	• PA Required • Specialty
Pemigatinib Tab 13.5 MG	Pemazyre	TIER 5	• PA Required • Specialty
Pemigatinib Tab 4.5 MG	Pemazyre	TIER 5	• PA Required • Specialty
Pemigatinib Tab 9 MG	Pemazyre	TIER 5	• PA Required • Specialty
Pexidartinib HCl Cap 125 MG (Base Equivalent)	Turalio	TIER 5	• PA Required • Specialty
Pirtobrutinib Tab 100 MG	Jaypirca	TIER 5	• PA Required • Specialty
Pirtobrutinib Tab 50 MG	Jaypirca	TIER 5	• PA Required • Specialty
Ponatinib HCl Tab 10 MG (Base Equiv)	Iclusig	TIER 5	• PA Required • Specialty
Ponatinib HCl Tab 15 MG (Base Equiv)	Iclusig	TIER 5	• PA Required • Specialty
Ponatinib HCl Tab 30 MG (Base Equiv)	Iclusig	TIER 5	• PA Required • Specialty
Ponatinib HCl Tab 45 MG (Base Equiv)	Iclusig	TIER 5	• PA Required • Specialty
Pralsetinib Cap 100 MG	Gavreto	TIER 5	• PA Required • Specialty
Quizartinib Dihydrochloride Tab 17.7 MG	Vanflyta	TIER 5	• PA Required • Specialty
Quizartinib Dihydrochloride Tab 26.5 MG	Vanflyta	TIER 5	• PA Required • Specialty
Regorafenib Tab 40 MG	Stivarga	TIER 5	• PA Required • Specialty
Repotrectinib Cap 40 MG	Augtyro	TIER 5	• PA Required • Specialty
Ribociclib Succinate Tab Pack 200 MG Daily Dose	Kisqali (200 MG Dose)	TIER 5	• PA Required • Specialty
Ribociclib Succinate Tab Pack 400 MG Daily Dose (200 MG Tab)	Kisqali (400 MG Dose)	TIER 5	• PA Required • Specialty
Ribociclib Succinate Tab Pack 600 MG Daily Dose (200 MG Tab)	Kisqali (600 MG Dose)	TIER 5	• PA Required • Specialty
Ripretinib Tab 50 MG	Qinlock	TIER 5	• PA Required • Specialty
Selpercatinib Cap 40 MG	Retevmo	TIER 5	• Specialty
Selpercatinib Cap 80 MG	Retevmo	TIER 5	• Specialty
Talazoparib Tosylate Cap 0.1 MG (Base Equivalent)	Talzenna	TIER 5	• PA Required • Specialty
Talazoparib Tosylate Cap 0.25 MG (Base Equivalent)	Talzenna	TIER 5	• PA Required • Specialty
Talazoparib Tosylate Cap 0.35 MG (Base Equivalent)	Talzenna	TIER 5	• PA Required • Specialty
Talazoparib Tosylate Cap 0.5 MG (Base Equivalent)	Talzenna	TIER 5	• PA Required • Specialty

	TRADE NAME	TIER	NOTES
Talazoparib Tosylate Cap 0.75 MG (Base Equivalent)	Talzenna	TIER 5	• PA Required • Specialty
Talazoparib Tosylate Cap 1 MG (Base Equivalent)	Talzenna	TIER 5	• PA Required • Specialty
Tepotinib HCl Tab 225 MG	Tepmetko	TIER 5	• PA Required • Specialty
Tivozanib HCl Cap 0.89 MG (Base Equivalent)	Fotivda	TIER 5	• PA Required • Specialty
Tivozanib HCl Cap 1.34 MG (Base Equivalent)	Fotivda	TIER 5	• PA Required • Specialty
Tucatinib Tab 150 MG	Tukysa	TIER 5	• PA Required • Specialty
Tucatinib Tab 50 MG	Tukysa	TIER 5	• PA Required • Specialty
Zanubrutinib Cap 80 MG	Brukinsa	TIER 5	• Specialty
Brigatinib Tab 180 MG	Alunbrig	TIER 6	• PA Required • Specialty
Brigatinib Tab 30 MG	Alunbrig	TIER 6	• PA Required • Specialty
Brigatinib Tab 90 MG	Alunbrig	TIER 6	• PA Required • Specialty
Brigatinib Tab Initiation Therapy Pack 90 MG & 180 MG	Alunbrig	TIER 6	• PA Required • Specialty
Duvelisib Cap 15 MG	Copiktra	TIER 6	• PA Required • Specialty
Duvelisib Cap 25 MG	Copiktra	TIER 6	• PA Required • Specialty
Nirogacestat Hydrobromide Tab 50 MG	Ogsiveo	TIER 6	• Specialty
Rucaparib Camsylate Tab 200 MG (Base Equivalent)	Rubraca	TIER 6	• PA Required • Specialty
Rucaparib Camsylate Tab 250 MG (Base Equivalent)	Rubraca	TIER 6	• PA Required • Specialty
Rucaparib Camsylate Tab 300 MG (Base Equivalent)	Rubraca	TIER 6	• PA Required • Specialty
Vandetanib Tab 100 MG	Caprelsa	TIER 6	• PA Required • Specialty
Vandetanib Tab 300 MG	Caprelsa	TIER 6	• PA Required • Specialty

### **ANTINEOPLASTIC-B CELL LYMPHOMA-2(BCL-2) INHIBITORS**

Venetoclax Tab 10 MG	Venclexta	TIER 5	• PA Required • Specialty
Venetoclax Tab 100 MG	Venclexta	TIER 5	• PA Required • Specialty
Venetoclax Tab 50 MG	Venclexta	TIER 5	• PA Required • Specialty
Venetoclax Tab Therapy Starter Pack 10 & 50 & 100 MG	Venclexta Starting Pack	TIER 5	• PA Required • Specialty

### **ANTINEOPLASTIC-ENZYME INHIB, ANTIANDROGEN COMB.**

	TRADE NAME	TIER	NOTES
Niraparib Tosylate-Abiraterone Acetate Tab 100-500 MG	Akeega	TIER 5	• PA Required • Specialty
Niraparib Tosylate-Abiraterone Acetate Tab 50-500 MG	Akeega	TIER 5	• PA Required • Specialty

### ANTINEOPLASTIC-HYPOXIA INDUCIBLE FACTOR (HIF) INH

Belzutifan Tab 40 MG	Welireg	TIER 5	• PA Required • Specialty
----------------------	---------	--------	---------------------------

### ANTINEOPLASTIC-ISOCITRATE DEHYDROGENASE INHIBITORS

Ivosidenib Tab 250 MG	Tibsovo	TIER 5	• PA Required • Specialty
Olutasidenib Cap 150 MG	Rezlidhia	TIER 5	• PA Required • Specialty
Enasidenib Mesylate Tab 100 MG (Base Equivalent)	IDHIFA	TIER 6	• PA Required • Specialty
Enasidenib Mesylate Tab 50 MG (Base Equivalent)	IDHIFA	TIER 6	• PA Required • Specialty

### ANTINEOPLASTICS,MISCELLANEOUS

Etoposide Cap 50 MG	Etoposide	TIER 1	
Tretinoin Cap 10 MG		TIER 4	• Specialty
Mitotane Tab 500 MG	Lysodren	TIER 5	• Specialty
Procarbazine HCl Cap 50 MG	Matulane	TIER 5	• Specialty
Asparaginase Erwinia Chrys (Recomb)-rywn IM Soln 10 MG/0.5ML	Rylaze	TIER 6	• PA Required • Specialty

### ANTINEOPLASTIC-SELECT INHIB OF NUCLEAR EXP (SINE)

Selinexor Tab Therapy Pack 20 MG (60 MG Twice Weekly)	Xpovio (60 MG Twice Weekly)	TIER 5	• PA Required • Specialty
Selinexor Tab Therapy Pack 20 MG (80 MG Twice Weekly)	Xpovio (80 MG Twice Weekly)	TIER 5	• PA Required • Specialty
Selinexor Tab Therapy Pack 40 MG (40 MG Once Weekly)	Xpovio (40 MG Once Weekly)	TIER 5	• Specialty
Selinexor Tab Therapy Pack 40 MG (40 MG Twice Weekly)	Xpovio (40 MG Twice Weekly)	TIER 5	• PA Required • Specialty
Selinexor Tab Therapy Pack 40 MG (80 MG Once Weekly)	Xpovio (80 MG Once Weekly)	TIER 5	• PA Required • Specialty
Selinexor Tab Therapy Pack 50 MG (100 MG Once Weekly)	Xpovio (100 MG Once Weekly)	TIER 5	• PA Required • Specialty
Selinexor Tab Therapy Pack 60 MG (60 MG Once Weekly)	Xpovio (60 MG Once Weekly)	TIER 5	• PA Required • Specialty

### IMMUNOMODULATORS

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
Interferon Alfa-n3 Inj 5000000 Unit/ML	Alferon N	TIER 6	• Specialty
Interferon Gamma-1B Inj 100 MCG/0.5ML (2000000 Unit/0.5ML)	Actimmune	TIER 6	• PA Required • Specialty
Ropeginterferon alfa-2b-njft Soln Prefilled Syr 500 MCG/ML	Besremi	TIER 6	• PA Required • Specialty

### PHOTOACT, TOPICAL ANTINEOPLAST, PREMALIGNANT LESIONS

Aminolevulinic Acid HCl For Soln 20% (Stick Applicator)	Levulan Kerastick	TIER 3	
Aminolevulinic Acid HCl Gel 10%	Ameluz	TIER 3	

### PHOTOACTIVATED, ANTINEOPLASTIC AGENTS (SYSTEMIC)

Methoxsalen (Photopheresis) Extracorporeal Soln 20 MCG/ML	Uvadex	TIER 3	
---	--------	--------	--

### SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)

Tamoxifen Citrate Tab 10 MG (Base Equivalent)		TIER 10	
Tamoxifen Citrate Tab 20 MG (Base Equivalent)		TIER 10	
Tamoxifen Citrate Oral Soln 10 MG/5ML (Base Equivalent)	Soltamox	TIER 2	
Toremifene Citrate Tab 60 MG (Base Equivalent)		TIER 4	• PA Required • Specialty
Elacestrant Hydrochloride Tab 345 MG	Orserdu	TIER 6	• PA Required • Specialty
Elacestrant Hydrochloride Tab 86 MG	Orserdu	TIER 6	• PA Required • Specialty

### STEROID ANTINEOPLASTICS

Megestrol Acetate Tab 20 MG		TIER 1	
Megestrol Acetate Tab 40 MG		TIER 1	
Estramustine Phosphate Sodium Cap 140 MG	Emcyt	TIER 5	• Specialty

### TOPICAL ANTINEOPLASTIC PREMALIGNANT LESION AGENTS

Diclofenac Sodium (Actinic Keratoses) Gel 3%		TIER 1	• QL: <= 100
Fluorouracil Cream 0.5%	Fluorouracil	TIER 1	• PA Required
Fluorouracil Cream 5%		TIER 1	
Fluorouracil Soln 2%	Fluorouracil	TIER 1	
Fluorouracil Soln 5%	Fluorouracil	TIER 1	
Fluorouracil Cream 4%	Tolak	TIER 2	

	TRADE NAME	TIER	NOTES
Tirbanibulin Ointment 1%	Klisyri (250 mg)	TIER 2	• QL: <= 5
Tirbanibulin Ointment 1%	Klisyri (350 mg)	TIER 2	
Fluorouracil Cream 0.5%	Carac	TIER 3	• PA Required
Fluorouracil Cream 1%	Fluoroplex	TIER 3	
Bexarotene Gel 1%		TIER 4	• PA Required • Specialty
Mechlorethamine HCl Gel 0.016% (Base Equivalent)	Valchlor	TIER 5	• PA Required • Specialty
Alitretinoin Gel 0.1%	Panretin	TIER 6	• QL: 60 IN 28 DAYS • Specialty

## ANTIPARASITICS

### 2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL

Tinidazole Tab 250 MG		TIER 1	
Tinidazole Tab 500 MG		TIER 1	
Secnidazole Granules Packet 2 GM	Solosec	TIER 3	• QL: 1 IN 30 DAYS• ST: AT LEAST 2 PRIOR PRESCRIPTIONS FOR CLINDAMYCIN VAGINAL CREAM, METRONIDAZOLE VAGINAL GEL, TINIDAZOLE, OR VANDAZOLE GEL WITHIN THE PAST 365 DAYS

### AMEBICIDES

Paromomycin Sulfate Cap 250 MG	Humatin	TIER 3	
--------------------------------	---------	--------	--

### ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS

Metronidazole Cap 375 MG		TIER 1	
Metronidazole Tab 250 MG		TIER 1	
Metronidazole Tab 500 MG		TIER 1	
Metronidazole Susp 500 MG/5ML	Likmez	TIER 3	• PA Required

### ANTHELMINTICS

Albendazole Tab 200 MG		TIER 1	
Ivermectin Tab 3 MG		TIER 1	
Praziquantel Tab 600 MG		TIER 1	
Mebendazole Chew Tab 100 MG	Emverm	TIER 2	• PA Required

	TRADE NAME	TIER	NOTES
<b>ANTILEPROTICS</b>			
Dapsone Tab 100 MG		TIER 1	
Dapsone Tab 25 MG		TIER 1	
<b>ANTIPARASITICS</b>			
Nitazoxanide Tab 500 MG		TIER 1	• QL: 2 IN 1 DAYS
Nitazoxanide For Susp 100 MG/5ML	Alinia	TIER 3	• QL: 500 IN 10 DAYS
<b>ANTIPROTOZOAL DRUGS, MISCELLANEOUS</b>			
Atovaquone Susp 750 MG/5ML		TIER 1	
Pentamidine Isethionate For Nebulization Soln 300 MG		TIER 1	
Miltefosine Cap 50 MG	Impavido	TIER 2	• PA Required
Nifurtimox Tab 120 MG	Lampit	TIER 3	
Nifurtimox Tab 30 MG	Lampit	TIER 3	
<b>TOPICAL ANTIPARASITICS</b>			
Malathion Lotion 0.5%		TIER 1	
Permethrin Cream 5%		TIER 1	
Spinosad Susp 0.9%	Spinosad	TIER 3	
Spinosad Susp 0.9%	Natroba	TIER 3	
<b>ANTIPARKINSON</b>			
<b>ANTIPARKINSONISM DRUGS, ANTICHOLINERGIC</b>			
Benzotropine Mesylate Tab 0.5 MG		TIER 1	
Benzotropine Mesylate Tab 1 MG		TIER 1	
Benzotropine Mesylate Tab 2 MG		TIER 1	
Trihexyphenidyl HCl Oral Soln 0.4 MG/ML	Trihexyphenidyl HCl	TIER 1	
Trihexyphenidyl HCl Tab 2 MG		TIER 1	
Trihexyphenidyl HCl Tab 5 MG		TIER 1	
<b>ANTIPARKINSONISM DRUGS, OTHER</b>			
Amantadine HCl Cap 100 MG		TIER 1	
Amantadine HCl Soln 50 MG/5ML		TIER 1	
Amantadine HCl Tab 100 MG		TIER 1	

	TRADE NAME	TIER	NOTES
Bromocriptine Mesylate Cap 5 MG (Base Equivalent)		TIER 1	
Bromocriptine Mesylate Tab 2.5 MG (Base Equivalent)		TIER 1	
Carbidopa & Levodopa Orally Disintegrating Tab 10-100 MG	Carbidopa-Levodopa	TIER 1	
Carbidopa & Levodopa Orally Disintegrating Tab 25-100 MG	Carbidopa-Levodopa	TIER 1	
Carbidopa & Levodopa Orally Disintegrating Tab 25-250 MG	Carbidopa-Levodopa	TIER 1	
Carbidopa & Levodopa Tab 10-100 MG		TIER 1	
Carbidopa & Levodopa Tab 25-100 MG		TIER 1	
Carbidopa & Levodopa Tab 25-250 MG		TIER 1	
Carbidopa & Levodopa Tab ER 25-100 MG		TIER 1	
Carbidopa & Levodopa Tab ER 50-200 MG		TIER 1	
Carbidopa-Levodopa-Entacapone Tabs 12.5-50-200 MG		TIER 1	
Carbidopa-Levodopa-Entacapone Tabs 18.75-75-200 MG		TIER 1	
Carbidopa-Levodopa-Entacapone Tabs 25-100-200 MG		TIER 1	
Carbidopa-Levodopa-Entacapone Tabs 31.25-125-200 MG		TIER 1	
Carbidopa-Levodopa-Entacapone Tabs 37.5-150-200 MG		TIER 1	
Carbidopa-Levodopa-Entacapone Tabs 50-200-200 MG		TIER 1	
Entacapone Tab 200 MG		TIER 1	
Pramipexole Dihydrochloride Tab 0.125 MG		TIER 1	
Pramipexole Dihydrochloride Tab 0.25 MG		TIER 1	
Pramipexole Dihydrochloride Tab 0.5 MG		TIER 1	
Pramipexole Dihydrochloride Tab 0.75 MG		TIER 1	
Pramipexole Dihydrochloride Tab 1 MG		TIER 1	
Pramipexole Dihydrochloride Tab 1.5 MG		TIER 1	

	TRADE NAME	TIER	NOTES
Pramipexole Dihydrochloride Tab ER 24HR 0.375 MG		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR IMMEDIATE-RELEASE PRAMIPEXOLE OR IMMEDIATE-RELEASE ROPINIROLE WITHIN THE PAST 120 DAYS
Pramipexole Dihydrochloride Tab ER 24HR 0.75 MG		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR IMMEDIATE-RELEASE PRAMIPEXOLE OR IMMEDIATE-RELEASE ROPINIROLE WITHIN THE PAST 120 DAYS
Pramipexole Dihydrochloride Tab ER 24HR 1.5 MG		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR IMMEDIATE-RELEASE PRAMIPEXOLE OR IMMEDIATE-RELEASE ROPINIROLE WITHIN THE PAST 120 DAYS
Pramipexole Dihydrochloride Tab ER 24HR 2.25 MG		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR IMMEDIATE-RELEASE PRAMIPEXOLE OR IMMEDIATE-RELEASE ROPINIROLE WITHIN THE PAST 120 DAYS
Pramipexole Dihydrochloride Tab ER 24HR 3 MG		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR IMMEDIATE-RELEASE PRAMIPEXOLE OR IMMEDIATE-RELEASE ROPINIROLE WITHIN THE PAST 120 DAYS
Pramipexole Dihydrochloride Tab ER 24HR 3.75 MG		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR IMMEDIATE-RELEASE PRAMIPEXOLE OR IMMEDIATE-RELEASE ROPINIROLE WITHIN THE PAST 120 DAYS

	TRADE NAME	TIER	NOTES
Pramipexole Dihydrochloride Tab ER 24HR 4.5 MG		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR IMMEDIATE-RELEASE PRAMIPEXOLE OR IMMEDIATE-RELEASE ROPINIROLE WITHIN THE PAST 120 DAYS
Rasagiline Mesylate Tab 0.5 MG (Base Equiv)		TIER 1	• QL: 1 IN 1 DAYS
Rasagiline Mesylate Tab 1 MG (Base Equiv)		TIER 1	• QL: 1 IN 1 DAYS
Ropinirole Hydrochloride Tab 0.25 MG		TIER 1	
Ropinirole Hydrochloride Tab 0.5 MG		TIER 1	
Ropinirole Hydrochloride Tab 1 MG		TIER 1	
Ropinirole Hydrochloride Tab 2 MG		TIER 1	
Ropinirole Hydrochloride Tab 3 MG		TIER 1	
Ropinirole Hydrochloride Tab 4 MG		TIER 1	
Ropinirole Hydrochloride Tab 5 MG		TIER 1	
Ropinirole Hydrochloride Tab ER 24HR 12 MG (Base Equivalent)		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR IMMEDIATE-RELEASE PRAMIPEXOLE OR IMMEDIATE-RELEASE ROPINIROLE WITHIN THE PAST 120 DAYS
Ropinirole Hydrochloride Tab ER 24HR 2 MG (Base Equivalent)		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR IMMEDIATE-RELEASE PRAMIPEXOLE OR IMMEDIATE-RELEASE ROPINIROLE WITHIN THE PAST 120 DAYS
Ropinirole Hydrochloride Tab ER 24HR 4 MG (Base Equivalent)		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR IMMEDIATE-RELEASE PRAMIPEXOLE OR IMMEDIATE-RELEASE ROPINIROLE WITHIN THE PAST 120 DAYS

TRADE NAME		TIER	NOTES
Ropinirole Hydrochloride Tab ER 24HR 6 MG (Base Equivalent)		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR IMMEDIATE-RELEASE PRAMIPEXOLE OR IMMEDIATE-RELEASE ROPINIROLE WITHIN THE PAST 120 DAYS
Ropinirole Hydrochloride Tab ER 24HR 8 MG (Base Equivalent)		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR IMMEDIATE-RELEASE PRAMIPEXOLE OR IMMEDIATE-RELEASE ROPINIROLE WITHIN THE PAST 120 DAYS
Selegiline HCl Cap 5 MG		TIER 1	
Selegiline HCl Tab 5 MG		TIER 1	
Tolcapone Tab 100 MG		TIER 1	• QL: 3 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR ENTACAPONE WITHIN THE PAST 120 DAYS
Rotigotine TD Patch 24HR 1 MG/24HR	Neupro	TIER 2	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR IMMEDIATE-RELEASE PRAMIPEXOLE OR IMMEDIATE-RELEASE ROPINIROLE WITHIN THE PAST 120 DAYS
Rotigotine TD Patch 24HR 2 MG/24HR	Neupro	TIER 2	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR IMMEDIATE-RELEASE PRAMIPEXOLE OR IMMEDIATE-RELEASE ROPINIROLE WITHIN THE PAST 120 DAYS
Rotigotine TD Patch 24HR 3 MG/24HR	Neupro	TIER 2	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR IMMEDIATE-RELEASE PRAMIPEXOLE OR IMMEDIATE-RELEASE ROPINIROLE WITHIN THE PAST 120 DAYS

	TRADE NAME	TIER	NOTES
Rotigotine TD Patch 24HR 4 MG/24HR	Neupro	TIER 2	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR IMMEDIATE-RELEASE PRAMIPEXOLE OR IMMEDIATE-RELEASE ROPINIROLE WITHIN THE PAST 120 DAYS
Rotigotine TD Patch 24HR 6 MG/24HR	Neupro	TIER 2	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR IMMEDIATE-RELEASE PRAMIPEXOLE OR IMMEDIATE-RELEASE ROPINIROLE WITHIN THE PAST 120 DAYS
Rotigotine TD Patch 24HR 8 MG/24HR	Neupro	TIER 2	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR IMMEDIATE-RELEASE PRAMIPEXOLE OR IMMEDIATE-RELEASE ROPINIROLE WITHIN THE PAST 120 DAYS
Carbidopa & Levodopa Tab 25-100 MG	Dhivy	TIER 3	
Opicapone Cap 25 MG	Ongentys	TIER 3	• PA Required
Opicapone Cap 50 MG	Ongentys	TIER 3	• PA Required
Safinamide Mesylate Tab 100 MG (Base Equiv)	Xadago	TIER 3	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR CARBIDOPA/LEVODOPA (SINEMET IR, SINEMET CR, DUOPA, PARCOPA, OR RYTARY) WITHIN THE PAST 120 DAYS
Safinamide Mesylate Tab 50 MG (Base Equiv)	Xadago	TIER 3	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR CARBIDOPA/LEVODOPA (SINEMET IR, SINEMET CR, DUOPA, PARCOPA, OR RYTARY) WITHIN THE PAST 120 DAYS
Selegiline HCl Orally Disintegrating Tab 1.25 MG	Zelapar	TIER 3	• QL: 2 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR GENERIC SELEGILINE CAPSULES OR TABLETS WITHIN THE PAST 120 DAYS

	TRADE NAME	TIER	NOTES
Apomorphine HCl Soln Cartridge 30 MG/3ML		TIER 4	• PA Required • Specialty
Carbidopa-Levodopa Enteral Susp 4.63-20 MG/ML	Duopa	TIER 6	• PA Required • Specialty
Levodopa Inhal Powder Cap 42 MG	Inbrija	TIER 6	• PA Required • Specialty

### DECARBOXYLASE INHIBITORS

Carbidopa Tab 25 MG		TIER 1	
---------------------	--	--------	--

### ANTISPASMODIC AND ANTICHOLINERGIC AGENTS

#### ANTICHOLINERGICS, QUATERNARY AMMONIUM

Chlordiazepoxide HCl-Clidinium Bromide Cap 5-2.5 MG		TIER 1	
Glycopyrrolate Oral Soln 1 MG/5ML		TIER 1	
Glycopyrrolate Tab 1 MG		TIER 1	
Glycopyrrolate Tab 2 MG		TIER 1	
Glycopyrrolate Tab Disintegrating 1.7 MG	Dartisla ODT	TIER 3	• QL: 4 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR ORAL METHYLPHENIDATE CD/ER/LA FORMULATION OR METHYLPHENIDATE SUSPENSION/SOLUTION WITHIN THE PAST 120 DAYS• AGE_YEARS=0-17 DENY

#### ANTICHOLINERGICS/ANTISPASMODICS

Dicyclomine HCl Cap 10 MG		TIER 1	
Dicyclomine HCl Oral Soln 10 MG/5ML		TIER 1	
Dicyclomine HCl Tab 20 MG		TIER 1	

#### BELLADONNA ALKALOIDS

Hyoscyamine Sulfate SL Tab 0.125 MG		TIER 1	
Hyoscyamine Sulfate Soln 0.125 MG/ML		TIER 1	
Hyoscyamine Sulfate Tab 0.125 MG		TIER 1	
Hyoscyamine Sulfate Tab Disint 0.125 MG		TIER 1	
Hyoscyamine Sulfate Tab ER 12HR 0.375 MG		TIER 1	
Methscopolamine Bromide Tab 2.5 MG		TIER 1	

	TRADE NAME	TIER	NOTES
Methscopolamine Bromide Tab 5 MG		TIER 1	
<b>MUSCARINIC RECEPTOR ANTAGONISTS (ANTICHOLINERGIC)</b>			
Atropine Sulfate IM Soln Auto-Injector 0.5 MG/0.7ML	AtroPen	TIER 3	
Atropine Sulfate IM Soln Auto-Injector 1 MG/0.7ML	AtroPen	TIER 3	
<b>URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.</b>			
Darifenacin Hydrobromide Tab ER 24HR 15 MG (Base Equiv)		TIER 1	
Darifenacin Hydrobromide Tab ER 24HR 7.5 MG (Base Equiv)		TIER 1	
Solifenacin Succinate Tab 10 MG		TIER 1	
Solifenacin Succinate Tab 5 MG		TIER 1	
<b>URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT</b>			
Fesoterodine Fumarate Tab ER 24HR 4 MG		TIER 1	
Fesoterodine Fumarate Tab ER 24HR 8 MG		TIER 1	
Flavoxate HCl Tab 100 MG		TIER 1	
Oxybutynin Chloride Tab 2.5 MG	oxyBUTYnin Chloride	TIER 1	
Oxybutynin Chloride Tab 5 MG		TIER 1	
Oxybutynin Chloride Tab ER 24HR 10 MG		TIER 1	
Oxybutynin Chloride Tab ER 24HR 15 MG		TIER 1	
Oxybutynin Chloride Tab ER 24HR 5 MG		TIER 1	
Tolterodine Tartrate Cap ER 24HR 2 MG		TIER 1	
Tolterodine Tartrate Cap ER 24HR 4 MG		TIER 1	
Tolterodine Tartrate Tab 1 MG		TIER 1	
Tolterodine Tartrate Tab 2 MG		TIER 1	
Trospium Chloride Cap ER 24HR 60 MG		TIER 1	
Trospium Chloride Tab 20 MG		TIER 1	
Oxybutynin TD Patch Twice Weekly 3.9 MG/24HR	Oxytrol	TIER 3	• ST: REQUIRES PRIOR PRESCRIPTIONS FOR MYRBETRIQ AND OXYBUTYNIN CHLORIDE WITHIN THE PAST 365 DAYS

### ANTITHYROID PREPS

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
<b>ANTITHYROID PREPARATIONS</b>			
	Methimazole Tab 10 MG	TIER 1	
	Methimazole Tab 5 MG	TIER 1	
	Propylthiouracil Tab 50 MG	TIER 1	
<b>ANTI-ULCER PREPS/GASTROINTESTINAL PREPS</b>			
<b>ANTI-ULCER PREPARATIONS</b>			
	Misoprostol Tab 100 MCG	TIER 1	
	Misoprostol Tab 200 MCG	TIER 1	
	Sucralfate Susp 1 GM/10ML	TIER 1	
	Sucralfate Tab 1 GM	TIER 1	
<b>ANTI-ULCER-H.PYLORI AGENTS</b>			
	Amoxicil Cap & Clarithro Tab & Lansopraz Cap DR 500 & 500 & 30MG	Amoxicill-Clarithro-Lansopraz	TIER 1 • QL: 112 IN 10 DAYS
	Bismuth Subcit-Metronidazole-Tetracycline Cap 140-125-125 MG		TIER 1
	Amoxicillin Cap & Clarithromycin Tab & Vonoprazan Tab Pack	Voquezna Triple Pak	TIER 3 • PA Required
	Amoxicillin Cap 500 MG & Vonoprazan Tab 20 MG Therapy Pack	Voquezna Dual Pak	TIER 3 • PA Required
	Amoxicillin Cap-Clarithro Tab w/ Omepraz Cap DR Therapy Pack	Omeclamox-Pak	TIER 3
	Amoxicillin-Rifabutin-Omeprazole Cap DR 250-12.5-10 MG	Talicia	TIER 3 • QL: 168 IN 14 DAYS • AGE_YEARS=0-17 DENY
<b>DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALICYLAT</b>			
	Balsalazide Disodium Cap 750 MG		TIER 1
<b>HISTAMINE H2-RECEPTOR INHIBITORS</b>			
	Cimetidine Tab 200 MG		TIER 1
	Cimetidine Tab 300 MG		TIER 1
	Cimetidine Tab 400 MG		TIER 1
	Cimetidine Tab 800 MG		TIER 1
	Famotidine For Susp 40 MG/5ML		TIER 1
	Famotidine Tab 20 MG		TIER 1
	Famotidine Tab 40 MG		TIER 1

	TRADE NAME	TIER	NOTES
Nizatidine Cap 150 MG		TIER 1	
Nizatidine Cap 300 MG	Nizatidine	TIER 1	
<b>POTASSIUM-COMPETITIVE ACID BLOCKERS (PCABS)</b>			
Vonoprazan Fumarate Tab 10 MG	Voquezna	TIER 3	• PA Required
Vonoprazan Fumarate Tab 20 MG	Voquezna	TIER 3	• PA Required
<b>PROTON-PUMP INHIBITORS</b>			
Dexlansoprazole Cap Delayed Release 30 MG		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR LANSOPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS
Dexlansoprazole Cap Delayed Release 60 MG		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR LANSOPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS
Esomeprazole Magnesium Cap Delayed Release 20 MG (Base Eq)		TIER 1	
Esomeprazole Magnesium Cap Delayed Release 20 MG (Base Eq)		TIER 1	• QL: 1 IN 1 DAYS
Esomeprazole Magnesium Cap Delayed Release 40 MG (Base Eq)		TIER 1	• QL: 2 IN 1 DAYS
Esomeprazole Magnesium For Delayed Release Susp Packet 10 MG		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR LANSOPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS
Esomeprazole Magnesium For Delayed Release Susp Packet 20 MG		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR LANSOPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS

TRADE NAME	TIER	NOTES
Esomeprazole Magnesium For Delayed Release Susp Packet 40 MG	TIER 1	• QL: 2 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR LANSOPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS
Lansoprazole Cap Delayed Release 15 MG	TIER 1	
Lansoprazole Cap Delayed Release 30 MG	TIER 1	
Lansoprazole Tab Delayed Release Orally Disintegrating 15 MG	TIER 1	• ST: REQUIRES PRIOR PRESCRIPTION FOR LANSOPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS
Lansoprazole Tab Delayed Release Orally Disintegrating 30 MG	TIER 1	• ST: REQUIRES PRIOR PRESCRIPTION FOR LANSOPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS
Omeprazole Cap Delayed Release 10 MG	TIER 1	
Omeprazole Cap Delayed Release 20 MG	TIER 1	
Omeprazole Cap Delayed Release 40 MG	TIER 1	
Omeprazole-Sodium Bicarbonate Cap 20-1100 MG	TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR LANSOPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS
Omeprazole-Sodium Bicarbonate Cap 20-1100 MG	TIER 1	
Omeprazole-Sodium Bicarbonate Cap 40-1100 MG	TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR LANSOPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS
Pantoprazole Sodium EC Tab 20 MG (Base Equiv)	TIER 1	

	TRADE NAME	TIER	NOTES
Pantoprazole Sodium EC Tab 40 MG (Base Equiv)		TIER 1	
Pantoprazole Sodium For Delayed Release Susp Packet 40 MG		TIER 1	• ST: REQUIRES PRIOR PRESCRIPTION FOR OMEPRAZOLE, PANTOPRAZOLE CAPS OR TABS, OR PRILOSEC SUSPENSION WITHIN THE PAST 120 DAYS
Rabeprazole Sodium Capsule Sprinkle DR 10 MG	RABEprazole Sodium	TIER 1	• QL: 1 IN 1 DAYS • ST: AT LEAST 2 PRIOR PRESCRIPTIONS FOR LANSOPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 365 DAYS
Rabeprazole Sodium EC Tab 20 MG		TIER 1	• QL: 1 IN 1 DAYS
Esomeprazole Magnesium For Delayed Release Susp Pack 2.5 MG	NexIUM	TIER 2	• QL: 1 IN 1 DAYS • ST: REQUIRES PRIOR PRESCRIPTION FOR LANSOPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS
Esomeprazole Magnesium For Delayed Release Susp Packet 5 MG	NexIUM	TIER 2	• QL: 1 IN 1 DAYS • ST: REQUIRES PRIOR PRESCRIPTION FOR LANSOPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS
Rabeprazole Sodium Capsule Sprinkle DR 10 MG	AcipHex Sprinkle	TIER 3	• QL: 1 IN 1 DAYS • PA Required
Rabeprazole Sodium Capsule Sprinkle DR 5 MG	AcipHex Sprinkle	TIER 3	• QL: 1 IN 1 DAYS • ST: AT LEAST 2 PRIOR PRESCRIPTIONS FOR LANSOPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 365 DAYS

## ANTIVIRALS

### ANTIRETROVIRAL - CAPSID INHIBITORS

Lenacapavir Sodium Tab 300 MG	Sunlenca	TIER 5	• PA Required • Specialty
-------------------------------	----------	--------	---------------------------

	TRADE NAME	TIER	NOTES
Lenacapavir Sodium Tab Therapy Pack 4 x 300 MG	Sunlenca	TIER 5	• PA Required • Specialty
Lenacapavir Sodium Tab Therapy Pack 5 x 300 MG	Sunlenca	TIER 5	• PA Required • Specialty

### ANTIRETROVIRAL-INTEGRASE INHIBITOR AND NNRTI COMB.

Dolutegravir Sodium-Rilpivirine HCl Tab 50-25 MG (Base Eq)	Juluca	TIER 5	• QL: 1 IN 1 DAYS • Specialty
--	--------	--------	-------------------------------

### ANTIRETROVIRAL-INTEGRASE INHIBITOR AND NRTI COMB.

Dolutegravir Sodium-Lamivudine Tab 50-300 MG (Base Eq)	Dovato	TIER 5	• QL: 1 IN 1 DAYS • Specialty
--	--------	--------	-------------------------------

### ANTIRETROVIRAL-NRTIS AND INTEGRASE INHIBITORS COMB

Abacavir-Dolutegravir-Lamivudine Tab 600-50-300 MG	Triumeq	TIER 5	• QL: 1 IN 1 DAYS • Specialty
Abacavir-Dolutegravir-Lamivudine Tab for Oral Sus 60-5-30 MG	Triumeq PD	TIER 5	• QL: 6 IN 1 DAYS • Specialty

### ANTIRETROVIRAL-NUCLEOSIDE,NUCLEOTIDE,PROTEASE INH.

Darunavir-Cobic-Emtricitab-Tenofovir AF Tab 800-150-200-10 MG	Symtuza	TIER 5	• QL: 1 IN 1 DAYS • Specialty
---	---------	--------	-------------------------------

### ANTIVIRAL - MAIN PROTEASE (MPRO) INHIBITOR

Nirmatrelvir Tab 10 x 150 MG & Ritonavir Tab 10 x 100 MG Pak	Paxlovid (150/100)	TIER 2	• QL: 20 IN 5 DAYS • AGE_YEARS=0-11 DENY
Nirmatrelvir Tab 20 x 150 MG & Ritonavir Tab 10 x 100 MG Pak	Paxlovid (300/100)	TIER 2	• QL: 30 IN 5 DAYS • AGE_YEARS=0-11 DENY

### ANTIVIRAL - RNA POLYMERASE INHIBITOR

Molnupiravir Cap 200 MG	Lagevrio	TIER 2	• QL: 40 IN 29 DAYS • AGE_YEARS=0-17 DENY
-------------------------	----------	--------	---

### ANTIVIRAL MONOCLONAL ANTIBODIES

Nirsevimab-alip IM Soln Prefilled Syringe 100 MG/ML	Beyfortus	TIER 10	
Nirsevimab-alip IM Soln Prefilled Syringe 50 MG/0.5ML	Beyfortus	TIER 10	

### ANTIVIRALS, GENERAL

Acyclovir Cap 200 MG		TIER 1	
Acyclovir Susp 200 MG/5ML		TIER 1	
Acyclovir Tab 400 MG		TIER 1	
Acyclovir Tab 800 MG		TIER 1	

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
Famciclovir Tab 125 MG		TIER 1	
Famciclovir Tab 250 MG		TIER 1	
Famciclovir Tab 500 MG		TIER 1	
Oseltamivir Phosphate Cap 30 MG (Base Equiv)		TIER 1	• QL: 40 IN 180 DAYS
Oseltamivir Phosphate Cap 45 MG (Base Equiv)		TIER 1	• QL: 20 IN 180 DAYS
Oseltamivir Phosphate Cap 75 MG (Base Equiv)		TIER 1	• QL: 20 IN 180 DAYS
Oseltamivir Phosphate For Susp 6 MG/ML (Base Equiv)		TIER 1	• QL: 360 IN 180 DAYS
Ribavirin For Inhal Soln 6 GM		TIER 1	
Rimantadine Hydrochloride Tab 100 MG	Flumadine	TIER 1	
Valacyclovir HCl Tab 1 GM		TIER 1	
Valacyclovir HCl Tab 500 MG		TIER 1	
Valganciclovir HCl For Soln 50 MG/ML (Base Equiv)		TIER 1	
Valganciclovir HCl Tab 450 MG (Base Equivalent)		TIER 1	
Baloxavir Marboxil Tab Therapy Pack 1 x 40 MG (40 MG Dose)	Xofluza (40 MG Dose)	TIER 2	• QL: 2 IN 180 DAYS
Baloxavir Marboxil Tab Therapy Pack 1 x 80 MG (80 MG Dose)	Xofluza (80 MG Dose)	TIER 2	• QL: 2 IN 180 DAYS
Baloxavir Marboxil Tab Therapy Pack 2 x 40 MG (80 MG Dose)	Xofluza (80 MG Dose)	TIER 2	• QL: 2 IN 180 DAYS
Tecovirimat Cap 200 MG	Tpoxx	TIER 2	
Brincidofovir Oral Susp 10 MG/ML	Tembexa	TIER 3	
Brincidofovir Tab 100 MG	Tembexa	TIER 3	
Letermovir Tab 240 MG	Prevymis	TIER 3	• PA Required
Letermovir Tab 480 MG	Prevymis	TIER 3	• PA Required
Zanamivir Aerosol Powder Breath Activated 5 MG/ACT	Relenza Diskhaler	TIER 3	• QL: 40 IN 180 DAYS
Maribavir Tab 200 MG	Livtency	TIER 5	• PA Required • Specialty
<b>ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB</b>			
Darunavir Tab 600 MG		TIER 4	• QL: 2 IN 1 DAYS • Specialty

	TRADE NAME	TIER	NOTES
Darunavir Tab 800 MG		TIER 4	• QL: 1 IN 1 DAYS • Specialty
Darunavir Oral Susp 100 MG/ML	Prezista	TIER 5	• QL: 400 IN 30 DAYS • Specialty
Darunavir Tab 150 MG	Prezista	TIER 5	• QL: 8 IN 1 DAYS • Specialty
Darunavir Tab 75 MG	Prezista	TIER 5	• QL: 16 IN 1 DAYS • Specialty
Tipranavir Cap 250 MG	Aptivus	TIER 5	• QL: 4 IN 1 DAYS • Specialty

### ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG

Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG		TIER 10	• QL: 1 IN 1 DAYS
Emtricitabine-Tenofovir Disoproxil Fumarate Tab 100-150 MG		TIER 4	• QL: 1 IN 1 DAYS • Specialty
Emtricitabine-Tenofovir Disoproxil Fumarate Tab 133-200 MG		TIER 4	• QL: 1 IN 1 DAYS • Specialty
Emtricitabine-Tenofovir Disoproxil Fumarate Tab 167-250 MG		TIER 4	• QL: 1 IN 1 DAYS • Specialty
Emtricitabine-Tenofovir Alafenamide Fumarate Tab 120-15 MG	Descovy	TIER 5	• QL: 1 IN 1 DAYS • Specialty
Emtricitabine-Tenofovir Alafenamide Fumarate Tab 200-25 MG	Descovy	TIER 5	• QL: 1 IN 1 DAYS • Specialty
Lamivudine-Tenofovir Disoproxil Fumarate Tab 300-300 MG	Cimduo	TIER 5	• QL: 1 IN 1 DAYS • Specialty

### ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB

Abacavir Sulfate-Lamivudine Tab 600-300 MG		TIER 4	• QL: 1 IN 1 DAYS • Specialty
Lamivudine-Zidovudine Tab 150-300 MG		TIER 4	• QL: 2 IN 1 DAYS • Specialty

### ANTIVIRALS, HIV-SPECIFIC, CCR5 CO-RECEPTOR ANTAG.

Maraviroc Tab 150 MG		TIER 4	• QL: 2 IN 1 DAYS • Specialty
Maraviroc Tab 300 MG		TIER 4	• QL: 4 IN 1 DAYS • Specialty
Maraviroc Oral Soln 20 MG/ML	Selzentry	TIER 5	• QL: 31 IN 1 DAYS • Specialty

### ANTIVIRALS, HIV-SPECIFIC, CD4 ATTACHMENT INHIBITOR

	TRADE NAME	TIER	NOTES
Fostemsavir Tromethamine Tab ER 12HR 600 MG	Rukobia	TIER 5	• PA Required • Specialty
<b>ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS</b>			
Enfuvirtide For Inj 90 MG	Fuzeon	TIER 5	• QL: 2 IN 1 DAYS • Specialty
<b>ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI</b>			
Efavirenz Tab 600 MG		TIER 4	• Specialty
Etravirine Tab 100 MG		TIER 4	• QL: 4 IN 1 DAYS • Specialty
Etravirine Tab 200 MG		TIER 4	• QL: 2 IN 1 DAYS • Specialty
Nevirapine Susp 50 MG/5ML	Nevirapine	TIER 4	• QL: 1200 IN 30 DAYS • Specialty
Nevirapine Tab 200 MG		TIER 4	• QL: 2 IN 1 DAYS • Specialty
Nevirapine Tab ER 24HR 100 MG	Nevirapine ER	TIER 4	• QL: 3 IN 1 DAYS • Specialty
Nevirapine Tab ER 24HR 400 MG		TIER 4	• QL: 1 IN 1 DAYS • Specialty
Etravirine Tab 25 MG	Intelence	TIER 5	• QL: 4 IN 1 DAYS • Specialty
<b>ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI</b>			
Emtricitabine Caps 200 MG		TIER 10	• QL: 1 IN 1 DAYS
Abacavir Sulfate Soln 20 MG/ML (Base Equiv)		TIER 4	• QL: 960 IN 30 DAYS • Specialty
Abacavir Sulfate Tab 300 MG (Base Equiv)		TIER 4	• QL: 2 IN 1 DAYS • Specialty
Didanosine Delayed Release Capsule 250 MG	Didanosine	TIER 4	• Specialty
Didanosine Delayed Release Capsule 400 MG	Didanosine	TIER 4	• Specialty
Lamivudine Oral Soln 10 MG/ML		TIER 4	• QL: 960 IN 30 DAYS • Specialty
Lamivudine Tab 150 MG		TIER 4	• QL: 2 IN 1 DAYS • Specialty
Lamivudine Tab 300 MG		TIER 4	• QL: 1 IN 1 DAYS • Specialty
Stavudine Cap 15 MG	Stavudine	TIER 4	• QL: 2 IN 1 DAYS • Specialty

	TRADE NAME	TIER	NOTES
Stavudine Cap 20 MG	Stavudine	TIER 4	• QL: 2 IN 1 DAYS • Specialty
Stavudine Cap 30 MG	Stavudine	TIER 4	• QL: 2 IN 1 DAYS • Specialty
Stavudine Cap 40 MG	Stavudine	TIER 4	• QL: 2 IN 1 DAYS • Specialty
Zidovudine Cap 100 MG		TIER 4	• QL: 6 IN 1 DAYS • Specialty
Zidovudine Syrup 10 MG/ML		TIER 4	• QL: 1920 IN 30 DAYS • Specialty
Zidovudine Tab 300 MG		TIER 4	• QL: 2 IN 1 DAYS • Specialty
Emtricitabine Soln 10 MG/ML	Emtriva	TIER 5	• QL: 850 IN 30 DAYS • Specialty

### ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI

Tenofovir Disoproxil Fumarate Tab 300 MG		TIER 10	• QL: 1 IN 1 DAYS
Tenofovir Disoproxil Fumarate Oral Powder 40 MG/GM	Viread	TIER 5	• QL: 240 IN 30 DAYS • Specialty
Tenofovir Disoproxil Fumarate Tab 150 MG	Viread	TIER 5	• QL: 1 IN 1 DAYS • Specialty
Tenofovir Disoproxil Fumarate Tab 200 MG	Viread	TIER 5	• QL: 1 IN 1 DAYS • Specialty
Tenofovir Disoproxil Fumarate Tab 250 MG	Viread	TIER 5	• QL: 1 IN 1 DAYS • Specialty

### ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB

Lopinavir-Ritonavir Soln 400-100 MG/5ML (80-20 MG/ML)		TIER 4	• QL: 480 IN 30 DAYS • Specialty
Lopinavir-Ritonavir Tab 100-25 MG		TIER 4	• QL: 10 IN 1 DAYS • Specialty
Lopinavir-Ritonavir Tab 200-50 MG		TIER 4	• QL: 4 IN 1 DAYS • Specialty

### ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS

Atazanavir Sulfate Cap 150 MG (Base Equiv)		TIER 4	• QL: 2 IN 1 DAYS • Specialty
Atazanavir Sulfate Cap 200 MG (Base Equiv)		TIER 4	• QL: 2 IN 1 DAYS • Specialty
Atazanavir Sulfate Cap 300 MG (Base Equiv)		TIER 4	• QL: 1 IN 1 DAYS • Specialty
Fosamprenavir Calcium Tab 700 MG (Base Equiv)		TIER 4	• QL: 4 IN 1 DAYS • Specialty

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
Ritonavir Tab 100 MG		TIER 4	• QL: 12 IN 1 DAYS • Specialty
Atazanavir Sulfate Oral Powder Packet 50 MG (Base Equiv)	Reyataz	TIER 5	• QL: 5 IN 1 DAYS • Specialty
Atazanavir Sulfate-Cobicistat Tab 300-150 MG (Base Equiv)	Evotaz	TIER 5	• QL: 1 IN 1 DAYS • Specialty
Nelfinavir Mesylate Tab 250 MG	Viracept	TIER 5	• Specialty
Nelfinavir Mesylate Tab 625 MG	Viracept	TIER 5	• Specialty
Ritonavir Powder Packet 100 MG	Norvir	TIER 5	• QL: 12 IN 1 DAYS • Specialty

### ANTIVIRALS,HIV-1 INTEGRASE STRAND TRANSFER INHIBTR

Cabotegravir IM Extended Release Susp 600 MG/3ML	Apretude	TIER 10	
Dolutegravir Sodium Tab 50 MG (Base Equiv)	Tivicay	TIER 5	• QL: 2 IN 1 DAYS • Specialty
Dolutegravir Sodium Tab for Oral Susp 5 MG (Base Equiv)	Tivicay PD	TIER 5	• QL: 6 IN 1 DAYS • Specialty
Raltegravir Potassium Chew Tab 100 MG (Base Equiv)	Isentress	TIER 5	• QL: 6 IN 1 DAYS • Specialty
Raltegravir Potassium Chew Tab 25 MG (Base Equiv)	Isentress	TIER 5	• QL: 6 IN 1 DAYS • Specialty
Raltegravir Potassium Packet For Susp 100 MG (Base Equiv)	Isentress	TIER 5	• QL: 2 IN 1 DAYS • Specialty
Raltegravir Potassium Tab 400 MG (Base Equiv)	Isentress	TIER 5	• QL: 2 IN 1 DAYS • Specialty
Raltegravir Potassium Tab 600 MG (Base Equiv)	Isentress HD	TIER 5	• QL: 2 IN 1 DAYS • Specialty

### ARTV NUCLEOSIDE,NUCLEOTIDE,NON-NUCLEOSIDE RTI COMB

Efavirenz-Emtricitabine-Tenofovir DF Tab 600-200-300 MG		TIER 4	• QL: 1 IN 1 DAYS • Specialty
Efavirenz-Lamivudine-Tenofovir DF Tab 600-300-300 MG		TIER 4	• QL: 1 IN 1 DAYS • Specialty
Emtricitabine-Rilpivirine-Tenofovir AF Tab 200-25-25 MG	Odefsey	TIER 5	• QL: 1 IN 1 DAYS • Specialty

### ARV-NUCLEOSIDE,NUCLEOTIDE RTI,INTEGRASE INHIBITORS

Bictegravir-Emtricitabine-Tenofovir AF Tab 30-120-15 MG	Biktarvy	TIER 5	• QL: 1 IN 1 DAYS • Specialty
Bictegravir-Emtricitabine-Tenofovir AF Tab 50-200-25 MG	Biktarvy	TIER 5	• QL: 1 IN 1 DAYS • Specialty

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
Elvitegrav-Cobic-Emtricitab-Tenofovir AF Tab 150-150-200-10 MG	Genvoya	TIER 5	• QL: 1 IN 1 DAYS • Specialty
Elvitegrav-Cobic-Emtricitab-TenofovirDF Tab 150-150-200-300 MG	Stribild	TIER 5	• QL: 1 IN 1 DAYS • Specialty
<b>HEP C - NS5A, NS3/4A, NUCLEOTIDE NS5B INHIB COMBO</b>			
Sofosbuvir-Velpatasvir-Voxilaprevir Tab 400-100-100 MG	Vosevi	TIER 5	• PA Required • Specialty
<b>HEP C VIRUS,NUCLEOTIDE ANALOG NS5B POLYMERASE INH</b>			
Sofosbuvir Pellet Pack 150 MG	Sovaldi	TIER 6	• PA Required • Specialty
Sofosbuvir Pellet Pack 200 MG	Sovaldi	TIER 6	• PA Required • Specialty
Sofosbuvir Tab 200 MG	Sovaldi	TIER 6	• PA Required • Specialty
Sofosbuvir Tab 400 MG	Sovaldi	TIER 6	• PA Required • Specialty
<b>HEP C VIRUS-NS5B POLYMERASE AND NS5A INHIB. COMBO.</b>			
Ledipasvir-Sofosbuvir Tab 90-400 MG	Harvoni	TIER 1	• PA Required
Sofosbuvir-Velpatasvir Tab 400-100 MG	Epclusa	TIER 1	• PA Required
Ledipasvir-Sofosbuvir Pellet Pack 33.75-150 MG	Harvoni	TIER 5	• PA Required • Specialty
Ledipasvir-Sofosbuvir Pellet Pack 45-200 MG	Harvoni	TIER 5	• PA Required • Specialty
Ledipasvir-Sofosbuvir Tab 45-200 MG	Harvoni	TIER 5	• PA Required • Specialty
Sofosbuvir-Velpatasvir Pellet Pack 150-37.5 MG	Epclusa	TIER 5	• PA Required • Specialty
Sofosbuvir-Velpatasvir Pellet Pack 200-50 MG	Epclusa	TIER 5	• PA Required • Specialty
Sofosbuvir-Velpatasvir Tab 200-50 MG	Epclusa	TIER 5	• PA Required • Specialty
<b>HEPATITIS B TREATMENT AGENTS</b>			
Adefovir Dipivoxil Tab 10 MG		TIER 4	• QL: 1 IN 1 DAYS • Specialty
Entecavir Tab 0.5 MG		TIER 4	• QL: 1 IN 1 DAYS • Specialty
Entecavir Tab 1 MG		TIER 4	• QL: 1 IN 1 DAYS • Specialty
Lamivudine Tab 100 MG (HBV)		TIER 4	• QL: 1 IN 1 DAYS • Specialty
Entecavir Oral Soln 0.05 MG/ML	Baraclude	TIER 5	• QL: 630 IN 30 DAYS • Specialty

	TRADE NAME	TIER	NOTES
Tenofovir Alafenamide Fumarate Tab 25 MG	Vemlidy	TIER 5	• QL: 1 IN 1 DAYS • ST: TRIAL OF TENOFOVIR 300 MG IN THE PAST 120 DAYS • Specialty

### HEPATITIS C TREATMENT AGENTS

Ribavirin Cap 200 MG	Ribavirin	TIER 1	
Ribavirin Tab 200 MG	Ribavirin	TIER 1	
Peginterferon alfa-2a Inj 180 MCG/ML	Pegasys	TIER 5	• PA Required • Specialty
Peginterferon alfa-2a Soln Prefilled Syr 180 MCG/0.5ML	Pegasys	TIER 5	• PA Required • Specialty

### HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB

Glecaprevir-Pibrentasvir Pellet Pack 50-20 MG	Mavyret	TIER 6	• PA Required • Specialty
Glecaprevir-Pibrentasvir Tab 100-40 MG	Mavyret	TIER 6	• PA Required • Specialty

### TOPICAL ANTIVIRALS

Acyclovir Oint 5%		TIER 1	
-------------------	--	--------	--

### ATARACTICS-TRANQUILIZERS

#### ANTI-ANXIETY - BENZODIAZEPINES

Alprazolam Orally Disintegrating Tab 0.25 MG		TIER 1	
Alprazolam Orally Disintegrating Tab 0.5 MG		TIER 1	
Alprazolam Orally Disintegrating Tab 1 MG		TIER 1	
Alprazolam Orally Disintegrating Tab 2 MG		TIER 1	
Alprazolam Tab 0.25 MG		TIER 1	
Alprazolam Tab 0.5 MG		TIER 1	
Alprazolam Tab 1 MG		TIER 1	
Alprazolam Tab 2 MG		TIER 1	
Alprazolam Tab ER 24HR 0.5 MG		TIER 1	
Alprazolam Tab ER 24HR 1 MG		TIER 1	
Alprazolam Tab ER 24HR 2 MG		TIER 1	
Alprazolam Tab ER 24HR 3 MG		TIER 1	
Chlordiazepoxide HCl Cap 10 MG		TIER 1	
Chlordiazepoxide HCl Cap 25 MG		TIER 1	
Chlordiazepoxide HCl Cap 5 MG		TIER 1	

	TRADE NAME	TIER	NOTES
Clorazepate Dipotassium Tab 15 MG		TIER 1	
Clorazepate Dipotassium Tab 3.75 MG		TIER 1	
Clorazepate Dipotassium Tab 7.5 MG		TIER 1	
Diazepam Conc 5 MG/ML		TIER 1	
Diazepam Oral Soln 1 MG/ML		TIER 1	
Diazepam Tab 10 MG		TIER 1	
Diazepam Tab 2 MG		TIER 1	
Diazepam Tab 5 MG		TIER 1	
Lorazepam Conc 2 MG/ML		TIER 1	
Lorazepam Tab 0.5 MG		TIER 1	
Lorazepam Tab 1 MG		TIER 1	
Lorazepam Tab 2 MG		TIER 1	
Oxazepam Cap 10 MG		TIER 1	
Oxazepam Cap 15 MG		TIER 1	
Oxazepam Cap 30 MG		TIER 1	
Alprazolam Conc 1 MG/ML	ALPRAZolam Intensol	TIER 2	

### ANTI-ANXIETY DRUGS

Buspirone HCl Tab 10 MG		TIER 1	
Buspirone HCl Tab 15 MG		TIER 1	
Buspirone HCl Tab 30 MG		TIER 1	
Buspirone HCl Tab 5 MG		TIER 1	
Buspirone HCl Tab 7.5 MG		TIER 1	
Meprobamate Tab 200 MG		TIER 1	
Meprobamate Tab 400 MG		TIER 1	

### ANTIPSYCH,DOPAMINE ANTAG.,DIPHENYLBUTYLPYPERIDINES

Pimozide Tab 1 MG	Pimozide	TIER 1	
Pimozide Tab 2 MG	Pimozide	TIER 1	

### ANTIPSYCHOTIC,ATYPICAL,DOPAMINE,SEROTONIN ANTAGNST

Asenapine Maleate SL Tab 10 MG (Base Equiv)		TIER 1	• QL: 2 IN 1 DAYS
---	--	--------	-------------------

TRADE NAME	TIER	NOTES
Asenapine Maleate SL Tab 2.5 MG (Base Equiv)	TIER 1	• QL: 2 IN 1 DAYS
Asenapine Maleate SL Tab 5 MG (Base Equiv)	TIER 1	• QL: 2 IN 1 DAYS
Clozapine Orally Disintegrating Tab 100 MG	TIER 1	• QL: 3 IN 1 DAYS
Clozapine Orally Disintegrating Tab 150 MG	TIER 1	• QL: 3 IN 1 DAYS
Clozapine Orally Disintegrating Tab 200 MG	TIER 1	• QL: 3 IN 1 DAYS
Clozapine Orally Disintegrating Tab 25 MG	TIER 1	• QL: 3 IN 1 DAYS
Clozapine Tab 100 MG	TIER 1	
Clozapine Tab 200 MG	TIER 1	
Clozapine Tab 25 MG	TIER 1	
Clozapine Tab 50 MG	TIER 1	
Lurasidone HCl Tab 120 MG	TIER 1	• QL: 1 IN 1 DAYS
Lurasidone HCl Tab 20 MG	TIER 1	• QL: 1 IN 1 DAYS
Lurasidone HCl Tab 40 MG	TIER 1	• QL: 1 IN 1 DAYS
Lurasidone HCl Tab 60 MG	TIER 1	• QL: 1 IN 1 DAYS
Lurasidone HCl Tab 80 MG	TIER 1	• QL: 2 IN 1 DAYS
Olanzapine Orally Disintegrating Tab 10 MG	TIER 1	
Olanzapine Orally Disintegrating Tab 15 MG	TIER 1	
Olanzapine Orally Disintegrating Tab 20 MG	TIER 1	
Olanzapine Orally Disintegrating Tab 5 MG	TIER 1	
Olanzapine Tab 10 MG	TIER 1	
Olanzapine Tab 15 MG	TIER 1	
Olanzapine Tab 2.5 MG	TIER 1	
Olanzapine Tab 20 MG	TIER 1	
Olanzapine Tab 5 MG	TIER 1	
Olanzapine Tab 7.5 MG	TIER 1	
Paliperidone Tab ER 24HR 1.5 MG	TIER 1	• QL: 1 IN 1 DAYS
Paliperidone Tab ER 24HR 3 MG	TIER 1	• QL: 1 IN 1 DAYS
Paliperidone Tab ER 24HR 6 MG	TIER 1	• QL: 2 IN 1 DAYS
Paliperidone Tab ER 24HR 9 MG	TIER 1	• QL: 1 IN 1 DAYS

	TRADE NAME	TIER	NOTES
	Quetiapine Fumarate Tab 100 MG	TIER 1	
	Quetiapine Fumarate Tab 200 MG	TIER 1	
	Quetiapine Fumarate Tab 25 MG	TIER 1	
	Quetiapine Fumarate Tab 300 MG	TIER 1	
	Quetiapine Fumarate Tab 400 MG	TIER 1	
	Quetiapine Fumarate Tab 50 MG	TIER 1	
	Quetiapine Fumarate Tab ER 24HR 150 MG	TIER 1	
	Quetiapine Fumarate Tab ER 24HR 200 MG	TIER 1	
	Quetiapine Fumarate Tab ER 24HR 300 MG	TIER 1	
	Quetiapine Fumarate Tab ER 24HR 400 MG	TIER 1	
	Quetiapine Fumarate Tab ER 24HR 50 MG	TIER 1	
	Risperidone Orally Disintegrating Tab 0.25 MG risperiDONE	TIER 1	
	Risperidone Orally Disintegrating Tab 0.5 MG	TIER 1	
	Risperidone Orally Disintegrating Tab 1 MG	TIER 1	
	Risperidone Orally Disintegrating Tab 2 MG	TIER 1	
	Risperidone Orally Disintegrating Tab 3 MG	TIER 1	
	Risperidone Orally Disintegrating Tab 4 MG	TIER 1	
	Risperidone Soln 1 MG/ML	TIER 1	
	Risperidone Tab 0.25 MG	TIER 1	
	Risperidone Tab 0.5 MG	TIER 1	
	Risperidone Tab 1 MG	TIER 1	
	Risperidone Tab 2 MG	TIER 1	
	Risperidone Tab 3 MG	TIER 1	
	Risperidone Tab 4 MG	TIER 1	
	Ziprasidone HCl Cap 20 MG	TIER 1	
	Ziprasidone HCl Cap 40 MG	TIER 1	
	Ziprasidone HCl Cap 60 MG	TIER 1	
	Ziprasidone HCl Cap 80 MG	TIER 1	
	Asenapine TD Patch 24 HR 3.8 MG/24HR	Secuado	TIER 3 • QL: 1 IN 1 DAYS
	Asenapine TD Patch 24 HR 5.7 MG/24HR	Secuado	TIER 3 • QL: 1 IN 1 DAYS

	TRADE NAME	TIER	NOTES
Asenapine TD Patch 24 HR 7.6 MG/24HR	Secuado	TIER 3	• QL: 1 IN 1 DAYS
Clozapine Susp 50 MG/ML	Versacloz	TIER 3	• QL: 18 IN 1 DAYS
Iloperidone Tab 1 MG	Fanapt	TIER 3	• QL: 2 IN 1 DAYS
Iloperidone Tab 1 MG & 2 MG & 4 MG & 6 MG Titration Pak	Fanapt Titration Pack A	TIER 3	• QL: 8 IN 28 DAYS
Iloperidone Tab 10 MG	Fanapt	TIER 3	• QL: 2 IN 1 DAYS
Iloperidone Tab 12 MG	Fanapt	TIER 3	• QL: 2 IN 1 DAYS
Iloperidone Tab 2 MG	Fanapt	TIER 3	• QL: 2 IN 1 DAYS
Iloperidone Tab 4 MG	Fanapt	TIER 3	• QL: 2 IN 1 DAYS
Iloperidone Tab 6 MG	Fanapt	TIER 3	• QL: 2 IN 1 DAYS
Iloperidone Tab 8 MG	Fanapt	TIER 3	• QL: 2 IN 1 DAYS
Lumateperone Tosylate Cap 42 MG	Caplyta	TIER 3	• QL: 1 IN 1 DAYS • ST: TRIAL OF REXULTI OR VRAYLAR IN THE PAST 120 DAYS

#### ANTIPSYCHOTIC-ATYPICAL, D3/D2 PARTIAL AG-5HT MIXED

Cariprazine HCl Cap 1.5 MG (Base Equivalent)	Vraylar	TIER 2	• QL: 1 IN 1 DAYS
Cariprazine HCl Cap 3 MG (Base Equivalent)	Vraylar	TIER 2	• QL: 1 IN 1 DAYS
Cariprazine HCl Cap 4.5 MG (Base Equivalent)	Vraylar	TIER 2	• QL: 1 IN 1 DAYS
Cariprazine HCl Cap 6 MG (Base Equivalent)	Vraylar	TIER 2	• QL: 1 IN 1 DAYS

#### ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED

Aripiprazole Oral Solution 1 MG/ML		TIER 1	
Aripiprazole Orally Disintegrating Tab 10 MG		TIER 1	• QL: 3 IN 1 DAYS
Aripiprazole Orally Disintegrating Tab 15 MG		TIER 1	• QL: 2 IN 1 DAYS
Aripiprazole Tab 10 MG		TIER 1	
Aripiprazole Tab 15 MG		TIER 1	
Aripiprazole Tab 2 MG		TIER 1	
Aripiprazole Tab 20 MG		TIER 1	
Aripiprazole Tab 30 MG		TIER 1	
Aripiprazole Tab 5 MG		TIER 1	

	TRADE NAME	TIER	NOTES
Brexpiprazole Tab 0.25 MG	Rexulti	TIER 2	• QL: 1 IN 1 DAYS• ST: TRIAL OF ORAL FORMULATION OF GENERIC LURASIDONE, RISPERIDONE, OLANZAPINE, QUETIAPINE, ARIPIPRAZOLE, ZIPRASIDONE OR PALIPERIDONE IN PAST 120 DAYS
Brexpiprazole Tab 0.5 MG	Rexulti	TIER 2	• QL: 1 IN 1 DAYS• ST: TRIAL OF ORAL FORMULATION OF GENERIC LURASIDONE, RISPERIDONE, OLANZAPINE, QUETIAPINE, ARIPIPRAZOLE, ZIPRASIDONE OR PALIPERIDONE IN PAST 120 DAYS
Brexpiprazole Tab 1 MG	Rexulti	TIER 2	• QL: 1 IN 1 DAYS• ST: TRIAL OF ORAL FORMULATION OF GENERIC LURASIDONE, RISPERIDONE, OLANZAPINE, QUETIAPINE, ARIPIPRAZOLE, ZIPRASIDONE OR PALIPERIDONE IN PAST 120 DAYS
Brexpiprazole Tab 2 MG	Rexulti	TIER 2	• QL: 1 IN 1 DAYS• ST: TRIAL OF ORAL FORMULATION OF GENERIC LURASIDONE, RISPERIDONE, OLANZAPINE, QUETIAPINE, ARIPIPRAZOLE, ZIPRASIDONE OR PALIPERIDONE IN PAST 120 DAYS

	TRADE NAME	TIER	NOTES
Brexpiprazole Tab 3 MG	Rexulti	TIER 2	• QL: 1 IN 1 DAYS• ST: TRIAL OF ORAL FORMULATION OF GENERIC LURASIDONE, RISPERIDONE, OLANZAPINE, QUETIAPINE, ARIPIPRAZOLE, ZIPRASIDONE OR PALIPERIDONE IN PAST 120 DAYS
Brexpiprazole Tab 4 MG	Rexulti	TIER 2	• QL: 1 IN 1 DAYS• ST: TRIAL OF ORAL FORMULATION OF GENERIC LURASIDONE, RISPERIDONE, OLANZAPINE, QUETIAPINE, ARIPIPRAZOLE, ZIPRASIDONE OR PALIPERIDONE IN PAST 120 DAYS

### **ANTIPSYCHOTICS, DOPAMINE AND SEROTONIN ANTAGONISTS**

Loxapine Succinate Cap 10 MG		TIER 1	
Loxapine Succinate Cap 25 MG		TIER 1	
Loxapine Succinate Cap 5 MG		TIER 1	
Loxapine Succinate Cap 50 MG		TIER 1	
Loxapine Aerosol Powder Breath Activated 10 MG	Adasuve	TIER 5	• Specialty

### **ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, THIOXANTHENES**

Thiothixene Cap 1 MG		TIER 1	
Thiothixene Cap 10 MG		TIER 1	
Thiothixene Cap 2 MG		TIER 1	
Thiothixene Cap 5 MG		TIER 1	

### **ANTIPSYCHOTICS, DOPAMINE ANTAGONISTS, BUTYROPHENONES**

Haloperidol Lactate Oral Conc 2 MG/ML		TIER 1	
Haloperidol Tab 0.5 MG		TIER 1	
Haloperidol Tab 1 MG		TIER 1	
Haloperidol Tab 10 MG		TIER 1	
Haloperidol Tab 2 MG		TIER 1	

	TRADE NAME	TIER	NOTES
Haloperidol Tab 20 MG		TIER 1	
Haloperidol Tab 5 MG		TIER 1	
<b>ANTIPSYCHOTICS,DOPAMINE ANTAGONST,DIHYDROINDOLONES</b>			
Molindone HCl Tab 10 MG	Molindone HCl	TIER 1	• QL: 8 IN 1 DAYS
Molindone HCl Tab 25 MG	Molindone HCl	TIER 1	• QL: 9 IN 1 DAYS
Molindone HCl Tab 5 MG	Molindone HCl	TIER 1	
<b>ANTIPSYCHOTICS,PHENOTHIAZINES</b>			
Chlorpromazine HCl Conc 100 MG/ML	chlorproMAZINE HCl	TIER 1	
Chlorpromazine HCl Conc 30 MG/ML	chlorproMAZINE HCl	TIER 1	
Chlorpromazine HCl Tab 10 MG		TIER 1	
Chlorpromazine HCl Tab 100 MG		TIER 1	
Chlorpromazine HCl Tab 200 MG		TIER 1	
Chlorpromazine HCl Tab 25 MG		TIER 1	
Chlorpromazine HCl Tab 50 MG		TIER 1	
Fluphenazine HCl Elixir 2.5 MG/5ML	fluPHENAZine HCl	TIER 1	
Fluphenazine HCl Oral Conc 5 MG/ML	fluPHENAZine HCl	TIER 1	
Fluphenazine HCl Tab 1 MG		TIER 1	
Fluphenazine HCl Tab 10 MG		TIER 1	
Fluphenazine HCl Tab 2.5 MG		TIER 1	
Fluphenazine HCl Tab 5 MG		TIER 1	
Perphenazine Tab 16 MG		TIER 1	
Perphenazine Tab 2 MG		TIER 1	
Perphenazine Tab 4 MG		TIER 1	
Perphenazine Tab 8 MG		TIER 1	
Thioridazine HCl Tab 10 MG		TIER 1	
Thioridazine HCl Tab 100 MG		TIER 1	
Thioridazine HCl Tab 25 MG		TIER 1	
Thioridazine HCl Tab 50 MG		TIER 1	
Trifluoperazine HCl Tab 1 MG (Base Equivalent)		TIER 1	

	TRADE NAME	TIER	NOTES
Trifluoperazine HCl Tab 10 MG (Base Equivalent)		TIER 1	
Trifluoperazine HCl Tab 2 MG (Base Equivalent)		TIER 1	
Trifluoperazine HCl Tab 5 MG (Base Equivalent)		TIER 1	

### **SELECTIVE SEROTONIN 5-HT<sub>2A</sub> INVERSE AGONISTS (SSIA)**

Pimavanserin Tartrate Cap 34 MG (Base Equivalent)	Nuplazid	TIER 6	• PA Required • Specialty
Pimavanserin Tartrate Tab 10 MG (Base Equivalent)	Nuplazid	TIER 6	• PA Required • Specialty

### **BILE THERAPY**

#### **BILE SALTS**

Ursodiol Cap 300 MG		TIER 1	
Ursodiol Tab 250 MG		TIER 1	
Ursodiol Tab 500 MG		TIER 1	
Chenodiol (BASDs) Tab 250 MG	Ctexli	TIER 6	• PA Required • Specialty
Chenodiol Tab 250 MG	Chenodal	TIER 6	• PA Required • Specialty
Cholic Acid Cap 250 MG	Cholbam	TIER 6	• PA Required • Specialty
Cholic Acid Cap 50 MG	Cholbam	TIER 6	• PA Required • Specialty

### **FARNESOID X RECEPTOR (FXR) AGONIST, BILE AC ANALOG**

Obeticholic Acid Tab 10 MG	Ocaliva	TIER 5	• Specialty
Obeticholic Acid Tab 5 MG	Ocaliva	TIER 5	• Specialty

### **ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITOR**

Maralixibat Chloride Oral Soln 9.5 MG/ML	Livmarli	TIER 6	• PA Required • Specialty
Odevixibat Cap 1200 MCG	Bylvay	TIER 6	• PA Required • Specialty
Odevixibat Cap 400 MCG	Bylvay	TIER 6	• PA Required • Specialty
Odevixibat Pellets Cap Sprinkle 200 MCG	Bylvay (Pellets)	TIER 6	• PA Required • Specialty
Odevixibat Pellets Cap Sprinkle 600 MCG	Bylvay (Pellets)	TIER 6	• PA Required • Specialty

### **BIOLOGICALS**

#### **ANTISERA**

Varicella-Zoster Immune Glob (Human) IM Inj 125 Unit/1.2ML	Varizig	TIER 10	
--	---------	---------	--

	TRADE NAME	TIER	NOTES
Immun Glob Inj 10 GM/100ML-Hyaluron Inj 800 Unt/5 ML Kit	Hyqvia	TIER 6	• PA Required • Specialty
Immun Glob Inj 2.5 GM/25ML-Hyaluron Inj 200 Unt/1.25 ML Kit	Hyqvia	TIER 6	• PA Required • Specialty
Immun Glob Inj 20 GM/200ML-Hyaluron Inj 1600 Unt/10 ML Kit	Hyqvia	TIER 6	• PA Required • Specialty
Immun Glob Inj 30 GM/300ML-Hyaluron Inj 2400 Unt/15 ML Kit	Hyqvia	TIER 6	• PA Required • Specialty
Immun Glob Inj 5 GM/50ML-Hyaluron Inj 400 Unt/2.5 ML Kit	Hyqvia	TIER 6	• PA Required • Specialty
Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML	Gammagard	TIER 6	• PA Required • Specialty
Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML	Gamunex-C	TIER 6	• PA Required • Specialty
Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML	Gammaked	TIER 6	• PA Required • Specialty
Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML	Gammaked	TIER 6	• PA Required • Specialty
Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML	Gamunex-C	TIER 6	• PA Required • Specialty
Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML	Gammagard	TIER 6	• PA Required • Specialty
Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML	Gamunex-C	TIER 6	• PA Required • Specialty
Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML	Gammagard	TIER 6	• PA Required • Specialty
Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML	Gammaked	TIER 6	• PA Required • Specialty
Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML	Gammagard	TIER 6	• PA Required • Specialty
Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML	Gamunex-C	TIER 6	• PA Required • Specialty
Immune Globulin (Human) IV or Subcutaneous Soln 30 GM/300ML	Gammagard	TIER 6	• PA Required • Specialty
Immune Globulin (Human) IV or Subcutaneous Soln 40 GM/400ML	Gamunex-C	TIER 6	• PA Required • Specialty
Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML	Gamunex-C	TIER 6	• PA Required • Specialty
Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML	Gammaked	TIER 6	• PA Required • Specialty
Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML	Gammagard	TIER 6	• PA Required • Specialty

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Immune Globulin (Human) Subcutaneous Inj 1 GM/5ML	Cuvitru	TIER 6	• PA Required • Specialty
Immune Globulin (Human) Subcutaneous Inj 1 GM/5ML	Hizentra	TIER 6	• PA Required • Specialty
Immune Globulin (Human) Subcutaneous Inj 10 GM/50ML	Hizentra	TIER 6	• PA Required • Specialty
Immune Globulin (Human) Subcutaneous Inj 10 GM/50ML	Cuvitru	TIER 6	• PA Required • Specialty
Immune Globulin (Human) Subcutaneous Inj 2 GM/10ML	Hizentra	TIER 6	• PA Required • Specialty
Immune Globulin (Human) Subcutaneous Inj 2 GM/10ML	Cuvitru	TIER 6	• PA Required • Specialty
Immune Globulin (Human) Subcutaneous Inj 4 GM/20ML	Cuvitru	TIER 6	• PA Required • Specialty
Immune Globulin (Human) Subcutaneous Inj 4 GM/20ML	Hizentra	TIER 6	• PA Required • Specialty
Immune Globulin (Human) Subcutaneous Inj 8 GM/40ML	Cuvitru	TIER 6	• PA Required • Specialty
Immune Globulin (Human) Subcutaneous Sol Pref Syr 10 GM/50ML	Hizentra	TIER 6	• PA Required • Specialty
Immune Globulin (Human) Subcutaneous Soln Pref Syr 1 GM/5ML	Hizentra	TIER 6	• PA Required • Specialty
Immune Globulin (Human) Subcutaneous Soln Pref Syr 2 GM/10ML	Hizentra	TIER 6	• PA Required • Specialty
Immune Globulin (Human) Subcutaneous Soln Pref Syr 4 GM/20ML	Hizentra	TIER 6	• PA Required • Specialty
Immune Globulin (Human)-hipp Subcutaneous Inj 1 GM/6ML	Cutaquig	TIER 6	• PA Required • Specialty
Immune Globulin (Human)-hipp Subcutaneous Inj 1.65 GM/10ML	Cutaquig	TIER 6	• PA Required • Specialty
Immune Globulin (Human)-hipp Subcutaneous Inj 2 GM/12ML	Cutaquig	TIER 6	• PA Required • Specialty
Immune Globulin (Human)-hipp Subcutaneous Inj 3.3 GM/20ML	Cutaquig	TIER 6	• PA Required • Specialty
Immune Globulin (Human)-hipp Subcutaneous Inj 4 GM/24ML	Cutaquig	TIER 6	• PA Required • Specialty
Immune Globulin (Human)-hipp Subcutaneous Inj 8 GM/48ML	Cutaquig	TIER 6	• PA Required • Specialty
Immune Globulin (Human)-klhw Subcutaneous Inj 1 GM/5ML	Xembify	TIER 6	• PA Required • Specialty
Immune Globulin (Human)-klhw Subcutaneous Inj 10 GM/50ML	Xembify	TIER 6	• PA Required • Specialty

	TRADE NAME	TIER	NOTES
Immune Globulin (Human)-klhw Subcutaneous Inj 2 GM/10ML	Xembify	TIER 6	• PA Required • Specialty
Immune Globulin (Human)-klhw Subcutaneous Inj 4 GM/20ML	Xembify	TIER 6	• PA Required • Specialty

### COVID-19 VACCINES

COVID-19 (SARS-CoV-2)mRNA Vacc-Moderna IM Susp 50 MCG/0.5ML	Spikevax	TIER 10	
COVID-19 mRNA Vac 6mo-11yr-Moderna IM Susp PFS 25 MCG/0.25ML	Moderna COVID-19 Vac 6m-11y	TIER 10	
COVID-19 mRNA Vac 6mo-11yr-Moderna IM Susp PFS 25 MCG/0.25ML	Spikevax 6m-11y	TIER 10	
COVID-19 mRNA Vac TriS-Pfizer IM Susp Pref Syr 30 MCG/0.3ML	Comirnaty	TIER 10	
COVID-19 mRNA Vac Tris-S 5-11y-Pfizer IM Susp 10 MCG/0.3ML	Comirnaty 5-11 Years	TIER 10	
COVID-19 mRNA Vac Tris-S 5-11y-Pfizer IM Susp 10 MCG/0.3ML	Pfizer COVID-19 Vac-TriS 5-11y	TIER 10	
COVID-19 mRNA Vac Tris-S 6mo-4y-Pfizer IM Susp 3 MCG/0.3ML	Pfizer COVID-19 Vac-TriS 6m-4y	TIER 10	
COVID-19 mRNA Vac Tris-Sucrose-Pfizer IM Susp 30 MCG/0.3ML	Comirnaty	TIER 10	
COVID-19 mRNA Vaccine 6mo-11yr-Moderna IM Susp 25 MCG/0.25ML	Moderna COVID-19 Vac 6m-11y	TIER 10	
COVID-19 mRNA Vaccine-Moderna IM Susp Pref Syr 50 MCG/0.5ML	Spikevax	TIER 10	
COVID-19 Subunit Prot Recom Adjuv Vac-Novavax IM 5 MCG/0.5ML	Novavax COVID-19 Vaccine	TIER 10	
COVID-19 Subunit Vacc-Novavax IM Susp Pref Syr 5 MCG/0.5ML	Novavax COVID-19 Vaccine	TIER 10	
COVID-19 Subunit Vacc-Novavax IM Susp Pref Syr 5 MCG/0.5ML	Nuvaxovid COVID-19 Vaccine	TIER 10	

### ENTERIC VIRUS VACCINES

Poliovirus Vaccine, IPV Inj Susp	Ipol	TIER 10	
Rotavirus Vaccine, Live Oral Pentavalent Soln	RotaTeq	TIER 10	
Rotavirus Vaccine, Live Oral Susp	Rotarix	TIER 10	

### GRAM NEGATIVE COCCI VACCINES

Meningococcal (A, C, Y, and W-135) Oligo Conj Vac For Inj	Menveo	TIER 10	
---	--------	---------	--

	TRADE NAME	TIER	NOTES
Meningococcal (A, C, Y, and W-135) Oligo Conj Vac IM Soln	Menveo	TIER 10	
Meningococcal (A, C, Y, and W-135) Tetanus Conjugate Vaccine	MenQuadfi	TIER 10	
Meningococcal ACYW (Tet Conj)-Mening B (Rcmb) Vacc For Inj	Penbraya	TIER 10	
Meningococcal Group B Vac (Recomb) IM Susp Prefilled Syr	Trumenba	TIER 10	
Meningococcal Vac B (Recomb OMV Adjuv) Inj Prefilled Syringe	Bexsero	TIER 10	

### GRAM POSITIVE COCCI VACCINES

Pneumococcal 15-Valent Conjugate Vaccine Sus Pref Syr 0.5 ML	Vaxneuvance	TIER 10	
Pneumococcal 20-Valent Conjugate Vaccine Sus Pref Syr 0.5 ML	Prevnar 20	TIER 10	
Pneumococcal Vaccine Polyvalent Inj Soln 25 MCG/0.5ML	Pneumovax 23	TIER 10	
Pneumococcal Vaccine Polyvalent Soln Pref Syr 25 MCG/0.5ML	Pneumovax 23	TIER 10	

### IL-23 RECEPTOR ANTAGONIST, MONOCLONAL ANTIBODY

Guselkumab Soln Pen-injector 100 MG/ML	Tremfya One-Press	TIER 6	• PA Required • Specialty
Guselkumab Soln Prefilled Syringe 100 MG/ML	Tremfya	TIER 6	• PA Required • Specialty

### INFLUENZA VIRUS VACCINES

Influenza Vac Recomb HA Quad PF Soln Pref Syr 0.5 ML	Flublok Quadrivalent	TIER 10	
Influenza Vac Split High-Dose Quad PF Susp Pref Syr 0.7 ML	Fluzone High-Dose Quadrivalent	TIER 10	
Influenza Vac Tiss-Cult Subunt Quad Susp Pref Syr 0.5 ML	Flucelvax Quadrivalent	TIER 10	
Influenza Vac Tissue-Cultured Subunit Quadrivalent IM Susp	Flucelvax Quadrivalent	TIER 10	
Influenza Vac Type A&B Surface Ant Adj Quad Pref Syr 0.5 ML	Fluad Quadrivalent	TIER 10	
Influenza Vac Type A&B Surface Ant Adj Susp Pref Syr 0.5 ML	Fluad	TIER 10	
Influenza Virus Vac Split High-Dose PF Susp Pref Syr 0.5ML	Fluzone High-Dose	TIER 10	
Influenza Virus Vac Split Quadrivalent Susp Pref Syr 0.5ML	Flulaval Quadrivalent	TIER 10	

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
Influenza Virus Vac Split Quadrivalent Susp Pref Syr 0.5ML	Fluzone Quadrivalent	TIER 10	
Influenza Virus Vac Split Quadrivalent Susp Pref Syr 0.5ML	Fluarix Quadrivalent	TIER 10	
Influenza Virus Vac Split Quadrivalent Susp Pref Syr 0.5ML	Afluria Quadrivalent	TIER 10	
Influenza Virus Vac Tiss-Cult Subunit IM Susp	Flucelvax	TIER 10	
Influenza Virus Vac Tiss-Cult Subunit Susp Pref Syr 0.5 ML	Flucelvax	TIER 10	
Influenza Virus Vacc Recombinant HA PF Soln Pref Syr 0.5 ML	Flublok	TIER 10	
Influenza Virus Vaccine Live Intranasal Liquid	FluMist	TIER 10	
Influenza Virus Vaccine Live Quadrivalent Intranasal Susp	FluMist Quadrivalent	TIER 10	
Influenza Virus Vaccine Split IM Susp	Afluria	TIER 10	
Influenza Virus Vaccine Split IM Susp	Fluzone	TIER 10	
Influenza Virus Vaccine Split PF Susp Pref Syringe 0.5 ML	Fluarix	TIER 10	
Influenza Virus Vaccine Split PF Susp Pref Syringe 0.5 ML	Afluria Preservative Free	TIER 10	
Influenza Virus Vaccine Split PF Susp Pref Syringe 0.5 ML	Flulaval	TIER 10	
Influenza Virus Vaccine Split PF Susp Pref Syringe 0.5 ML	Fluzone	TIER 10	
Influenza Virus Vaccine Split Quadrivalent IM Inj	Afluria Quadrivalent	TIER 10	
Influenza Virus Vaccine Split Quadrivalent IM Inj	Fluzone Quadrivalent	TIER 10	

### **INTERLEUKIN-5 (IL-5) ANTAGONISTS, MAB**

Mepolizumab For Inj 100 MG	Nucala	TIER 5	• PA Required • Specialty
Mepolizumab Subcutaneous Solution Auto-injector 100 MG/ML	Nucala	TIER 5	• PA Required • Specialty
Mepolizumab Subcutaneous Solution Pref Syringe 100 MG/ML	Nucala	TIER 5	• PA Required • Specialty
Mepolizumab Subcutaneous Solution Pref Syringe 40 MG/0.4ML	Nucala	TIER 5	• PA Required • Specialty

### **PLASMA KALLIKREIN INHIBITORS**

Lanadelumab-flyo Inj 300 MG/2ML (150 MG/ML)	Takhzyro	TIER 6	• PA Required • Specialty
---	----------	--------	---------------------------

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
Lanadelumab-flyo Soln Pref Syringe 150 MG/ML	Takhzyro	TIER 6	• PA Required • Specialty
Lanadelumab-flyo Soln Pref Syringe 300 MG/2ML (150 MG/ML)	Takhzyro	TIER 6	• PA Required • Specialty

### VACCINE/TOXOID PREPARATIONS, COMBINATIONS

Diph, Acellular Pert & Tet Tox Inj 15 LF-23 MCG-5 LF/0.5ML	Daptacel	TIER 10	
Diph, Acellular Pert & Tet Tox Inj 25 LF-58 MCG-10 LF/0.5ML	Infanrix	TIER 10	
Diph-Ac Per-Tet Tox Ad-PolioV-Haemoph B Poly Vac For IM Susp	Pentacel	TIER 10	
Diph-Tet Tox-Ac Pert Ad-Polio IPV-Hib-Hep B Rec Susp Pre Syr	Vaxelis	TIER 10	
Diph-Tet Tox-Ac Pert Ad-Polio IPV-Hib-Hepatitis B Recmb Susp	Vaxelis	TIER 10	
Diph-Tetanus Tox Ad-Acell Pert & Polio Virus, IPV Vac Inj	Quadracel	TIER 10	
Diph-Tetanus-Acell Pert-Polio, IPV Vacc Susp Pref Syr 0.5 ML	Kinrix	TIER 10	
Diph-Tetanus-Acell Pert-Polio, IPV Vacc Susp Pref Syr 0.5 ML	Quadracel	TIER 10	
Haemophilus B Polysaccharide Conj Vac IM Susp 7.5 MCG/0.5 ML	Pedvax HIB	TIER 10	
Haemophilus B Polysaccharide Conjugate Vac For Inj 10 MCG	Hiberix	TIER 10	
Haemophilus B Polysaccharide Conjugate Vaccine For Inj	ActHIB	TIER 10	
Measles-Mumps-Rubella Virus Vaccines For Inj Soln	M-M-R II	TIER 10	
Measles-Mumps-Rubella Virus Vaccines For Subcutaneous Susp	Priorix	TIER 10	
Measles-Mumps-Rubella-Varicella Virus Vaccines For Susp	ProQuad	TIER 10	
Tet Tox-Diph-Acell Pertuss Ad Inj 5-2.5-18.5 LF-LF-MCG/0.5ML	Boostrix	TIER 10	
Tet Tox-Diph-Acell Pertuss Ad Inj 5-2-15.5 LF-LF-MCG/0.5ML	Adacel	TIER 10	
Tetanus-Diphtheria Toxoids (Td) Inj 2-2 LF/0.5ML	Tetanus-Diphtheria Toxoids Td	TIER 10	
Tetanus-Diphtheria Toxoids (Td) Inj 2-2 LF/0.5ML	TDVax	TIER 10	

	TRADE NAME	TIER	NOTES
Tetanus-Diphtheria Toxoids (Td) Inj 5-2 LF/0.5ML	Tenivac	TIER 10	
Tet-Diph-Acell Pertuss Ad Pref Syr 5-2.5-18.5 LF-MCG/0.5ML	Boostrix	TIER 10	
Tet-Diph-Acell Pertuss Ad Pref Syr 5-2-15.5 LF-MCG/0.5ML	Adacel	TIER 10	
<b>VIRAL/TUMORIGENIC VACCINES</b>			
Diph-Tet Tox-Acell Pert-Hep B-Polio IPV Vac Susp Pref Syr	Pediarix	TIER 10	
Hep A-Hep B Vaccine Susp Pref Syr 720-20 ELU-MCG/ML	Twinrix	TIER 10	
Hepatitis A Vaccine Inj Susp 25 Unit/0.5ML	Vaqta	TIER 10	
Hepatitis A Vaccine Inj Susp 50 Unit/ML	Vaqta	TIER 10	
Hepatitis A Vaccine Susp Prefilled Syr 1440 EL Unit/ML	Havrix	TIER 10	
Hepatitis A Vaccine Susp Prefilled Syr 25 Unit/0.5ML	Vaqta	TIER 10	
Hepatitis A Vaccine Susp Prefilled Syr 50 Unit/ML	Vaqta	TIER 10	
Hepatitis A Vaccine Susp Prefilled Syr 720 EL Unit/0.5ML	Havrix	TIER 10	
Hepatitis B Vaccine (Recombinant) Susp 10 MCG/ML	Recombivax HB	TIER 10	
Hepatitis B Vaccine (Recombinant) Susp 20 MCG/ML	Engerix-B	TIER 10	
Hepatitis B Vaccine (Recombinant) Susp 40 MCG/ML	Recombivax HB	TIER 10	
Hepatitis B Vaccine (Recombinant) Susp 5 MCG/0.5ML	Recombivax HB	TIER 10	
Hepatitis B Vaccine (Recombinant) Susp Pref Syr 10 MCG/0.5ML	Engerix-B	TIER 10	
Hepatitis B Vaccine (Recombinant) Susp Pref Syr 10 MCG/ML	Recombivax HB	TIER 10	
Hepatitis B Vaccine (Recombinant) Susp Pref Syr 20 MCG/ML	Engerix-B	TIER 10	
Hepatitis B Vaccine (Recombinant) Susp Pref Syr 5 MCG/0.5ML	Recombivax HB	TIER 10	
Hepatitis B Vaccine 3-Antigen (Recombinant) Susp 10 MCG/ML	PreHevbrio	TIER 10	

	TRADE NAME	TIER	NOTES
Hepatitis B Vaccine Recomb Adjuvanted Pref Syr 20 MCG/0.5ML	Heplisav-B	TIER 10	
Human Papillomavirus (HPV) 9-Valent Recomb Vac IM Susp	Gardasil 9	TIER 10	• <= 46 YEARS > 8 YEARS
Human Papillomavirus (HPV) 9-Valent Recomb Vac Susp Pref Syr	Gardasil 9	TIER 10	• <= 46 YEARS > 8 YEARS
RSV Pre-Fusion F A&B Vac Recomb For IM Soln 120 MCG/0.5ML	Abrysvo	TIER 10	
RSVPreF3 Vaccine Recomb Adjuvanted For IM Susp 120 MCG/0.5ML	Arexvy	TIER 10	
Varicella Virus Vac Live For Inj 1350 PFU/0.5ML	Varivax	TIER 10	
Zoster Vac Recombinant Adjuvanted for IM Inj 50 MCG/0.5ML	Shingrix	TIER 10	

## BRONCHIAL DILATORS

### ANTICHOLINERGICS, ORALLY INHALED LONG ACTING

Tiotropium Bromide Inhal Aerosol 1.25 MCG/ACT	Spiriva Respimat	TIER 2	• QL: 4 IN 30 DAYS
Tiotropium Bromide Inhal Aerosol 2.5 MCG/ACT	Spiriva Respimat	TIER 2	• QL: 4 IN 30 DAYS

### ANTICHOLINERGICS, ORALLY INHALED SHORT ACTING

Ipratropium Bromide Inhal Soln 0.02%		TIER 1	
Ipratropium Bromide HFA Inhal Aerosol 17 MCG/ACT	Atrovent HFA	TIER 2	• QL: 25.8 IN 30 DAYS

### BETA-ADRENERGIC AGENTS

Albuterol Sulfate Syrup 2 MG/5ML		TIER 1	
Albuterol Sulfate Tab 2 MG		TIER 1	
Albuterol Sulfate Tab 4 MG		TIER 1	
Terbutaline Sulfate Tab 2.5 MG		TIER 1	
Terbutaline Sulfate Tab 5 MG		TIER 1	

### BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING

Albuterol Sulfate Inhal Aero 108 MCG/ACT (90MCG Base Equiv)	Ventolin HFA	TIER 1	
Albuterol Sulfate Inhal Aero 108 MCG/ACT (90MCG Base Equiv)	Albuterol Sulfate HFA	TIER 1	
Albuterol Sulfate Soln Nebu 0.083% (2.5 MG/3ML)		TIER 1	

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
Albuterol Sulfate Soln Nebu 0.5% (5 MG/ML)		TIER 1	
Albuterol Sulfate Soln Nebu 0.63 MG/3ML (Base Equiv)		TIER 1	
Albuterol Sulfate Soln Nebu 1.25 MG/3ML (Base Equiv)		TIER 1	
Levalbuterol HCl Soln Nebu 0.31 MG/3ML (Base Equiv)		TIER 1	
Levalbuterol HCl Soln Nebu 0.63 MG/3ML (Base Equiv)		TIER 1	
Levalbuterol HCl Soln Nebu 1.25 MG/3ML (Base Equiv)		TIER 1	
Levalbuterol HCl Soln Nebu Conc 1.25 MG/0.5ML (Base Equiv)		TIER 1	
Levalbuterol Tartrate Inhal Aerosol 45 MCG/ACT (Base Equiv)	Levalbuterol Tartrate	TIER 1	
Levalbuterol Tartrate Inhal Aerosol 45 MCG/ACT (Base Equiv)	Xopenex HFA	TIER 3	

### **BETA-ADRENERGIC AGENTS, INHALED, ULTRA-LONG ACTING**

Olodaterol HCl Inhal Aerosol Soln 2.5 MCG/ACT (Base Equiv)	Striverdi Respimat	TIER 2	• QL: 4 IN 30 DAYS
--	--------------------	--------	--------------------

### **BETA-ADRENERGIC AGENTS, ORALLY INHALED, LONG ACTING**

Arformoterol Tartrate Soln Nebu 15 MCG/2ML (Base Equiv)		TIER 1	• QL: 4 IN 1 DAYS • ST: TRIAL OF SEREVENT, STRIVERDI, OR PERFORMIST IN THE PAST 120 DAYS
Formoterol Fumarate Soln Nebu 20 MCG/2ML		TIER 1	• QL: 4 IN 1 DAYS
Salmeterol Xinafoate Aer Pow BA 50 MCG/ACT (Base Equiv)	Serevent Diskus	TIER 2	• QL: 2 IN 1 DAYS

### **BETA-ADRENERGIC AND ANTICHOLINERGIC COMBO, INHALED**

Ipratropium-Albuterol Nebu Soln 0.5-2.5(3) MG/3ML		TIER 1	
Ipratropium-Albuterol Inhal Aerosol Soln 20-100 MCG/ACT	Combivent Respimat	TIER 2	
Tiotropium Br-Olodaterol Inhal Aero Soln 2.5-2.5 MCG/ACT	Stiolto Respimat	TIER 2	• QL: 4 IN 30 DAYS
Umeclidinium-Vilanterol Aero Powd BA 62.5-25 MCG/ACT	Anoro Ellipta	TIER 2	• QL: 2 IN 1 DAYS

### **BETA-ADRENERGIC AND GLUCOCORTICOID COMBO, INHALED**

	TRADE NAME	TIER	NOTES
Budesonide-Formoterol Fumarate Dihyd Aerosol 160-4.5 MCG/ACT		TIER 1	• QL: 30.6 IN 30 DAYS
Budesonide-Formoterol Fumarate Dihyd Aerosol 160-4.5 MCG/ACT		TIER 1	• QL: 30.9 IN 30 DAYS
Budesonide-Formoterol Fumarate Dihyd Aerosol 80-4.5 MCG/ACT		TIER 1	• QL: 30.6 IN 30 DAYS
Budesonide-Formoterol Fumarate Dihyd Aerosol 80-4.5 MCG/ACT		TIER 1	• QL: 30.9 IN 30 DAYS
Fluticasone Furoate-Vilanterol Aero Powd BA 100-25 MCG/ACT	Breo Ellipta	TIER 1	• QL: 2 IN 1 DAYS
Fluticasone Furoate-Vilanterol Aero Powd BA 200-25 MCG/ACT	Breo Ellipta	TIER 1	• QL: 2 IN 1 DAYS
Fluticasone-Salmeterol Aer Powder BA 100-50 MCG/ACT		TIER 1	• QL: 2 IN 1 DAYS
Fluticasone-Salmeterol Aer Powder BA 250-50 MCG/ACT		TIER 1	• QL: 2 IN 1 DAYS
Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/ACT		TIER 1	• QL: 2 IN 1 DAYS
Fluticasone-Salmeterol Inhal Aerosol 115-21 MCG/ACT	Advair HFA	TIER 1	• QL: 12 IN 30 DAYS
Fluticasone-Salmeterol Inhal Aerosol 230-21 MCG/ACT	Advair HFA	TIER 1	• QL: 12 IN 30 DAYS
Fluticasone-Salmeterol Inhal Aerosol 45-21 MCG/ACT	Advair HFA	TIER 1	• QL: 12 IN 30 DAYS
Albuterol-Budesonide Inhalation Aerosol 90-80 MCG/ACT	Airsupra	TIER 2	• QL: 32.1 IN 30 DAYS
Fluticasone Furoate-Vilanterol Aero Powd BA 50-25 MCG/ACT	Breo Ellipta	TIER 2	• QL: 60 IN 30 DAYS
<b>BETA-ADRENERGIC-ANTICHOLINERGIC-GLUCOCORT, INHALED</b>			
Fluticasone-Umeclidinium-Vilanterol AEPB 100-62.5-25 MCG/ACT	Trelegy Ellipta	TIER 2	• QL: 2 IN 1 DAYS
Fluticasone-Umeclidinium-Vilanterol AEPB 200-62.5-25 MCG/ACT	Trelegy Ellipta	TIER 2	• QL: 2 IN 1 DAYS
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>			
Montelukast Sodium Chew Tab 4 MG (Base Equiv)		TIER 1	
Montelukast Sodium Chew Tab 5 MG (Base Equiv)		TIER 1	
Montelukast Sodium Oral Granules Packet 4 MG (Base Equiv)		TIER 1	

	TRADE NAME	TIER	NOTES
Montelukast Sodium Tab 10 MG (Base Equiv)		TIER 1	
Zafirlukast Tab 10 MG		TIER 1	
Zafirlukast Tab 20 MG		TIER 1	

### **MAST CELL STABILIZERS, ORALLY INHALED**

Cromolyn Sodium Soln Nebu 20 MG/2ML		TIER 1	
-------------------------------------	--	--------	--

### **CEPHALOSPORINS**

#### **CEPHALOSPORIN ANTIBIOTICS - 1ST GENERATION**

Cefadroxil Cap 500 MG		TIER 1	
Cefadroxil For Susp 250 MG/5ML		TIER 1	
Cefadroxil For Susp 500 MG/5ML		TIER 1	
Cefadroxil Tab 1 GM	Cefadroxil	TIER 1	
Cephalexin Cap 250 MG		TIER 1	
Cephalexin Cap 500 MG		TIER 1	
Cephalexin Cap 750 MG		TIER 1	
Cephalexin For Susp 125 MG/5ML		TIER 1	
Cephalexin For Susp 250 MG/5ML		TIER 1	
Cephalexin Tab 250 MG		TIER 1	
Cephalexin Tab 500 MG		TIER 1	

#### **CEPHALOSPORIN ANTIBIOTICS - 2ND GENERATION**

Cefaclor Cap 250 MG	Cefaclor	TIER 1	
Cefaclor Cap 500 MG	Cefaclor	TIER 1	
Cefaclor For Susp 125 MG/5ML	Cefaclor	TIER 1	
Cefaclor For Susp 250 MG/5ML	Cefaclor	TIER 1	
Cefaclor For Susp 375 MG/5ML	Cefaclor	TIER 1	
Cefaclor Monohydrate Tab ER 12HR 500 MG	Cefaclor ER	TIER 1	
Cefprozil For Susp 125 MG/5ML		TIER 1	
Cefprozil For Susp 250 MG/5ML		TIER 1	
Cefprozil Tab 250 MG		TIER 1	
Cefprozil Tab 500 MG		TIER 1	
Cefuroxime Axetil Tab 250 MG		TIER 1	

	TRADE NAME	TIER	NOTES
	Cefuroxime Axetil Tab 500 MG	TIER 1	
<b>CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION</b>			
	Cefdinir Cap 300 MG	TIER 1	
	Cefdinir For Susp 125 MG/5ML	TIER 1	
	Cefdinir For Susp 250 MG/5ML	TIER 1	
	Cefixime Cap 400 MG	TIER 1	
	Cefixime For Susp 100 MG/5ML	TIER 1	
	Cefixime For Susp 200 MG/5ML	TIER 1	
	Cefpodoxime Proxetil Tab 100 MG	TIER 1	
	Cefpodoxime Proxetil Tab 200 MG	TIER 1	
<b>CHOLESTEROL REDUCERS</b>			
<b>BILE SALT SEQUESTRANTS</b>			
	Cholestyramine Powder 4 GM/DOSE	TIER 1	
	Cholestyramine Powder Packets 4 GM	TIER 1	
	Colesevelam HCl Packet For Susp 3.75 GM	TIER 1	
	Colesevelam HCl Tab 625 MG	TIER 1	
	Colestipol HCl Granule Packets 5 GM	TIER 1	
	Colestipol HCl Granules 5 GM	TIER 1	
	Colestipol HCl Tab 1 GM	TIER 1	
<b>CNS STIMULANTS</b>			
<b>NARCOLEPSY TX-H3-RECEPT.ANTAGONIST/INVERSE AGONIST</b>			
	Pitolisant HCl Tab 17.8 MG (Base Equivalent) Wakix	TIER 6	• PA Required • Specialty
	Pitolisant HCl Tab 4.45 MG (Base Equivalent) Wakix	TIER 6	• PA Required • Specialty
<b>SMOKING DETERRENT AGENTS (GANGLIONIC STIM, OTHERS)</b>			
	Nicotine Nasal Spray 10 MG/ML (0.5 MG/SPRAY) Nicotrol NS	TIER 10	• QL: 10 IN 2 DAYS
	Nicotine Polacrilex Gum 2 MG	TIER 10	
	Nicotine Polacrilex Gum 4 MG	TIER 10	
	Nicotine Polacrilex Lozenge 2 MG	TIER 10	
	Nicotine Polacrilex Lozenge 4 MG	TIER 10	
	Nicotine TD Patch 24HR 14 MG/24HR	TIER 10	

	TRADE NAME	TIER	NOTES
Nicotine TD Patch 24HR 21 MG/24HR		TIER 10	
Nicotine TD Patch 24HR 7 MG/24HR		TIER 10	
<b>SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST</b>			
Varenicline Tartrate Tab 11 x 0.5 MG & 42 x 1 MG Start Pack		TIER 1	• QL: 2 IN 1 DAYS
Varenicline Tartrate Tab 0.5 MG (Base Equiv)	Varenicline Tartrate	TIER 10	• QL: 2 IN 1 DAYS
Varenicline Tartrate Tab 0.5 MG (Base Equiv)	APO-Varenicline	TIER 10	• QL: 2 IN 1 DAYS
Varenicline Tartrate Tab 1 MG (Base Equiv)	APO-Varenicline	TIER 10	• QL: 2 IN 1 DAYS
Varenicline Tartrate Tab 1 MG (Base Equiv)	Varenicline Tartrate	TIER 10	• QL: 2 IN 1 DAYS
Varenicline Tartrate Tab 1 MG (Base Equiv)	Varenicline Tartrate(Continue)	TIER 10	• QL: 2 IN 1 DAYS
Varenicline Tartrate Tab 11 x 0.5 MG & 42 x 1 MG Start Pack	Chantix Starting Month Pak	TIER 2	
<b>TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY</b>			
Dexmethylphenidate HCl Cap ER 24 HR 10 MG		TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Dexmethylphenidate HCl Cap ER 24 HR 15 MG		TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Dexmethylphenidate HCl Cap ER 24 HR 20 MG		TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Dexmethylphenidate HCl Cap ER 24 HR 25 MG		TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Dexmethylphenidate HCl Cap ER 24 HR 30 MG		TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Dexmethylphenidate HCl Cap ER 24 HR 35 MG		TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Dexmethylphenidate HCl Cap ER 24 HR 40 MG		TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Dexmethylphenidate HCl Cap ER 24 HR 5 MG		TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Dexmethylphenidate HCl Tab 10 MG		TIER 1	• QL: 2 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS

TRADE NAME	TIER	NOTES
Dexmethylphenidate HCl Tab 2.5 MG	TIER 1	• QL: 2 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Dexmethylphenidate HCl Tab 5 MG	TIER 1	• QL: 2 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Cap ER 10 MG (CD)	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Cap ER 20 MG (CD)	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Cap ER 24HR 10 MG (LA)	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Cap ER 24HR 20 MG (LA)	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Cap ER 24HR 30 MG (LA)	TIER 1	• QL: 2 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Cap ER 24HR 40 MG (LA)	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Cap ER 24HR 60 MG (LA)	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Cap ER 30 MG (CD)	TIER 1	• QL: 2 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Cap ER 40 MG (CD)	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Cap ER 50 MG (CD)	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Cap ER 60 MG (CD)	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Chew Tab 10 MG	TIER 1	• QL: 3 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Chew Tab 2.5 MG	TIER 1	• QL: 3 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS

	TRADE NAME	TIER	NOTES
Methylphenidate HCl Chew Tab 5 MG		TIER 1	• QL: 3 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Soln 10 MG/5ML		TIER 1	• Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Soln 5 MG/5ML		TIER 1	• Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Tab 10 MG		TIER 1	• QL: 3 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Tab 20 MG		TIER 1	• QL: 3 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Tab 5 MG		TIER 1	• QL: 3 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Tab ER 10 MG		TIER 1	• QL: 3 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Tab ER 20 MG		TIER 1	• QL: 3 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Tab ER 24HR 27 MG	Methylphenidate HCl ER	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Tab ER 24HR 36 MG	Methylphenidate HCl ER	TIER 1	• QL: 2 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Tab ER 24HR 54 MG	Methylphenidate HCl ER	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Tab ER Osmotic Release (OSM) 27 MG	Methylphenidate HCl ER (OSM)	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Tab ER Osmotic Release (OSM) 36 MG	Methylphenidate HCl ER (OSM)	TIER 1	• QL: 2 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Tab ER Osmotic Release (OSM) 54 MG	Methylphenidate HCl ER (OSM)	TIER 1	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS

	TRADE NAME	TIER	NOTES
Methylphenidate TD Patch 10 MG/9HR		TIER 1	• QL: 1 IN 1 DAYS • ST: REQUIRES PRIOR PRESCRIPTION FOR ORAL METHYLPHENIDATE CD/ER/LA FORMULATION OR METHYLPHENIDATE SUSPENSION/SOLUTION WITHIN THE PAST 120 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate TD Patch 15 MG/9HR		TIER 1	• QL: 1 IN 1 DAYS • ST: REQUIRES PRIOR PRESCRIPTION FOR ORAL METHYLPHENIDATE CD/ER/LA FORMULATION OR METHYLPHENIDATE SUSPENSION/SOLUTION WITHIN THE PAST 120 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate TD Patch 20 MG/9HR		TIER 1	• QL: 1 IN 1 DAYS • ST: REQUIRES PRIOR PRESCRIPTION FOR ORAL METHYLPHENIDATE CD/ER/LA FORMULATION OR METHYLPHENIDATE SUSPENSION/SOLUTION WITHIN THE PAST 120 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate TD Patch 30 MG/9HR		TIER 1	• QL: 1 IN 1 DAYS • ST: REQUIRES PRIOR PRESCRIPTION FOR ORAL METHYLPHENIDATE CD/ER/LA FORMULATION OR METHYLPHENIDATE SUSPENSION/SOLUTION WITHIN THE PAST 120 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Chew Tab Extended Release 20 MG	QuilliChew ER	TIER 3	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS

	TRADE NAME	TIER	NOTES
Methylphenidate HCl Chew Tab Extended Release 30 MG	QuilliChew ER	TIER 3	• QL: 2 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl Chew Tab Extended Release 40 MG	QuilliChew ER	TIER 3	• QL: 1 IN 1 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl For ER Susp 25 MG/5ML (5 MG/ML)	Quillivant XR	TIER 3	• QL: 360 IN 30 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl For ER Susp 25 MG/5ML (5 MG/ML)	Quillivant XR	TIER 3	• QL: 60 IN 30 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl For ER Susp 25 MG/5ML (5 MG/ML)	Quillivant XR	TIER 3	• QL: 240 IN 30 DAYS • Not Covered if AGE ≥ 25 YEARS
Methylphenidate HCl For ER Susp 25 MG/5ML (5 MG/ML)	Quillivant XR	TIER 3	• QL: 300 IN 30 DAYS • Not Covered if AGE ≥ 25 YEARS

### **COLD AND COUGH PREPARATIONS**

#### **NON-OPIOID ANTITUS-1ST GEN.ANTIHISTAMINE-DECONGEST**

Pseudoephed-Bromphen-DM Syrup 30-2-10 MG/5ML		TIER 1	
Phenylephrine-Chlorphen-DM Liquid 7.5-4-30 MG/5ML	NeoTuss Plus	TIER 3	

#### **NON-OPIOID ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.**

Promethazine-DM Syrup 6.25-15 MG/5ML		TIER 1	
--------------------------------------	--	--------	--

#### **OPIOID ANTITUSSIV-1ST GEN. ANTIHISTAMINE-DECONGEST**

Promethazine-Phenylephrine-Codeine Syrup 6.25-5-10 MG/5ML	Promethazine VC/Codeine	TIER 3	• QL: 30 IN 1 DAYS• AGE_YEARS=0-17 DENY
---	-------------------------	--------	---

#### **OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE**

Hydrocod Polst-Chlorphen Polst ER Susp 10-8 MG/5ML	Hydrocod Poli-Chlorphe Poli ER	TIER 1	• QL: 10 IN 1 DAYS• AGE_YEARS=0-17 DENY
Promethazine w/ Codeine Syrup 6.25-10 MG/5ML		TIER 1	• QL: 30 IN 1 DAYS• AGE_YEARS=0-17 DENY
Codeine Phos-Chlorpheniramine Maleate Tab ER 12HR 54.3-8 MG	Tuxarin ER	TIER 3	• QL: 2 IN 1 DAYS• ST: TRIAL OF PROMETHAZINE/CODEINE IN THE PAST 120 DAYS• AGE_YEARS=0-17 DENY

#### **OPIOID ANTITUSSIVE-ANTICHOLINERGIC COMBINATIONS**

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
	Hydrocodone Bitart-Homatropine Methylbrom Soln 5-1.5 MG/5ML	TIER 1	• QL: 30 IN 1 DAYS• AGE_YEARS=0-17 DENY
	Hydrocodone Bitart-Homatropine Methylbromide Tab 5-1.5 MG	TIER 1	• QL: 6 IN 1 DAYS• AGE_YEARS=0-17 DENY

### CONTRACEPTIVES, NON-SYSTEMIC

#### CONDOMS

*Condoms - Female***	FC2 Female Condom	TIER 10	
Condoms Latex Lubricated	Trustex-Nonoxynol-9/Rib/Stud	TIER 10	
Condoms Latex Lubricated	Kimono Micro Thin Plus	TIER 10	
Condoms Latex Lubricated	Trustex Ria Lub/Spermicide	TIER 10	
Condoms Latex Lubricated	Trustex Ria Lubricated	TIER 10	
Condoms Latex Lubricated	Trojan Bareskin	TIER 10	
Condoms Latex Lubricated	Aimsco Lubricated	TIER 10	
Condoms Latex Lubricated	Durex Extra Sensitive Thin	TIER 10	
Condoms Latex Lubricated	Durex Tropical	TIER 10	
Condoms Latex Lubricated	Fantasy Lubricated	TIER 10	
Condoms Latex Lubricated	Fantasy Lubricated/Spermicide	TIER 10	
Condoms Latex Lubricated	Kimono	TIER 10	
Condoms Latex Lubricated	Kimono Maxx-Large Flare	TIER 10	
Condoms Latex Lubricated	Kimono Sensation Plus	TIER 10	
Condoms Latex Lubricated	Kimono Sensation	TIER 10	
Condoms Latex Lubricated	Trustex Lubricated/Spermicide	TIER 10	
Condoms Latex Lubricated	Trojan Magnum	TIER 10	
Condoms Latex Lubricated	Trustex Lub/Ribbed/Studded	TIER 10	
Condoms Latex Lubricated	Trojan Ultra Thin	TIER 10	
Condoms Latex Lubricated	Trojan Ultra Thin/Spermicidal	TIER 10	
Condoms Latex Lubricated	Trojan-Enz Lubricated	TIER 10	
Condoms Latex Lubricated	Trojan-Enz/Spermicidal	TIER 10	

	TRADE NAME	TIER	NOTES
Condoms Latex Lubricated	True Cover	TIER 10	
Condoms Latex Lubricated	Trustex Lubricated Extra St	TIER 10	
Condoms Latex Lubricated	Trustex Lubricated Ex Large	TIER 10	
Condoms Latex Lubricated	Trojan Ultra Ribbed Lubricated	TIER 10	
Condoms Latex Lubricated	Trustex Lubricated	TIER 10	
Condoms Latex Lubricated	Trustex Lub/Spermicide XL	TIER 10	
Condoms Latex Lubricated	Trustex Lub/Spermicide Ex St	TIER 10	
Condoms Latex Non-Lubricated	Trustex Non-Lubricated	TIER 10	
Condoms Latex Non-Lubricated	Trojan Enz	TIER 10	
Condoms Latex Non-Lubricated	Kimono Micro Thin	TIER 10	
Condoms Latex Non-Lubricated	Trustex Ria Non-Lubricated	TIER 10	
Condoms Non-Latex Lubricated	Durex RealFeel	TIER 10	

### CONTRACEPTIVES, INTRAVAGINAL

Lactic Acid-Citric Acid-Potassium Bitartrate Gel 1.8-1-0.4%	Phexx	TIER 10	• PA Required
Lactic Acid-Citric Acid-Potassium Bitartrate Gel 1.8-1-0.4%	Phexxi	TIER 10	• PA Required
Nonoxynol-9 Film 28%	VCF Vaginal Contraceptive	TIER 10	
Nonoxynol-9 Gel 4%	VCF Vaginal Contraceptive	TIER 10	

### DIAPHRAGMS/CERVICAL CAP

*Diaphragm Arc-Spring***	Caya	TIER 10	
Cervical Cap 22 MM	FemCap	TIER 10	
Cervical Cap 26 MM	FemCap	TIER 10	
Cervical Cap 30 MM	FemCap	TIER 10	
Diaphragm Wide Seal 60 MM	Wide-Seal Diaphragm 60	TIER 10	
Diaphragm Wide Seal 65 MM	Wide-Seal Diaphragm 65	TIER 10	

	TRADE NAME	TIER	NOTES
Diaphragm Wide Seal 70 MM	Wide-Seal Diaphragm 70	TIER 10	
Diaphragm Wide Seal 75 MM	Wide-Seal Diaphragm 75	TIER 10	
Diaphragm Wide Seal 80 MM	Wide-Seal Diaphragm 80	TIER 10	
Diaphragm Wide Seal 85 MM	Wide-Seal Diaphragm 85	TIER 10	
Diaphragm Wide Seal 90 MM	Wide-Seal Diaphragm 90	TIER 10	
Diaphragm Wide Seal 95 MM	Wide-Seal Diaphragm 95	TIER 10	

### INTRA-UTERINE DEVICES (IUDS)

*Copper IUD**	Paragard Intrauterine Copper	TIER 10	
Levonorgestrel IUD 20 MCG/DAY (Initial) (52 MG Total)	Mirena (52 MG)	TIER 10	
Levonorgestrel IUD 20.1 MCG/DAY (Initial) (52 MG Total)	Liletta (52 MG)	TIER 10	
Levonorgestrel Releasing IUD 14 MCG/DAY (13.5 MG Total)	Skyla	TIER 10	
Levonorgestrel Releasing IUD 17.5 MCG/DAY (19.5 MG Total)	Kyleena	TIER 10	

### CORTICOTROPINS

#### ADRENOCORTICOTROPHIC HORMONES

Corticotropin Inj Gel 80 Unit/ML	Cortrophin	TIER 6	• PA Required • Specialty
Corticotropin Inj Gel 80 Unit/ML	Acthar	TIER 6	• PA Required • Specialty

### COUGH PREPARATIONS/EXPECTORANTS

#### ANTITUSSIVES, NON-OPIOID

Benzonatate Cap 100 MG		TIER 1	
Benzonatate Cap 200 MG		TIER 1	

### DIABETIC THERAPY

#### AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS)

Diazoxide Susp 50 MG/ML		TIER 1	
Glucagon For Inj 1 MG		TIER 1	• QL: <= 4
Dasiglucagon HCl Subcutaneous Soln Auto-inj 0.6 MG/0.6ML	Zegalogue	TIER 2	• QL: <= 2.4

	TRADE NAME	TIER	NOTES
Dasiglucagon HCl Subcutaneous Soln Pref Syringe 0.6 MG/0.6ML	Zegalogue	TIER 2	• QL: <= 2.4
Glucagon Subcutaneous Soln 1 MG/0.2ML	Gvoke Kit	TIER 2	• QL: <= 0.8
Glucagon Subcutaneous Soln Pref Syringe 1 MG/0.2ML	Gvoke PFS	TIER 2	• QL: <= 0.8
Glucagon Subcutaneous Solution Auto-Injector 0.5 MG/0.1ML	Gvoke HypoPen 2-Pack	TIER 2	• QL: <= 0.4
Glucagon Subcutaneous Solution Auto-Injector 0.5 MG/0.1ML	Gvoke HypoPen 1-Pack	TIER 2	• QL: <= 0.4
Glucagon Subcutaneous Solution Auto-Injector 1 MG/0.2ML	Gvoke HypoPen 2-Pack	TIER 2	• QL: <= 0.8
Glucagon Subcutaneous Solution Auto-Injector 1 MG/0.2ML	Gvoke HypoPen 1-Pack	TIER 2	• QL: <= 0.8
Glucagon HCl For Inj 1 MG	GlucaGen HypoKit	TIER 3	

### ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEPT.AGONIST)

Exenatide Extended Release Susp Auto-Injector 2 MG/0.85ML	Bydureon BCise	TIER 2	• PA Required
Exenatide Soln Pen-injector 10 MCG/0.04ML	Byetta 10 MCG Pen	TIER 2	
Exenatide Soln Pen-injector 5 MCG/0.02ML	Byetta 5 MCG Pen	TIER 2	
Semaglutide Tab 14 MG	Rybelsus	TIER 2	• PA Required
Semaglutide Tab 3 MG	Rybelsus	TIER 2	• PA Required
Semaglutide Tab 7 MG	Rybelsus	TIER 2	• PA Required
Dulaglutide Soln Auto-injector 0.75 MG/0.5ML	Trulicity	TIER 3	• PA Required
Dulaglutide Soln Auto-injector 1.5 MG/0.5ML	Trulicity	TIER 3	• PA Required
Dulaglutide Soln Auto-injector 3 MG/0.5ML	Trulicity	TIER 3	• PA Required
Dulaglutide Soln Auto-injector 4.5 MG/0.5ML	Trulicity	TIER 3	• PA Required
Liraglutide Soln Pen-injector 18 MG/3ML (6 MG/ML)	Victoza	TIER 3	• PA Required
Semaglutide Soln Pen-inj 0.25 or 0.5 MG/DOSE (2 MG/3ML)	Ozempic (0.25 or 0.5 MG/DOSE)	TIER 3	• PA Required
Semaglutide Soln Pen-inj 1 MG/DOSE (4 MG/3ML)	Ozempic (1 MG/DOSE)	TIER 3	• PA Required
Semaglutide Soln Pen-inj 2 MG/DOSE (8 MG/3ML)	Ozempic (2 MG/DOSE)	TIER 3	• PA Required

### ANTIHYPERGLY,INSULIN,LONG ACT-GLP-1 RECEPT.AGONIST

	TRADE NAME	TIER	NOTES
Insulin Degludec-Liraglutide Sol Pen-Inj 100-3.6 Unit-MG/ML	Xultophy	TIER 2	• QL: 15 IN 28 DAYS
Insulin Glargine-Lixisenatide Sol Pen-Inj 100-33 Unit-MCG/ML	Soliqua	TIER 2	• QL: 30 IN 28 DAYS

### ANTIHYPERGLYCEMIC - DOPAMINE RECEPTOR AGONISTS

Bromocriptine Mesylate Tab 0.8 MG (Base Equivalent)	Cycloset	TIER 3	• ST: TRIAL OF METFORMIN, METFORMIN ER, GLYBURIDE/METFORMIN, OR GLIPIZIDE/METFORMIN IN THE PAST 120 DAYS
---	----------	--------	--

### ANTIHYPERGLYCEMIC - INCRETIN MIMETICS COMBINATION

Tirzepatide Soln Auto-injector 10 MG/0.5ML	Mounjaro	TIER 3	• PA Required
Tirzepatide Soln Auto-injector 12.5 MG/0.5ML	Mounjaro	TIER 3	• PA Required
Tirzepatide Soln Auto-injector 15 MG/0.5ML	Mounjaro	TIER 3	• PA Required
Tirzepatide Soln Auto-injector 2.5 MG/0.5ML	Mounjaro	TIER 3	• PA Required
Tirzepatide Soln Auto-injector 5 MG/0.5ML	Mounjaro	TIER 3	• PA Required
Tirzepatide Soln Auto-injector 7.5 MG/0.5ML	Mounjaro	TIER 3	• PA Required

### ANTIHYPERGLYCEMIC, ALPHA-GLUCOSIDASE INHIBITORS

Acarbose Tab 100 MG		TIER 1	
Acarbose Tab 25 MG		TIER 1	
Acarbose Tab 50 MG		TIER 1	
Miglitol Tab 100 MG	Miglitol	TIER 1	
Miglitol Tab 25 MG	Miglitol	TIER 1	
Miglitol Tab 50 MG	Miglitol	TIER 1	

### ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE

Pramlintide Acetate Pen-inj 1500 MCG/1.5ML (1000 MCG/ML)	SymlinPen 60	TIER 2	
Pramlintide Acetate Pen-inj 2700 MCG/2.7ML (1000 MCG/ML)	SymlinPen 120	TIER 2	

### ANTIHYPERGLYCEMIC, BIGUANIDE TYPE

Metformin HCl Oral Soln 500 MG/5ML		TIER 10	
Metformin HCl Tab 1000 MG		TIER 10	
Metformin HCl Tab 500 MG		TIER 10	

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
Metformin HCl Tab 850 MG		TIER 10	
Metformin HCl Tab ER 24HR 500 MG		TIER 10	
Metformin HCl Tab ER 24HR 750 MG		TIER 10	

### ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS

Sitagliptin Phosphate Tab 100 MG (Base Equiv)	Januvia	TIER 2	• QL: 1 IN 1 DAYS
Sitagliptin Phosphate Tab 25 MG (Base Equiv)	Januvia	TIER 2	• QL: 1 IN 1 DAYS
Sitagliptin Phosphate Tab 50 MG (Base Equiv)	Januvia	TIER 2	• QL: 1 IN 1 DAYS
Sitagliptin Tab 100 MG	Zituvio	TIER 3	• QL: 1 IN 1 DAYS • PA Required
Sitagliptin Tab 25 MG	Zituvio	TIER 3	• QL: 1 IN 1 DAYS • PA Required
Sitagliptin Tab 50 MG	Zituvio	TIER 3	• QL: 1 IN 1 DAYS • PA Required

### ANTIHYPERGLYCEMIC, INSULIN-RELEASE STIMULANT TYPE

Glimepiride Tab 1 MG		TIER 1	
Glimepiride Tab 2 MG		TIER 1	
Glimepiride Tab 4 MG		TIER 1	
Glipizide Tab 10 MG		TIER 1	
Glipizide Tab 2.5 MG	glipiZIDE	TIER 1	• QL: 2 IN 1 DAYS
Glipizide Tab 5 MG		TIER 1	
Glipizide Tab ER 24HR 10 MG		TIER 1	
Glipizide Tab ER 24HR 2.5 MG		TIER 1	
Glipizide Tab ER 24HR 5 MG		TIER 1	
Glyburide Micronized Tab 1.5 MG	glyBURIDE Micronized	TIER 1	
Glyburide Micronized Tab 3 MG	glyBURIDE Micronized	TIER 1	
Glyburide Micronized Tab 6 MG	glyBURIDE Micronized	TIER 1	
Glyburide Tab 1.25 MG		TIER 1	
Glyburide Tab 2.5 MG		TIER 1	
Glyburide Tab 5 MG		TIER 1	
Nateglinide Tab 120 MG		TIER 1	
Nateglinide Tab 60 MG		TIER 1	

	TRADE NAME	TIER	NOTES
Repaglinide Tab 0.5 MG		TIER 1	
Repaglinide Tab 1 MG		TIER 1	
Repaglinide Tab 2 MG		TIER 1	

**ANTIHYPERGLYCEMIC, SGLT-2 AND DPP-4 INHIBITOR COMB**

Empagliflozin-Linagliptin Tab 10-5 MG	Glyxambi	TIER 2	• QL: 1 IN 1 DAYS
Empagliflozin-Linagliptin Tab 25-5 MG	Glyxambi	TIER 2	• QL: 1 IN 1 DAYS

**ANTIHYPERGLYCEMIC, THIAZOLIDINEDIONE AND BIGUANIDE**

Pioglitazone HCl-Metformin HCl Tab 15-500 MG		TIER 1	• ST: REQUIRES PRIOR PRESCRIPTION FOR METFORMIN, PREFERRED SULFONYLUREA, OR PREFERRED METFORMIN/SULFONYL UREA COMBINATION WITHIN THE PAST 120 DAYS
Pioglitazone HCl-Metformin HCl Tab 15-850 MG		TIER 1	• ST: REQUIRES PRIOR PRESCRIPTION FOR METFORMIN, PREFERRED SULFONYLUREA, OR PREFERRED METFORMIN/SULFONYL UREA COMBINATION WITHIN THE PAST 120 DAYS

**ANTIHYPERGLYCEMIC, THIAZOLIDINEDIONE-SULFONYLUREA**

Pioglitazone HCl-Glimepiride Tab 30-2 MG		TIER 1	• ST: REQUIRES PRIOR PRESCRIPTION FOR METFORMIN, PREFERRED SULFONYLUREA, OR PREFERRED METFORMIN/SULFONYL UREA COMBINATION WITHIN THE PAST 120 DAYS
--	--	--------	--

	TRADE NAME	TIER	NOTES
Pioglitazone HCl-Glimepiride Tab 30-4 MG		TIER 1	• ST: REQUIRES PRIOR PRESCRIPTION FOR METFORMIN, PREFERRED SULFONYLUREA, OR PREFERRED METFORMIN/SULFONYL UREA COMBINATION WITHIN THE PAST 120 DAYS

#### **ANTIHYPERGLYCEMIC,DPP-4 INHIBITOR-BIGUANIDE COMBS.**

Sitagliptin Phosphate-Metformin HCl Tab 50-1000 MG	Janumet	TIER 2	• QL: 2 IN 1 DAYS
Sitagliptin Phosphate-Metformin HCl Tab 50-500 MG	Janumet	TIER 2	• QL: 2 IN 1 DAYS
Sitagliptin Phosphate-Metformin HCl Tab ER 24HR 100-1000 MG	Janumet XR	TIER 2	• QL: 1 IN 1 DAYS
Sitagliptin Phosphate-Metformin HCl Tab ER 24HR 50-1000 MG	Janumet XR	TIER 2	• QL: 2 IN 1 DAYS
Sitagliptin Phosphate-Metformin HCl Tab ER 24HR 50-500 MG	Janumet XR	TIER 2	• QL: 2 IN 1 DAYS

#### **ANTIHYPERGLYCEMIC,INSULIN-RELEASE STIM.-BIGUANIDE**

Glipizide-Metformin HCl Tab 2.5-250 MG		TIER 1	
Glipizide-Metformin HCl Tab 2.5-500 MG		TIER 1	
Glipizide-Metformin HCl Tab 5-500 MG		TIER 1	
Glyburide-Metformin Tab 1.25-250 MG		TIER 1	
Glyburide-Metformin Tab 2.5-500 MG		TIER 1	
Glyburide-Metformin Tab 5-500 MG		TIER 1	

#### **ANTIHYPERGLYCEMIC,THIAZOLIDINEDIONE(PPARG AGONIST)**

Pioglitazone HCl Tab 15 MG (Base Equiv)		TIER 1	
Pioglitazone HCl Tab 30 MG (Base Equiv)		TIER 1	
Pioglitazone HCl Tab 45 MG (Base Equiv)		TIER 1	

#### **ANTIHYPERGLYCEMIC-SGLT2 INHIBITOR-BIGUANIDE COMBS.**

Dapagliflozin Prop-Metformin HCl Tab ER 24HR 10-1000 MG	Xigduo XR	TIER 1	• QL: 1 IN 1 DAYS
Dapagliflozin Prop-Metformin HCl Tab ER 24HR 5-1000 MG	Xigduo XR	TIER 1	• QL: 2 IN 1 DAYS

	TRADE NAME	TIER	NOTES
Dapagliflozin Prop-Metformin HCl Tab ER 24HR 10-1000 MG	Dapagliflozin Pro-metFORMIN ER	TIER 2	
Dapagliflozin Prop-Metformin HCl Tab ER 24HR 10-500 MG	Xigduo XR	TIER 2	• QL: 1 IN 1 DAYS
Dapagliflozin Prop-Metformin HCl Tab ER 24HR 2.5-1000 MG	Xigduo XR	TIER 2	• QL: 2 IN 1 DAYS
Dapagliflozin Prop-Metformin HCl Tab ER 24HR 5-1000 MG	Dapagliflozin Pro-metFORMIN ER	TIER 2	
Dapagliflozin Prop-Metformin HCl Tab ER 24HR 5-500 MG	Xigduo XR	TIER 2	• QL: 1 IN 1 DAYS
Empagliflozin-Metformin HCl Tab 12.5-1000 MG	Synjardy	TIER 2	• QL: 2 IN 1 DAYS
Empagliflozin-Metformin HCl Tab 12.5-500 MG	Synjardy	TIER 2	• QL: 2 IN 1 DAYS
Empagliflozin-Metformin HCl Tab 5-1000 MG	Synjardy	TIER 2	• QL: 2 IN 1 DAYS
Empagliflozin-Metformin HCl Tab 5-500 MG	Synjardy	TIER 2	• QL: 2 IN 1 DAYS
Empagliflozin-Metformin HCl Tab ER 24HR 10-1000 MG	Synjardy XR	TIER 2	• QL: 1 IN 1 DAYS
Empagliflozin-Metformin HCl Tab ER 24HR 12.5-1000 MG	Synjardy XR	TIER 2	• QL: 2 IN 1 DAYS
Empagliflozin-Metformin HCl Tab ER 24HR 25-1000 MG	Synjardy XR	TIER 2	• QL: 1 IN 1 DAYS
Empagliflozin-Metformin HCl Tab ER 24HR 5-1000 MG	Synjardy XR	TIER 2	• QL: 2 IN 1 DAYS

### ANTHYPERGLYCEMIC-SOD/GLUC COTRANSPORT2(SGLT2) INH

Dapagliflozin Propanediol Tab 10 MG (Base Equivalent)	Farxiga	TIER 1	• QL: 1 IN 1 DAYS
Dapagliflozin Propanediol Tab 5 MG (Base Equivalent)	Farxiga	TIER 1	• QL: 1 IN 1 DAYS
Dapagliflozin Propanediol Tab 10 MG (Base Equivalent)	Farxiga	TIER 2	• QL: 1 IN 1 DAYS
Dapagliflozin Propanediol Tab 10 MG (Base Equivalent)	Dapagliflozin Propanediol	TIER 2	
Dapagliflozin Propanediol Tab 5 MG (Base Equivalent)	Farxiga	TIER 2	• QL: 1 IN 1 DAYS
Dapagliflozin Propanediol Tab 5 MG (Base Equivalent)	Dapagliflozin Propanediol	TIER 2	
Empagliflozin Tab 10 MG	Jardiance	TIER 2	• QL: 1 IN 1 DAYS
Empagliflozin Tab 25 MG	Jardiance	TIER 2	• QL: 1 IN 1 DAYS

	TRADE NAME	TIER	NOTES
<b>ANTIHYPERGLY-SGLT-2 INHIB,DPP-4 INHIB,BIGUANIDE CB</b>			
Empagliflozin-Linagliip-Metformin Tab ER 24HR 12.5-2.5-1000MG	Trijardy XR	TIER 2	• QL: 2 IN 1 DAYS
Empagliflozin-Linagliptin-Metformin Tab ER 24HR 10-5-1000 MG	Trijardy XR	TIER 2	• QL: 1 IN 1 DAYS
Empagliflozin-Linagliptin-Metformin Tab ER 24HR 25-5-1000 MG	Trijardy XR	TIER 2	• QL: 1 IN 1 DAYS
Empagliflozin-Linagliptin-Metformin Tab ER 24HR 5-2.5-1000MG	Trijardy XR	TIER 2	• QL: 2 IN 1 DAYS
<b>INSULINS</b>			
Insulin Degludec Inj 100 Unit/ML	Tresiba	TIER 1	• QL: 40 IN 28 DAYS
Insulin Degludec Soln Pen-Injector 100 Unit/ML	Tresiba FlexTouch	TIER 1	• QL: 30 IN 28 DAYS
Insulin Degludec Soln Pen-Injector 200 Unit/ML	Tresiba FlexTouch	TIER 1	• QL: 18 IN 28 DAYS
Insulin Glargine Soln Pen-Injector 300 Unit/ML (1 Unit Dial)	Toujeo SoloStar	TIER 1	• QL: 13.5 IN 28 DAYS
Insulin Glargine Soln Pen-Injector 300 Unit/ML (2 Unit Dial)	Toujeo Max SoloStar	TIER 1	• QL: 18 IN 28 DAYS
Insulin Glargine-yfgn Inj 100 Unit/ML	Semglee (yfgn)	TIER 1	• QL: 40 IN 28 DAYS
Insulin Lispro Inj Soln 100 Unit/ML	Insulin Lispro	TIER 1	• QL: 40 IN 28 DAYS
Insulin Lispro Inj Soln 100 Unit/ML	HumaLOG	TIER 1	
Insulin Lispro Inj Soln 100 Unit/ML	Admelog	TIER 1	
Insulin Lispro Prot & Lispro Sus Pen-inj 100 Unit/ML (75-25)	HumaLOG Mix 75/25 KwikPen	TIER 1	
Insulin Lispro Prot & Lispro Sus Pen-inj 100 Unit/ML (75-25)	Insulin Lispro Prot & Lispro	TIER 1	• QL: 30 IN 28 DAYS
Insulin Lispro Soln Pen-injector 100 Unit/ML (0.5 Unit Dial)	HumaLOG Junior KwikPen	TIER 1	
Insulin Lispro Soln Pen-injector 100 Unit/ML (0.5 Unit Dial)	Insulin Lispro Junior KwikPen	TIER 1	• QL: 30 IN 28 DAYS
Insulin Lispro Soln Pen-injector 100 Unit/ML (1 Unit Dial)	Insulin Lispro (1 Unit Dial)	TIER 1	• QL: 30 IN 28 DAYS
Insulin Lispro Soln Pen-injector 100 Unit/ML (1 Unit Dial)	HumaLOG KwikPen	TIER 1	
Insulin Lispro Soln Pen-injector 100 Unit/ML (1 Unit Dial)	Admelog SoloStar	TIER 1	
Insulin Aspart Inj Soln 100 Unit/ML	NovoLOG	TIER 2	

	TRADE NAME	TIER	NOTES
Insulin Aspart Prot & Aspart (Human) Inj 100 Unit/ML (70-30)	NovoLOG Mix 70/30	TIER 2	
Insulin Aspart Prot & Aspart Sus Pen-inj 100 Unit/ML (70-30)	NovoLOG Mix 70/30 FlexPen	TIER 2	
Insulin Aspart Soln Cartridge 100 Unit/ML	NovoLOG PenFill	TIER 2	
Insulin Aspart Soln Pen-injector 100 Unit/ML	NovoLOG FlexPen	TIER 2	
Insulin Glargine Inj 100 Unit/ML	Lantus	TIER 2	
Insulin Glargine Soln Pen-Injector 100 Unit/ML	Lantus SoloStar	TIER 2	
Insulin Glargine Soln Pen-Injector 300 Unit/ML (1 Unit Dial)	Toujeo SoloStar	TIER 2	• QL: 13.5 IN 28 DAYS
Insulin Glargine Soln Pen-Injector 300 Unit/ML (1 Unit Dial)	Insulin Glargine Solostar	TIER 2	
Insulin Glargine Soln Pen-Injector 300 Unit/ML (2 Unit Dial)	Toujeo Max SoloStar	TIER 2	• QL: 18 IN 28 DAYS
Insulin Glargine Soln Pen-Injector 300 Unit/ML (2 Unit Dial)	Insulin Glargine Max SoloStar	TIER 2	
Insulin Glargine-yfgn Inj 100 Unit/ML	Semglee (yfgn)	TIER 2	• QL: 40 IN 28 DAYS
Insulin Glargine-yfgn Inj 100 Unit/ML	Insulin Glargine-yfgn	TIER 2	
Insulin Glargine-yfgn Soln Pen-Injector 100 Unit/ML	Semglee (yfgn)	TIER 2	• QL: 30 IN 28 DAYS
Insulin Glargine-yfgn Soln Pen-Injector 100 Unit/ML	Insulin Glargine-yfgn	TIER 2	
Insulin Lispro Prot & Lispro Inj 100 Unit/ML (75-25)	HumaLOG Mix 75/25	TIER 2	• QL: 40 IN 28 DAYS
Insulin Lispro Prot & Lispro Sus Pen-inj 100 Unit/ML (50-50)	HumaLOG Mix 50/50 KwikPen	TIER 2	• QL: 30 IN 28 DAYS
Insulin Lispro Soln Cartridge 100 Unit/ML	HumaLOG	TIER 2	• QL: 30 IN 28 DAYS
Insulin Lispro Soln Pen-injector 200 Unit/ML	HumaLOG KwikPen	TIER 2	• QL: 12 IN 28 DAYS
Insulin Lispro-aabc Inj 100 Unit/ML	Lyumjev	TIER 2	• QL: 40 IN 28 DAYS
Insulin Lispro-aabc Soln Pen-inj 100 Unit/ML (1 Unit Dial)	Lyumjev KwikPen	TIER 2	• QL: 30 IN 28 DAYS
Insulin Lispro-aabc Soln Pen-injector 200 Unit/ML	Lyumjev KwikPen	TIER 2	• QL: 12 IN 28 DAYS
Insulin NPH & Regular Susp Pen-Inj 100 Unit/ML (70-30)	HumuLIN 70/30 KwikPen	TIER 2	• QL: 30 IN 28 DAYS
Insulin NPH & Regular Susp Pen-Inj 100 Unit/ML (70-30)	NovoLIN 70/30 FlexPen Relion	TIER 2	

	TRADE NAME	TIER	NOTES
Insulin NPH & Regular Susp Pen-Inj 100 Unit/ML (70-30)	NovoLIN 70/30 FlexPen	TIER 2	
Insulin NPH (Human) (Isophane) Inj 100 Unit/ML	HumuLIN N	TIER 2	• QL: 40 IN 28 DAYS
Insulin NPH (Human) (Isophane) Inj 100 Unit/ML	NovoLIN N	TIER 2	
Insulin NPH (Human) (Isophane) Inj 100 Unit/ML	NovoLIN N ReliOn	TIER 2	
Insulin NPH (Human) (Isophane) Susp Pen-injector 100 Unit/ML	HumuLIN N KwikPen	TIER 2	• QL: 30 IN 28 DAYS
Insulin NPH (Human) (Isophane) Susp Pen-injector 100 Unit/ML	NovoLIN N FlexPen	TIER 2	
Insulin NPH (Human) (Isophane) Susp Pen-injector 100 Unit/ML	NovoLIN N FlexPen ReliOn	TIER 2	
Insulin NPH Isophane & Regular Human Inj 100 Unit/ML (70-30)	HumuLIN 70/30	TIER 2	• QL: 40 IN 28 DAYS
Insulin NPH Isophane & Regular Human Inj 100 Unit/ML (70-30)	NovoLIN 70/30	TIER 2	
Insulin NPH Isophane & Regular Human Inj 100 Unit/ML (70-30)	NovoLIN 70/30 ReliOn	TIER 2	
Insulin Regular (Human) Inj 100 Unit/ML	HumuLIN R	TIER 2	• QL: 40 IN 28 DAYS
Insulin Regular (Human) Inj 100 Unit/ML	NovoLIN R ReliOn	TIER 2	
Insulin Regular (Human) Inj 100 Unit/ML	NovoLIN R	TIER 2	
Insulin Regular (Human) Inj 500 Unit/ML	HumuLIN R U-500 (CONCENTRATED)	TIER 2	• QL: 40 IN 28 DAYS
Insulin Regular (Human) Soln Pen-Injector 500 Unit/ML	HumuLIN R U-500 KwikPen	TIER 2	• QL: 24 IN 28 DAYS
Insulin Regular (Human) Inh Powd 60x4 & 60x8 & 60x12 Ut/Cart	Afrezza	TIER 3	• PA Required
Insulin Regular (Human) Inh Powd 90 x 8 Unit & 90 x 12 Unit	Afrezza	TIER 3	• PA Required
Insulin Regular (Human) Inhal Powd 90 x 4 Unit & 90 x 8 Unit	Afrezza	TIER 3	• PA Required
Insulin Regular (Human) Inhalation Powder 12 Unit/Cartridge	Afrezza	TIER 3	• PA Required
Insulin Regular (Human) Inhalation Powder 4 Unit/Cartridge	Afrezza	TIER 3	• PA Required
Insulin Regular (Human) Inhalation Powder 8 Unit/Cartridge	Afrezza	TIER 3	• PA Required

## DIAGNOSTICS

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
<b>BLOOD SUGAR DIAGNOSTICS</b>			
Glucose Blood Test Strip	True Metrix Blood Glucose Test	TIER 1	
Glucose Blood Test Strip	Element Compact Test	TIER 2	
Glucose Blood Test Strip	EasyMax Test	TIER 2	
Glucose Blood Test Strip	EasyMax 15 Test	TIER 2	
Glucose Blood Test Strip	EasyGluco	TIER 2	
Glucose Blood Test Strip	Easy Trak II Glucose Test	TIER 2	
Glucose Blood Test Strip	Easy Trak Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	Easy Touch Test	TIER 2	
Glucose Blood Test Strip	Glucocard Expression Test	TIER 2	
Glucose Blood Test Strip	Easy Talk Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	Easy Step Test	TIER 2	
Glucose Blood Test Strip	DiaTrue Plus Test	TIER 2	
Glucose Blood Test Strip	Embrace Talk Glucose Test	TIER 2	
Glucose Blood Test Strip	Easy Plus II Glucose Test	TIER 2	
Glucose Blood Test Strip	Easy Talk Plus II Test Strips	TIER 2	
Glucose Blood Test Strip	Element Test	TIER 2	
Glucose Blood Test Strip	Embrace Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	Smartest Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	Embrace Pro Glucose Test	TIER 2	
Glucose Blood Test Strip	CVS Advanced Glucose Test	TIER 2	
Glucose Blood Test Strip	EQ Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	EvenCare G2 Test	TIER 2	
Glucose Blood Test Strip	EvenCare G3 Test	TIER 2	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Glucose Blood Test Strip	EvenCare Mini Glucose Test	TIER 2	
Glucose Blood Test Strip	EvenCare ProView Glucose Test	TIER 2	
Glucose Blood Test Strip	Evolution Autocode	TIER 2	
Glucose Blood Test Strip	FondCircle Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	Fora 6 Connect	TIER 2	
Glucose Blood Test Strip	Embrace Evo Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	AgaMatrix AMP Test	TIER 2	
Glucose Blood Test Strip	CVS True Metrix Glucose Test	TIER 2	
Glucose Blood Test Strip	BioTel Care Test Strips	TIER 2	
Glucose Blood Test Strip	Assure Titanium	TIER 2	
Glucose Blood Test Strip	Assure Prism multi Test	TIER 2	
Glucose Blood Test Strip	Assure Platinum	TIER 2	
Glucose Blood Test Strip	Assure 4 Test	TIER 2	
Glucose Blood Test Strip	Blood Glucose Test Strips 333	TIER 2	
Glucose Blood Test Strip	AgaMatrix Jazz Test	TIER 2	
Glucose Blood Test Strip	BluLink Glucose Test	TIER 2	
Glucose Blood Test Strip	Fora 6 Connect/GTel Test	TIER 2	
Glucose Blood Test Strip	Advocate Redi-Code+ Test	TIER 2	
Glucose Blood Test Strip	Advocate Redi-Code	TIER 2	
Glucose Blood Test Strip	Accutrend Glucose	TIER 2	
Glucose Blood Test Strip	Accu-Chek SmartView	TIER 2	
Glucose Blood Test Strip	Accu-Chek Guide Test	TIER 2	
Glucose Blood Test Strip	AgaMatrix Presto Test	TIER 2	
Glucose Blood Test Strip	Clever Chek Test	TIER 2	
Glucose Blood Test Strip	Accu-Chek Aviva Plus	TIER 2	
Glucose Blood Test Strip	Contour Test	TIER 2	
Glucose Blood Test Strip	Contour Plus Test	TIER 2	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Glucose Blood Test Strip	Contour Next Test	TIER 2	
Glucose Blood Test Strip	Clever Choice Talk System	TIER 2	
Glucose Blood Test Strip	Clever Choice No Coding	TIER 2	
Glucose Blood Test Strip	Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	Clever Choice Auto-Code Test	TIER 2	
Glucose Blood Test Strip	CVS Glucose Meter Test Strips	TIER 2	
Glucose Blood Test Strip	Clever Chek Auto-Code Voice	TIER 2	
Glucose Blood Test Strip	Clever Chek Auto-Code Test	TIER 2	
Glucose Blood Test Strip	CareTouch Test	TIER 2	
Glucose Blood Test Strip	CareSens S Glucose Test	TIER 2	
Glucose Blood Test Strip	CareSens N Glucose Test	TIER 2	
Glucose Blood Test Strip	CareOne Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	Clever Choice Micro Test	TIER 2	
Glucose Blood Test Strip	Pharmacist Choice No Coding	TIER 2	
Glucose Blood Test Strip	Quintet Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	Quintet AC Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	Prodigy No Coding Blood Gluc	TIER 2	
Glucose Blood Test Strip	Pro Voice V8/V9 Glucose	TIER 2	
Glucose Blood Test Strip	Premium Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	Precision Xtra Blood Glucose	TIER 2	• QL: 200 IN 30 DAYS
Glucose Blood Test Strip	Precision QID Test	TIER 2	
Glucose Blood Test Strip	Precision Point of Care Test	TIER 2	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Glucose Blood Test Strip	Precision PCX Plus Test	TIER 2	
Glucose Blood Test Strip	GHT Test	TIER 2	
Glucose Blood Test Strip	Pip Blood Glucose Test Strip	TIER 2	
Glucose Blood Test Strip	ReliOn Confirm/micro Test	TIER 2	
Glucose Blood Test Strip	Pharmacist Choice Autocode	TIER 2	
Glucose Blood Test Strip	OptumRx Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	OptiumEZ Test	TIER 2	
Glucose Blood Test Strip	Optium Test	TIER 2	
Glucose Blood Test Strip	OneTouch Verio	TIER 2	
Glucose Blood Test Strip	OneTouch Ultra Test	TIER 2	
Glucose Blood Test Strip	OneTouch Ultra Blue Test	TIER 2	
Glucose Blood Test Strip	OneTouch Ultra	TIER 2	
Glucose Blood Test Strip	On Call Vivid Blood Glucose	TIER 2	
Glucose Blood Test Strip	On Call Plus Blood Glucose	TIER 2	
Glucose Blood Test Strip	Precision PCx	TIER 2	
Glucose Blood Test Strip	Rightest GS300 Blood Glucose	TIER 2	
Glucose Blood Test Strip	Rightest GT333 Blood Glucose	TIER 2	
Glucose Blood Test Strip	Rightest GT333 Glucose Test	TIER 2	
Glucose Blood Test Strip	Smart Sense Value Test	TIER 2	
Glucose Blood Test Strip	Solus V2 Test	TIER 2	
Glucose Blood Test Strip	Sure-Test EasyPlus Mini Test	TIER 2	
Glucose Blood Test Strip	TGT Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	True Metrix Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	True Metrix Pro Blood Glucose	TIER 2	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Glucose Blood Test Strip	TRUEtest Test	TIER 2	
Glucose Blood Test Strip	TrueTrack Test	TIER 2	
Glucose Blood Test Strip	RefuAH Plus Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	UltraTRAK Ultimate Test	TIER 2	
Glucose Blood Test Strip	ReliOn Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	Rightest GS100 Blood Glucose	TIER 2	
Glucose Blood Test Strip	Unistrip1 Generic	TIER 2	
Glucose Blood Test Strip	VivaGuard Ino Test Strips	TIER 2	
Glucose Blood Test Strip	Rexall Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	Reveal Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	ReliOn Ultima Test	TIER 2	
Glucose Blood Test Strip	ReliOn True Metrix Test Strips	TIER 2	
Glucose Blood Test Strip	ReliOn Prime Test	TIER 2	
Glucose Blood Test Strip	ReliOn Premier Test	TIER 2	
Glucose Blood Test Strip	Neutek 2Tek Test	TIER 2	
Glucose Blood Test Strip	UltraTRAK PRO Test	TIER 2	
Glucose Blood Test Strip	FORA V10 Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	On Call Express Blood Glucose	TIER 2	
Glucose Blood Test Strip	GE100 Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	FreeStyle Test	TIER 2	• QL: 200 IN 30 DAYS
Glucose Blood Test Strip	FreeStyle Precision Neo Test	TIER 2	• QL: 200 IN 30 DAYS
Glucose Blood Test Strip	FreeStyle Lite Test	TIER 2	• QL: 200 IN 30 DAYS
Glucose Blood Test Strip	FreeStyle InsuLinx Test	TIER 2	• QL: 200 IN 30 DAYS
Glucose Blood Test Strip	ForaCare Test N Go Test	TIER 2	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Glucose Blood Test Strip	ForaCare premium V10 Test	TIER 2	
Glucose Blood Test Strip	ForaCare GD40 Test	TIER 2	
Glucose Blood Test Strip	FORA V30a Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	Rightest GS550 Blood Glucose	TIER 2	
Glucose Blood Test Strip	FORA V12 Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	Glucocard Shine Test	TIER 2	
Glucose Blood Test Strip	Fora TN'G/TN'G Voice	TIER 2	
Glucose Blood Test Strip	FORA TN'G Advance Pro	TIER 2	
Glucose Blood Test Strip	FORA GTel Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	FORA GD50 Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	Fora GD20 Test	TIER 2	
Glucose Blood Test Strip	FORA G30/Prem V10 Glucose Test	TIER 2	
Glucose Blood Test Strip	FORA G20 Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	Fora D40/G31 Blood Glucose	TIER 2	
Glucose Blood Test Strip	FORA D20 Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	FORA D15g Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	FORA V20 Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	HW Embrace Pro Glucose Test	TIER 2	
Glucose Blood Test Strip	FORA Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	MyGlucoHealth Test	TIER 2	
Glucose Blood Test Strip	MM Easy Touch Glucose	TIER 2	
Glucose Blood Test Strip	MM BluLink Glucose Test	TIER 2	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Glucose Blood Test Strip	Microdot Test	TIER 2	
Glucose Blood Test Strip	Meijer Premium Glucose Test	TIER 2	
Glucose Blood Test Strip	Kroger Premium Glucose Test	TIER 2	
Glucose Blood Test Strip	Kroger HealthPro Glucose Test	TIER 2	
Glucose Blood Test Strip	Kroger Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	Infinity Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	Glucocard 01 Sensor Plus	TIER 2	
Glucose Blood Test Strip	HW Embrace Talk Glucose Test	TIER 2	
Glucose Blood Test Strip	Nova Max Glucose Test	TIER 2	
Glucose Blood Test Strip	Harmony Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	GoodSense Blood Glucose	TIER 2	
Glucose Blood Test Strip	Goggi Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	GNP Truetrack Test Strips	TIER 2	
Glucose Blood Test Strip	GNP True Metrix Glucose Strips	TIER 2	
Glucose Blood Test Strip	GNP Easy Touch Glucose Test	TIER 2	
Glucose Blood Test Strip	Glucose Meter Test	TIER 2	
Glucose Blood Test Strip	GlucNavii Blood Glucose Test	TIER 2	
Glucose Blood Test Strip	GlucoCom Test	TIER 2	
Glucose Blood Test Strip	Glucocard Vital Test	TIER 2	
Glucose Blood Test Strip	IHealth Blood Glucose Test Str	TIER 2	
Glucose Blood Test Strip	Smart Sense Premium Test	TIER 2	

## **DIGESTANTS**

### **GASTRIC ENZYMES**

Sacrosidase Soln 8500 Unit/ML

Sucraid

TIER 6

• PA Required • Specialty

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Page 129

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
<b>DIGITALIS PREPARATIONS</b>			
<b>DIGITALIS GLYCOSIDES</b>			
	Digoxin Oral Soln 0.05 MG/ML	TIER 1	
	Digoxin Tab 125 MCG (0.125 MG)	TIER 1	
	Digoxin Tab 250 MCG (0.25 MG)	TIER 1	
	Digoxin Tab 62.5 MCG (0.0625 MG)	TIER 1	• PA Required
<b>DIURETICS</b>			
<b>ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS</b>			
	Tolvaptan Tab 15 MG	TIER 4	• QL: 30 IN 365 DAYS • Specialty
	Tolvaptan Tab 30 MG	TIER 4	• QL: 60 IN 365 DAYS • Specialty
<b>CARBONIC ANHYDRASE INHIBITORS</b>			
	Acetazolamide Cap ER 12HR 500 MG	TIER 1	
	Acetazolamide Tab 125 MG	TIER 1	
	Acetazolamide Tab 250 MG	TIER 1	
	Methazolamide Tab 25 MG	TIER 1	
	Methazolamide Tab 50 MG	TIER 1	
<b>LOOP DIURETICS</b>			
	Bumetanide Tab 0.5 MG	TIER 1	
	Bumetanide Tab 1 MG	TIER 1	
	Bumetanide Tab 2 MG	TIER 1	
	Ethacrynic Acid Tab 25 MG	TIER 1	• PA Required
	Furosemide Oral Soln 8 MG/ML	Furosemide	TIER 1
	Furosemide Tab 20 MG	TIER 1	
	Furosemide Tab 40 MG	TIER 1	
	Furosemide Tab 80 MG	TIER 1	
	Torsemide Tab 10 MG	TIER 1	
	Torsemide Tab 100 MG	TIER 1	
	Torsemide Tab 20 MG	Soanz	TIER 1
	Torsemide Tab 20 MG	Torsemide	TIER 1

	TRADE NAME	TIER	NOTES
Torseamide Tab 5 MG		TIER 1	
Furosemide Subcutaneous Cartridge Kit 80 MG/10ML	Furoscix	TIER 3	
<b>POLYCYSTIC KIDNEY DISEASE AGENT, AVP RECEP. ANTAG</b>			
Tolvaptan Tab 15 MG	Jynarque	TIER 5	• PA Required • Specialty
Tolvaptan Tab 30 MG	Jynarque	TIER 5	• PA Required • Specialty
Tolvaptan Tab Therapy Pack 15 MG	Jynarque	TIER 5	• PA Required • Specialty
Tolvaptan Tab Therapy Pack 30 & 15 MG	Jynarque	TIER 5	• PA Required • Specialty
Tolvaptan Tab Therapy Pack 45 & 15 MG	Jynarque	TIER 5	• PA Required • Specialty
Tolvaptan Tab Therapy Pack 60 & 30 MG	Jynarque	TIER 5	• PA Required • Specialty
Tolvaptan Tab Therapy Pack 90 & 30 MG	Jynarque	TIER 5	• PA Required • Specialty
<b>POTASSIUM SPARING DIURETICS</b>			
Amiloride HCl Tab 5 MG		TIER 1	
Triamterene Cap 100 MG		TIER 1	
Triamterene Cap 50 MG		TIER 1	
<b>POTASSIUM SPARING DIURETICS IN COMBINATION</b>			
Amiloride & Hydrochlorothiazide Tab 5-50 MG	aMILoride- hydroCHLOROthiazide	TIER 1	
Spironolactone & Hydrochlorothiazide Tab 25-25 MG		TIER 1	
Triamterene & Hydrochlorothiazide Cap 37.5-25 MG		TIER 1	
Triamterene & Hydrochlorothiazide Tab 37.5-25 MG		TIER 1	
Triamterene & Hydrochlorothiazide Tab 75-50 MG		TIER 1	
<b>THIAZIDE AND RELATED DIURETICS</b>			
Chlorthalidone Tab 25 MG		TIER 1	
Chlorthalidone Tab 50 MG		TIER 1	
Hydrochlorothiazide Cap 12.5 MG		TIER 1	
Hydrochlorothiazide Tab 12.5 MG		TIER 1	
Hydrochlorothiazide Tab 25 MG		TIER 1	
Hydrochlorothiazide Tab 50 MG		TIER 1	

	TRADE NAME	TIER	NOTES
Indapamide Tab 1.25 MG		TIER 1	
Indapamide Tab 2.5 MG		TIER 1	
Metolazone Tab 10 MG		TIER 1	
Metolazone Tab 2.5 MG		TIER 1	
Metolazone Tab 5 MG		TIER 1	
Chlorothiazide Susp 250 MG/5ML	Diuril	TIER 3	

### **ELECTROLYTES & MISCELLANEOUS NUTRIENTS**

#### **ANTI-ALCOHOLIC PREPARATIONS**

Acamprosate Calcium Tab Delayed Release 333 MG		TIER 1	
---	--	--------	--

#### **CALCIUM REPLACEMENT**

Ca Carb-Folic Acid-Vit D-B6-B12-Boron-Mag Wafer 1342-1 MG	Calcium-Folic Acid Plus D	TIER 3	
--	------------------------------	--------	--

#### **DIALYSIS SOLUTIONS**

*Bicarb 22 mEq/L-Dext Soln with K 4 mEq/L (CRRT)***	PrismaSol B22GK 4/0	TIER 3	
--	---------------------	--------	--

*Bicarb 32 mEq/L Soln with Mg 1.2 mEq/L (CRRT)***	PrismaSol BK 0/0/1.2	TIER 3	
--	----------------------	--------	--

*Bicarb 32 mEq/L-Dext Soln with Ca 2.5 mEq/L (CRRT)***	PrismaSol BGK 0/2.5	TIER 3	
---	---------------------	--------	--

*Bicarb 32 mEq/L-Dext Soln with K 2 mEq/L (CRRT)***	PrismaSol BGK 2/0	TIER 3	
--	-------------------	--------	--

*Bicarb 32 mEq/L-Dext Soln with K-Ca 2-3.5 mEq/L (CRRT)**	PrismaSol BGK 2/3.5	TIER 3	
--	---------------------	--------	--

*Bicarb 32 mEq/L-Dext Soln with K-Ca 4-2.5 mEq/L (CRRT)**	PrismaSol BGK 4/2.5	TIER 3	
--	---------------------	--------	--

*Bicarb 32 mEq/L-Dext Soln with K-Mg 4-1.2 mEq/L (CRRT)**	PrismaSol BGK 4/0/1.2	TIER 3	
--	-----------------------	--------	--

*Bicarb-K-Ca 32-4-2.5 mEq/L with Phos 1 MMOL/L Soln (CRRT)*	Phoxillum BK4/2.5	TIER 3	
--	-------------------	--------	--

#### **DIETARY SUPPLEMENT, MISCELLANEOUS**

*Genistein-Zinc Amino Acid Chelate-Vitamin D Cap***	Fosteum	TIER 3	
--	---------	--------	--

Creatine Monohydrate Oral Powder	Cytotine	TIER 3	
----------------------------------	----------	--------	--

#### **ELECTROLYTE DEPLETERS**

*Sodium Polystyrene Sulfonate Powder**		TIER 1	
--	--	--------	--

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
Calcium Acetate (Phosphate Binder) Cap 667 MG (169 MG Ca)		TIER 1	
Calcium Acetate (Phosphate Binder) Tab 667 MG		TIER 1	
Lanthanum Carbonate Chew Tab 1000 MG (Elemental)		TIER 1	
Lanthanum Carbonate Chew Tab 500 MG (Elemental)		TIER 1	
Lanthanum Carbonate Chew Tab 750 MG (Elemental)		TIER 1	
Sevelamer Carbonate Packet 0.8 GM		TIER 1	
Sevelamer Carbonate Packet 2.4 GM		TIER 1	
Sevelamer Carbonate Tab 800 MG		TIER 1	
Sevelamer HCl Tab 400 MG		TIER 1	
Sevelamer HCl Tab 800 MG		TIER 1	
Sodium Polystyrene Sulfonate Rectal Susp 30 GM/120ML	SPS (Sodium Polystyrene Sulf)	TIER 1	
Sodium Zirconium Cyclosilicate For Susp Packet 10 GM	Lokelma	TIER 2	
Sodium Zirconium Cyclosilicate For Susp Packet 5 GM	Lokelma	TIER 2	
Sucroferric Oxyhydroxide Chew Tab 500 MG	Velphoro	TIER 2	• QL: 6 IN 1 DAYS
Lanthanum Carbonate Oral Powder Pack 1000 MG (Elemental)	Fosrenol	TIER 3	• QL: 3 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR VELPHORO AND ONE OF THE FOLLOWING: GENERIC CALCIUM ACETATE, LANTHANUM CARBONATE, SEVELAMER CARBONATE, SEVELAMER HCL WITHIN THE PAST 365 DAYS

	TRADE NAME	TIER	NOTES
Lanthanum Carbonate Oral Powder Pack 750 MG (Elemental)	Fosrenol	TIER 3	• QL: 3 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR VELPHORO AND ONE OF THE FOLLOWING: GENERIC CALCIUM ACETATE, LANTHANUM CARBONATE, SEVELAMER CARBONATE, SEVELAMER HCL WITHIN THE PAST 365 DAYS
Patiromer Sorbitex Calcium For Susp Packet 16.8 GM (Base Eq)	Veltassa	TIER 3	• PA Required
Patiromer Sorbitex Calcium For Susp Packet 25.2 GM (Base Eq)	Veltassa	TIER 3	
Patiromer Sorbitex Calcium For Susp Packet 8.4 GM (Base Eq)	Veltassa	TIER 3	• PA Required
Tenapanor HCl Tab 20 MG	Xphozah	TIER 3	• QL: 2 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR VELPHORO AND ONE OF THE FOLLOWING: GENERIC CALCIUM ACETATE, LANTHANUM CARBONATE, SEVELAMER CARBONATE, SEVELAMER HCL WITHIN THE PAST 365 DAYS
Tenapanor HCl Tab 30 MG	Xphozah	TIER 3	• QL: 2 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR VELPHORO AND ONE OF THE FOLLOWING: GENERIC CALCIUM ACETATE, LANTHANUM CARBONATE, SEVELAMER CARBONATE, SEVELAMER HCL WITHIN THE PAST 365 DAYS

### NUCLEIC ACID/NUCLEOTIDE SUPPLEMENTS

Uridine Triacetate Oral Granules Packet 2 GM	Xuriden	TIER 5	• PA Required • Specialty
--	---------	--------	---------------------------

### ORAL LIPID SUPPLEMENTS

	TRADE NAME	TIER	NOTES
Triheptanoin Oral Liquid 100%	Dojolvi	TIER 6	• PA Required • Specialty
<b>POTASSIUM REPLACEMENT</b>			
Potassium Bicarbonate Effer Tab 25 mEq		TIER 1	
Potassium Chloride Cap ER 10 mEq		TIER 1	
Potassium Chloride Cap ER 8 mEq		TIER 1	
Potassium Chloride Microencapsulated Crys ER Tab 10 mEq	Potassium Chloride Crys ER	TIER 1	
Potassium Chloride Microencapsulated Crys ER Tab 10 mEq	Klor-Con M10	TIER 1	
Potassium Chloride Microencapsulated Crys ER Tab 15 mEq		TIER 1	
Potassium Chloride Microencapsulated Crys ER Tab 20 mEq	Klor-Con M20	TIER 1	
Potassium Chloride Microencapsulated Crys ER Tab 20 mEq	Potassium Chloride Crys ER	TIER 1	
Potassium Chloride Oral Soln 10% (20 MEQ/15ML)		TIER 1	
Potassium Chloride Oral Soln 20% (40 MEQ/15ML)		TIER 1	
Potassium Chloride Powder Packet 20 mEq		TIER 1	
Potassium Chloride Tab ER 10 mEq	Klor-Con 10	TIER 1	
Potassium Chloride Tab ER 10 mEq	Potassium Chloride ER	TIER 1	
Potassium Chloride Tab ER 20 mEq (1500 MG)		TIER 1	
Potassium Chloride Tab ER 8 mEq (600 MG)	Klor-Con	TIER 1	
Potassium Chloride Tab ER 8 mEq (600 MG)	Potassium Chloride ER	TIER 1	
Potassium Bicarbonate-Citric Acid Effer Tab 10 mEq	Effer-K	TIER 3	
Potassium Bicarbonate-Citric Acid Effer Tab 20 mEq	Effer-K	TIER 3	
<b>SODIUM/SALINE PREPARATIONS</b>			
Sodium Chloride IV Soln 0.45%		TIER 1	
Sodium Chloride IV Soln 0.9%		TIER 1	
Sodium Chloride Preservative Free (PF) Inj 0.9%		TIER 1	
<b>EMOLLIENTS PROTECTIVES</b>			

	TRADE NAME	TIER	NOTES
<b>EMOLLIENTS</b>			
Lactic Acid (Ammonium Lactate) Cream 12%		TIER 1	
Lactic Acid (Ammonium Lactate) Lotion 12%		TIER 1	
*Keratin 5% Gel***	KeraStat	TIER 3	
*Keratin Cream***	KeraStat	TIER 3	
<b>PROTECTIVES</b>			
White Petrolatum Ointment	White Petrolatum	TIER 1	
White Petrolatum Topical Gel	Vaseline	TIER 1	
*Dermatological Products Misc Topical/Oral - Kit**	Genadur	TIER 3	
<b>ENZYMES</b>			
<b>PANCREATIC ENZYMES</b>			
Pancrelipase (Lip-Prot-Amyl) DR Cap 10000-32000-42000 Unit	Zenpep	TIER 2	
Pancrelipase (Lip-Prot-Amyl) DR Cap 12000-38000-60000 Unit	Creon	TIER 2	
Pancrelipase (Lip-Prot-Amyl) DR Cap 15000-47000-63000 Unit	Zenpep	TIER 2	
Pancrelipase (Lip-Prot-Amyl) DR Cap 20000-63000-84000 Unit	Zenpep	TIER 2	
Pancrelipase (Lip-Prot-Amyl) DR Cap 24000-76000-120000 Unit	Creon	TIER 2	
Pancrelipase (Lip-Prot-Amyl) DR Cap 25000-79000-105000 Unit	Zenpep	TIER 2	
Pancrelipase (Lip-Prot-Amyl) DR Cap 3000-10000-14000 Unit	Zenpep	TIER 2	
Pancrelipase (Lip-Prot-Amyl) DR Cap 3000-9500-15000 Unit	Creon	TIER 2	
Pancrelipase (Lip-Prot-Amyl) DR Cap 36000-114000-180000 Unit	Creon	TIER 2	
Pancrelipase (Lip-Prot-Amyl) DR Cap 40000-126000-168000 Unit	Zenpep	TIER 2	
Pancrelipase (Lip-Prot-Amyl) DR Cap 5000-17000-24000 Unit	Zenpep	TIER 2	
Pancrelipase (Lip-Prot-Amyl) DR Cap 60000-189600-252600 Unit	Zenpep	TIER 2	
Pancrelipase (Lip-Prot-Amyl) DR Cap 6000-19000-30000 Unit	Creon	TIER 2	

	TRADE NAME	TIER	NOTES
Pancrelipase (Lip-Prot-Amyl) Tab 10440-39150-39150 Unit	Viokace	TIER 3	
Pancrelipase (Lip-Prot-Amyl) Tab 20880-78300-78300 Unit	Viokace	TIER 3	

### PKU TREATMENT AGENTS - PHENYLALANINE AMMONIA LYASE

Pegvaliase-pqpz Subcutaneous Soln Pref Syringe 10 MG/0.5ML	Palynziq	TIER 5	• PA Required • Specialty
Pegvaliase-pqpz Subcutaneous Soln Pref Syringe 2.5 MG/0.5ML	Palynziq	TIER 5	• PA Required • Specialty
Pegvaliase-pqpz Subcutaneous Soln Pref Syringe 20 MG/ML	Palynziq	TIER 5	• PA Required • Specialty

### TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES

Anacaulase-bcdb Gel 8.8%	NexoBrid	TIER 3	
Collagenase Oint 250 Unit/GM	Santyl	TIER 3	• PA Required

### ERYTHROMYCINS

#### MACROLIDE ANTIBIOTICS

Azithromycin For Susp 100 MG/5ML		TIER 1	
Azithromycin For Susp 200 MG/5ML		TIER 1	
Azithromycin Tab 250 MG		TIER 1	
Azithromycin Tab 500 MG		TIER 1	
Azithromycin Tab 600 MG		TIER 1	
Clarithromycin For Susp 125 MG/5ML	Clarithromycin	TIER 1	
Clarithromycin For Susp 250 MG/5ML	Clarithromycin	TIER 1	
Clarithromycin Tab 250 MG		TIER 1	
Clarithromycin Tab 500 MG		TIER 1	
Clarithromycin Tab ER 24HR 500 MG		TIER 1	
Erythromycin Ethylsuccinate For Susp 200 MG/5ML		TIER 1	
Erythromycin Ethylsuccinate For Susp 400 MG/5ML		TIER 1	
Erythromycin Ethylsuccinate Tab 400 MG	E.E.S. 400	TIER 1	
Erythromycin Tab 250 MG		TIER 1	
Erythromycin Tab 500 MG		TIER 1	
Erythromycin Tab Delayed Release 250 MG		TIER 1	

	TRADE NAME	TIER	NOTES
Erythromycin Tab Delayed Release 333 MG		TIER 1	
Erythromycin Tab Delayed Release 500 MG		TIER 1	
Erythromycin w/ Delayed Release Particles Cap 250 MG	Erythromycin Base	TIER 1	
Azithromycin Powd Pack for Susp 1 GM	Zithromax	TIER 3	
Azithromycin Powd Pack for Susp 1 GM	Azithromycin	TIER 3	
Erythromycin Ethylsuccinate Tab 400 MG	E.E.S. 400	TIER 3	
Erythromycin Stearate Tab 250 MG	Erythromycin Stearate	TIER 3	
Erythromycin Stearate Tab 250 MG	Erythrocin Stearate	TIER 3	

## ESTROGENS

### ESTROGEN AND PROGESTIN COMBINATIONS

Estradiol-Progesterone Cap 0.5-100 MG	Bijuva	TIER 3	• QL: 1 IN 1 DAYS• PA Required
Estradiol-Progesterone Cap 1-100 MG	Bijuva	TIER 3	• QL: 1 IN 1 DAYS• ST: TRIAL OF PREMARIN OR DUAVEE IN THE PAST 120 DAYS.

### ESTROGEN/ANDROGEN COMBINATIONS

Esterified Estrogens & Methyltestosterone Tab 0.625-1.25 MG		TIER 1	
Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG		TIER 1	

### ESTROGENIC AGENTS

Estradiol & Norethindrone Acetate Tab 0.5-0.1 MG		TIER 1	
Estradiol & Norethindrone Acetate Tab 1-0.5 MG		TIER 1	
Estradiol Tab 0.5 MG		TIER 1	
Estradiol Tab 1 MG		TIER 1	
Estradiol Tab 2 MG		TIER 1	
Estradiol TD Gel 0.25 MG/0.25GM (0.1%)		TIER 1	• QL: 1 IN 1 DAYS
Estradiol TD Gel 0.5 MG/0.5GM (0.1%)		TIER 1	• QL: 1 IN 1 DAYS
Estradiol TD Gel 0.75 MG/0.75GM (0.1%)		TIER 1	• QL: 1 IN 1 DAYS
Estradiol TD Gel 1 MG/GM (0.1%)		TIER 1	• QL: 1 IN 1 DAYS
Estradiol TD Gel 1.25 MG/1.25GM (0.1%)		TIER 1	• QL: 37.5 IN 30 DAYS

	TRADE NAME	TIER	NOTES
	Estradiol TD Patch Twice Weekly 0.025 MG/24HR	TIER 1	• QL: 2 IN 7 DAYS
	Estradiol TD Patch Twice Weekly 0.0375 MG/24HR	TIER 1	• QL: 2 IN 7 DAYS
	Estradiol TD Patch Twice Weekly 0.05 MG/24HR	TIER 1	• QL: 2 IN 7 DAYS
	Estradiol TD Patch Twice Weekly 0.075 MG/24HR	TIER 1	• QL: 2 IN 7 DAYS
	Estradiol TD Patch Twice Weekly 0.1 MG/24HR	TIER 1	• QL: 2 IN 7 DAYS
	Estradiol TD Patch Weekly 0.025 MG/24HR	TIER 1	• QL: 1 IN 7 DAYS
	Estradiol TD Patch Weekly 0.0375 MG/24HR (37.5 MCG/24HR)	TIER 1	• QL: 1 IN 7 DAYS
	Estradiol TD Patch Weekly 0.05 MG/24HR	TIER 1	• QL: 1 IN 7 DAYS
	Estradiol TD Patch Weekly 0.06 MG/24HR	TIER 1	• QL: 1 IN 7 DAYS
	Estradiol TD Patch Weekly 0.075 MG/24HR	TIER 1	• QL: 1 IN 7 DAYS
	Estradiol TD Patch Weekly 0.1 MG/24HR	TIER 1	• QL: 1 IN 7 DAYS
	Estradiol Valerate IM in Oil 10 MG/ML	TIER 1	
	Estradiol Valerate IM in Oil 20 MG/ML	TIER 1	
	Estradiol Valerate IM In Oil 40 MG/ML	TIER 1	
	Norethindrone Acetate-Ethinyl Estradiol Tab 0.5 MG-2.5 MCG	TIER 1	
	Norethindrone Acetate-Ethinyl Estradiol Tab 1 MG-5 MCG	TIER 1	
	Conj Est 0.625(14)/Conj Est-Medroxypro Ac Tab 0.625-5MG(14)	Premphase	TIER 2
	Conjugated Estrogen-Medroxyprogest Acetate Tab 0.3-1.5 MG	Prempro	TIER 2
	Conjugated Estrogen-Medroxyprogest Acetate Tab 0.45-1.5 MG	Prempro	TIER 2
	Conjugated Estrogen-Medroxyprogest Acetate Tab 0.625-2.5 MG	Prempro	TIER 2
	Conjugated Estrogen-Medroxyprogest Acetate Tab 0.625-5 MG	Prempro	TIER 2
	Estradiol Cypionate IM in Oil 5 MG/ML	Depo-Estradiol	TIER 3

	TRADE NAME	TIER	NOTES
Estradiol Gel 0.06% (0.52 MG/0.87 GM Metered-Dose Pump)	Elestrin	TIER 3	• QL: 52 IN 30 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR ALORA OR ESTRADIOL WITHIN THE PAST 120 DAYS
Estradiol TD Patch Weekly 14 MCG/24HR	Menostar	TIER 3	• QL: 1 IN 7 DAYS
Estradiol Transdermal Spray 1.53 MG/SPRAY	Evamist	TIER 3	• QL: 16.2 IN 30 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR ALORA OR ESTRADIOL WITHIN THE PAST 120 DAYS
Estradiol-Levonorgestrel TD Patch Weekly 0.045-0.015 MG/DAY	Climara Pro	TIER 3	• QL: 1 IN 7 DAYS
<b>ESTROGEN-PROGESTIN WITH ANTIMINERALOCORTICOID COMB</b>			
Drospirenone-Estradiol Tab 0.25-0.5 MG	Angeliq	TIER 3	
Drospirenone-Estradiol Tab 0.5-1 MG	Angeliq	TIER 3	
<b>ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MOD(SERM)COMB</b>			
Conjugated Estrogens-Bazedoxifene Tab 0.45-20 MG	Duavee	TIER 2	
<b>VAGINAL ESTROGEN FOR SEXUAL DYSFUNCTION</b>			
Estradiol Vaginal Insert 10 MCG	Imvexxy Maintenance Pack	TIER 3	• QL: 18 IN 28 DAYS• ST: REQUIRES PRIOR PRESCRIPTIONS FOR ESTRADIOL VAGINAL AND ESTROGENS CONJUGATED VAGINAL WITHIN THE PAST 365 DAYS
Estradiol Vaginal Insert 4 MCG	Imvexxy Maintenance Pack	TIER 3	• QL: 18 IN 28 DAYS• ST: REQUIRES PRIOR PRESCRIPTIONS FOR ESTRADIOL VAGINAL AND ESTROGENS CONJUGATED VAGINAL WITHIN THE PAST 365 DAYS
Estradiol Vaginal Insert Starter Pack 10 MCG	Imvexxy Starter Pack	TIER 3	• QL: 18 IN 28 DAYS• ST: REQUIRES PRIOR PRESCRIPTIONS FOR ESTRADIOL VAGINAL AND ESTROGENS CONJUGATED VAGINAL WITHIN THE PAST 365 DAYS

	TRADE NAME	TIER	NOTES
Estradiol Vaginal Insert Starter Pack 4 MCG	Imvexxy Starter Pack	TIER 3	• QL: 18 IN 28 DAYS• ST: REQUIRES PRIOR PRESCRIPTIONS FOR ESTRADIOL VAGINAL AND ESTROGENS CONJUGATED VAGINAL WITHIN THE PAST 365 DAYS

**VAGINAL ESTROGEN PREPARATIONS**

Estradiol Vaginal Cream 0.01%		TIER 1	
Estradiol Vaginal Tab 10 MCG		TIER 1	
Estrogens, Conjugated Vaginal Cream 0.625 MG/GM	Premarin	TIER 2	

**FAT SOLUBLE VITAMINS**

**VITAMIN D PREPARATIONS**

Calcitriol Cap 0.25 MCG		TIER 1	
Calcitriol Cap 0.5 MCG		TIER 1	
Calcitriol Oral Soln 1 MCG/ML		TIER 1	
Ergocalciferol Cap 1.25 MG (50000 Unit)		TIER 1	
Folic Acid-Cholecalciferol Cap 1 MG-3775 UNIT	Folic D3	TIER 3	
Folic Acid-Cholecalciferol Cap 1 MG-3775 UNIT	Ortho DF	TIER 3	
Folic Acid-Cholecalciferol Tab 1 MG-3800 UNIT	Ostachol	TIER 3	
Folic Acid-Cholecalciferol Tab 1 MG-3800 UNIT	Cholecal DF	TIER 3	
Folic Acid-Cholecalciferol Tab 1 MG-5000 UNIT	DermacinRx Foltamin	TIER 3	
Folic Acid-Cholecalciferol Tab 1 MG-5000 UNIT	DermacinRx PureFolix	TIER 3	
Folic Acid-Cholecalciferol Tab 1 MG-5000 UNIT	Folixapure	TIER 3	
Folic Acid-Cholecalciferol Tab 1 MG-5000 UNIT	Foltira	TIER 3	
Folic Acid-Cholecalciferol Tab 1 MG-5000 UNIT	Folvitra	TIER 3	
Folic Acid-Cholecalciferol Tab 1 MG-5000 UNIT	Foltrexyl	TIER 3	

**FOLIC ACID PREPARATIONS**

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
<b>FOLIC ACID PREPARATIONS</b>			
Folic Acid Inj 5 MG/ML		TIER 1	
Folic Acid Tab 1 MG		TIER 1	
Folic Acid Tab 400 MCG		TIER 10	
Folic Acid Tab 800 MCG		TIER 10	
*Dietary Management Product - Caps***	EnLyte	TIER 3	
*Folic Acid-Vitamin D3-Mag Cit-Acetylcysteine-Ca Cit Tab***	Folite	TIER 3	
*L-Methylfolate Tab 15 MG**	Elfolate	TIER 3	
*L-Methylfolate Tab 15 MG**	L-Methylfolate	TIER 3	
*L-Methylfolate Tab 15 MG**	L-methylfolate Calcium	TIER 3	
*L-Methylfolate Tab 7.5 MG**	Elfolate	TIER 3	
*L-Methylfolate Tab 7.5 MG**	L-methylfolate Calcium	TIER 3	
*L-Methylfolate Tab 7.5 MG**	L-Methylfolate	TIER 3	
*L-Methylfolate-Algae Cap 15-90.314 MG***	L-Methylfolate-Algae	TIER 3	
*L-Methylfolate-Algae Cap 15-90.314 MG***	L-Methylfolate Forte	TIER 3	
*L-Methylfolate-Algae Cap 15-90.314 MG***	Deplin 15	TIER 3	
*L-Methylfolate-Algae Cap 7.5-90.314 MG***	Deplin 7.5	TIER 3	
*L-Methylfolate-Algae Cap 7.5-90.314 MG***	L-Methylfolate Forte	TIER 3	

### **GENERAL ANTIBACTERIALS AND ANTISEPTICS**

#### **ANTIBACTERIAL AGENTS, MISCELLANEOUS**

Glycine Irrigation Soln 1.5%		TIER 1	
------------------------------	--	--------	--

#### **ANTIBIOTIC, ANTIBACTERIAL, MISC.**

Fosfomycin Tromethamine Powd Pack 3 GM (Base Equivalent)		TIER 1	
--	--	--------	--

#### **IRRIGANTS**

*Irrigation Solution, Physiological**		TIER 1	
Sodium Chloride Irrigation Soln 0.9%		TIER 1	
Water For Irrigation, Sterile Irrigation Soln		TIER 1	
*Wound Cleansers - Solution**	Vashe Wound	TIER 3	

#### **TOPICAL PREPARATIONS, ANTIBACTERIALS**

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
Iodoquinol-HC Cream 1-1%		TIER 1	
Silver Nitrate Soln 0.5%	Silver Nitrate	TIER 1	
Silver Nitrate Soln 25%	Silver Nitrate	TIER 1	
Silver Nitrate Soln 50%	Silver Nitrate	TIER 1	
*Iodine Solution**	Lugols	TIER 3	
*Iodine Solution**	Lugols Strong Iodine	TIER 3	
Iodine Solution Strong (Lugol's) (Bulk)	Iodine Strong (Lugol's)	TIER 3	

## GLUCOCORTICOIDS

### GLUCOCORTICOIDS

Budesonide Delayed Release Particles Cap 3 MG		TIER 1	
Budesonide Tab ER 24HR 9 MG		TIER 1	• ST: REQUIRES PRIOR PRESCRIPTION FOR BALSALAZIDE DISODIUM WITHIN THE PAST 120 DAYS
Cortisone Acetate Tab 25 MG	Cortisone Acetate	TIER 1	
Dexamethasone Elixir 0.5 MG/5ML		TIER 1	
Dexamethasone Soln 0.5 MG/5ML	dexAMETHasone	TIER 1	
Dexamethasone Tab 0.5 MG		TIER 1	
Dexamethasone Tab 0.75 MG		TIER 1	
Dexamethasone Tab 1 MG		TIER 1	
Dexamethasone Tab 1.5 MG		TIER 1	
Dexamethasone Tab 2 MG		TIER 1	
Dexamethasone Tab 4 MG		TIER 1	
Dexamethasone Tab 6 MG		TIER 1	
Hydrocortisone Tab 10 MG		TIER 1	
Hydrocortisone Tab 20 MG		TIER 1	
Hydrocortisone Tab 5 MG		TIER 1	
Methylprednisolone Tab 16 MG		TIER 1	
Methylprednisolone Tab 32 MG		TIER 1	
Methylprednisolone Tab 4 MG		TIER 1	
Methylprednisolone Tab 8 MG		TIER 1	

	TRADE NAME	TIER	NOTES
Methylprednisolone Tab Therapy Pack 4 MG (21)		TIER 1	
Prednisolone Sod Phos Orally Disintegr Tab 10 MG (Base Eq)	prednisoLONE Sodium Phosphate	TIER 1	
Prednisolone Sod Phos Orally Disintegr Tab 15 MG (Base Eq)	prednisoLONE Sodium Phosphate	TIER 1	
Prednisolone Sod Phos Orally Disintegr Tab 30 MG (Base Eq)	prednisoLONE Sodium Phosphate	TIER 1	
Prednisolone Sod Phosphate Oral Soln 10 MG/5ML (Base Equiv)		TIER 1	
Prednisolone Sod Phosphate Oral Soln 15 MG/5ML (Base Equiv)		TIER 1	
Prednisolone Sod Phosphate Oral Soln 20 MG/5ML (Base Equiv)		TIER 1	
Prednisolone Sod Phosphate Oral Soln 5 MG/5ML (Base Equiv)		TIER 1	
Prednisolone Sodium Phosphate Oral Soln 25 MG/5ML (Base Eq)		TIER 1	
Prednisolone Soln 15 MG/5ML		TIER 1	
Prednisone Oral Soln 5 MG/5ML	predniSONE	TIER 1	
Prednisone Tab 1 MG		TIER 1	
Prednisone Tab 10 MG		TIER 1	
Prednisone Tab 2.5 MG		TIER 1	
Prednisone Tab 20 MG		TIER 1	
Prednisone Tab 5 MG		TIER 1	
Prednisone Tab 50 MG		TIER 1	
Prednisone Tab Therapy Pack 10 MG (21)		TIER 1	
Prednisone Tab Therapy Pack 10 MG (48)		TIER 1	
Prednisone Tab Therapy Pack 5 MG (21)		TIER 1	
Prednisone Tab Therapy Pack 5 MG (48)		TIER 1	
Methylprednisolone Tab 2 MG	Medrol	TIER 2	
Prednisone Conc 5 MG/ML	predniSONE Intensol	TIER 2	
*Betameth Sod Phos-Ace Inj 30 MG/5 ML & Anesthetic Spr Kit**	Betaloan SUIK	TIER 3	
*Methylprednisolone Inj 40 MG/ML & Anesthetic Spray Kit***	Medroloan II SUIK	TIER 3	

	TRADE NAME	TIER	NOTES
*Methylprednisolone Inj 40 MG/ML & Anesthetic Spray Kit***	Medroloan SUIK	TIER 3	
*Triamcinolone Acetonide Inj 40 MG/ML & Anesthetic Spr Kit*	Triloan SUIK	TIER 3	
*Triamcinolone Acetonide Inj 40 MG/ML & Anesthetic Spr Kit*	Triloan II SUIK	TIER 3	
Dexamethasone Conc 1 MG/ML	dexAMETHasone Intensol	TIER 3	
Dexamethasone Sodium Phosphate Iontophoresis Soln 20 MG/5ML	Dexonto 0.4%	TIER 3	
Hydrocortisone Sodium Succinate PF For Inj 100 MG	Solu-CORTEF	TIER 3	
Prednisolone Sod Phos Orally Disintegr Tab 10 MG (Base Eq)	Orapred ODT	TIER 3	
Prednisolone Sod Phos Orally Disintegr Tab 15 MG (Base Eq)	Orapred ODT	TIER 3	
Prednisolone Sod Phos Orally Disintegr Tab 30 MG (Base Eq)	Orapred ODT	TIER 3	
Deflazacort Tab 18 MG		TIER 4	• PA Required • Specialty
Deflazacort Tab 30 MG		TIER 4	• PA Required • Specialty
Deflazacort Tab 36 MG		TIER 4	• PA Required • Specialty
Deflazacort Tab 6 MG		TIER 4	• PA Required • Specialty
Budesonide Delayed Release Cap 4 MG	Tarpeyo	TIER 6	• PA Required • Specialty
Deflazacort Susp 22.75 MG/ML		TIER 6	• PA Required • Specialty
Hydrocortisone Cap Sprinkle 0.5 MG	Alkindi Sprinkle	TIER 6	• PA Required • Specialty
Hydrocortisone Cap Sprinkle 1 MG	Alkindi Sprinkle	TIER 6	• PA Required • Specialty
Hydrocortisone Cap Sprinkle 2 MG	Alkindi Sprinkle	TIER 6	• PA Required • Specialty
Hydrocortisone Cap Sprinkle 5 MG	Alkindi Sprinkle	TIER 6	• PA Required • Specialty
Vamorolone Oral Susp 40 MG/ML	Agamree	TIER 6	• PA Required • Specialty
<b>GLUCOCORTICOIDS, ORALLY INHALED</b>			
Budesonide Inhalation Susp 0.25 MG/2ML		TIER 1	• QL: 4 IN 1 DAYS
Budesonide Inhalation Susp 0.5 MG/2ML		TIER 1	• QL: 4 IN 1 DAYS
Budesonide Inhalation Susp 1 MG/2ML		TIER 1	• QL: 2 IN 1 DAYS
Fluticasone Propionate Aer Pow BA 100 MCG/ACT	Fluticasone Propionate Diskus	TIER 1	• QL: 2 IN 1 DAYS

	TRADE NAME	TIER	NOTES
Fluticasone Propionate Aer Pow BA 250 MCG/ACT	Fluticasone Propionate Diskus	TIER 1	• QL: 4 IN 1 DAYS
Fluticasone Propionate Aer Pow BA 50 MCG/ACT	Fluticasone Propionate Diskus	TIER 1	• QL: 2 IN 1 DAYS
Fluticasone Propionate HFA Inhal Aer 110 MCG/ACT	Fluticasone Propionate HFA	TIER 1	• QL: 12 IN 30 DAYS
Fluticasone Propionate HFA Inhal Aer 220 MCG/ACT	Fluticasone Propionate HFA	TIER 1	• QL: 24 IN 30 DAYS
Fluticasone Propionate HFA Inhal Aero 44 MCG/ACT	Fluticasone Propionate HFA	TIER 1	• QL: 21.2 IN 30 DAYS
Fluticasone Furoate Aerosol Powder Breath Activ 100 MCG/ACT	Fluticasone Furoate Ellipta	TIER 2	
Fluticasone Furoate Aerosol Powder Breath Activ 100 MCG/ACT	Arnuity Ellipta	TIER 2	• QL: 1 IN 1 DAYS
Fluticasone Furoate Aerosol Powder Breath Activ 200 MCG/ACT	Fluticasone Furoate Ellipta	TIER 2	
Fluticasone Furoate Aerosol Powder Breath Activ 200 MCG/ACT	Arnuity Ellipta	TIER 2	• QL: 1 IN 1 DAYS
Fluticasone Furoate Aerosol Powder Breath Activ 50 MCG/ACT	Arnuity Ellipta	TIER 2	• QL: 1 IN 1 DAYS
Fluticasone Furoate Aerosol Powder Breath Activ 50 MCG/ACT	Fluticasone Furoate Ellipta	TIER 2	

### **RECTAL/LOWER BOWEL PREP., GLUCOCORT. (NON-HEMORR)**

Budesonide Rectal Foam 2 MG/ACT		TIER 1	
Hydrocortisone Enema 100 MG/60ML		TIER 1	
Hydrocortisone Acetate Perianal Foam 10% (90 MG/DOSE)	Cortifoam	TIER 3	

### **TOPICAL ANTI-INFLAMMATORY STEROIDAL**

Alclometasone Dipropionate Cream 0.05%		TIER 1	
Betamethasone Dipropionate Augmented Cream 0.05%		TIER 1	
Betamethasone Dipropionate Augmented Gel 0.05%	Betamethasone Dipropionate Aug	TIER 1	
Betamethasone Dipropionate Augmented Lotion 0.05%		TIER 1	
Betamethasone Dipropionate Augmented Oint 0.05%		TIER 1	
Betamethasone Dipropionate Cream 0.05%		TIER 1	
Betamethasone Dipropionate Lotion 0.05%		TIER 1	

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

TRADE NAME	TIER	NOTES
Betamethasone Dipropionate Oint 0.05%	TIER 1	
Betamethasone Valerate Aerosol Foam 0.12%	TIER 1	
Betamethasone Valerate Cream 0.1% (Base Equivalent)	TIER 1	
Betamethasone Valerate Lotion 0.1% (Base Equivalent)	TIER 1	
Betamethasone Valerate Oint 0.1% (Base Equivalent)	TIER 1	
Clobetasol Propionate Cream 0.05%	TIER 1	
Clobetasol Propionate Emollient Base Cream 0.05%	TIER 1	
Clobetasol Propionate Emulsion Foam 0.05%	TIER 1	
Clobetasol Propionate Foam 0.05%	TIER 1	
Clobetasol Propionate Gel 0.05%	TIER 1	
Clobetasol Propionate Lotion 0.05%	TIER 1	
Clobetasol Propionate Oint 0.05%	TIER 1	
Clobetasol Propionate Shampoo 0.05%	TIER 1	
Clobetasol Propionate Soln 0.05%	TIER 1	
Clobetasol Propionate Spray 0.05%	TIER 1	
Clocortolone Pivalate Cream 0.1%	TIER 1	• ST: REQUIRES PRIOR PRESCRIPTION FOR MOMETASONE 0.1% CREAM/SOLUTION OR TRIAMCINOLONE 0.1 % CREAM/OINTMENT WITHIN THE PAST 120 DAYS
Desonide Cream 0.05%	TIER 1	
Desonide Lotion 0.05%	TIER 1	
Desonide Oint 0.05%	TIER 1	
Desoximetasone Cream 0.05%	TIER 1	
Desoximetasone Cream 0.25%	TIER 1	
Desoximetasone Oint 0.05%	TIER 1	
Desoximetasone Oint 0.25%	TIER 1	

	TRADE NAME	TIER	NOTES
Desoximetasone Spray 0.25%		TIER 1	• ST: REQUIRES PRIOR PRESCRIPTION FOR BETAMETHASONE AUGMENTED 0.05% (CREAM, GEL, LOTION, OINTMENT), CLOBETASOL, DESOXIMETASONE (CREAM, GEL, OINTMENT), FLUOCINONIDE (CREAM, GEL), OR HALOBETASOL (CREAM, OINTMENT) WITHIN THE PAST 120 DAYS
Fluocinolone Acetonide Cream 0.01%		TIER 1	
Fluocinolone Acetonide Cream 0.025%		TIER 1	
Fluocinolone Acetonide Oil 0.01% (Body Oil)		TIER 1	
Fluocinolone Acetonide Oil 0.01% (Scalp Oil)		TIER 1	
Fluocinolone Acetonide Oint 0.025%		TIER 1	
Fluocinolone Acetonide Soln 0.01%		TIER 1	
Fluocinonide Cream 0.05%		TIER 1	
Fluocinonide Cream 0.1%		TIER 1	
Fluocinonide Emulsified Base Cream 0.05%		TIER 1	
Fluocinonide Gel 0.05%		TIER 1	
Fluocinonide Oint 0.05%		TIER 1	
Fluocinonide Soln 0.05%		TIER 1	
Flurandrenolide Cream 0.05%	Flurandrenolide	TIER 1	• ST: REQUIRES PRIOR PRESCRIPTION FOR BETAMETHASONE (0.05% LOTION, 0.1% CREAM), DESONIDE 0.05% OINTMENT, FLUTICASONE 0.05% CREAM, HYDROCORTISONE 0.2% CREAM, OR TRIAMCINOLONE (0.1% LOTION, 0.025% OINTMENT) WITHIN THE PAST 120 DAYS
Flurandrenolide Lotion 0.05%	Flurandrenolide	TIER 1	

	TRADE NAME	TIER	NOTES
Flurandrenolide Oint 0.05%	Flurandrenolide	TIER 1	• QL: 6 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR MOMETASONE 0.1% CREAM/SOLUTION OR TRIAMCINOLONE 0.1 % CREAM/OINTMENT WITHIN THE PAST 120 DAYS
Fluticasone Propionate Cream 0.05%		TIER 1	
Fluticasone Propionate Lotion 0.05%		TIER 1	
Fluticasone Propionate Oint 0.005%		TIER 1	
Halcinonide Cream 0.1%		TIER 1	• ST: REQUIRES PRIOR PRESCRIPTION FOR BETAMETHASONE 0.05% (OINTMENT, AUGMENTED CREAM), DESOXIMETASONE (CREAM, GEL, OINTMENT), FLUOCINONIDE 0.05% (GEL, OINTMENT, SOLUTION, CREAM) WITHIN THE PAST 120 DAYS
Halobetasol Propionate Cream 0.05%		TIER 1	
Halobetasol Propionate Oint 0.05%		TIER 1	
Hydrocortisone Butyrate Cream 0.1%	Hydrocortisone Butyrate	TIER 1	
Hydrocortisone Butyrate Lotion 0.1%		TIER 1	• QL: 236 IN 30 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR BETAMETHASONE (0.05% LOTION, 0.1% CREAM), DESONIDE 0.05% OINTMENT, FLUTICASONE 0.05% CREAM, HYDROCORTISONE 0.2% CREAM, OR TRIAMCINOLONE (0.1% LOTION, 0.025% OINTMENT) WITHIN THE PAST 120 DAYS

	TRADE NAME	TIER	NOTES
Hydrocortisone Butyrate Oint 0.1%		TIER 1	• ST: REQUIRES PRIOR PRESCRIPTION FOR BETAMETHASONE (0.05% LOTION, 0.1% CREAM), DESONIDE 0.05% OINTMENT, FLUTICASONE 0.05% CREAM, HYDROCORTISONE 0.2% CREAM, OR TRIAMCINOLONE (0.1% LOTION, 0.025% OINTMENT) WITHIN THE PAST 120 DAYS
Hydrocortisone Butyrate Soln 0.1%	Hydrocortisone Butyrate	TIER 1	
Hydrocortisone Cream 1%		TIER 1	
Hydrocortisone Cream 2.5%		TIER 1	
Hydrocortisone Lotion 2%	Hydrocortisone	TIER 1	
Hydrocortisone Lotion 2%	Ala Scalp	TIER 1	• ST: REQUIRES PRIOR PRESCRIPTION FOR GENERIC HYDROCORTISONE 2.5% LOTION WITHIN THE PAST 120 DAYS
Hydrocortisone Oint 1%		TIER 1	
Hydrocortisone Oint 2.5%		TIER 1	
Hydrocortisone Perianal Cream 2.5%	Proctozone-HC	TIER 1	
Hydrocortisone Perianal Cream 2.5%	Proctosol HC	TIER 1	
Hydrocortisone Perianal Cream 2.5%	Hydrocortisone (Perianal)	TIER 1	
Hydrocortisone Perianal Cream 2.5%	Anusol-HC	TIER 1	
Hydrocortisone Perianal Cream 2.5%	Procto-Med HC	TIER 1	
Hydrocortisone Valerate Cream 0.2%		TIER 1	
Hydrocortisone Valerate Oint 0.2%		TIER 1	• ST: REQUIRES PRIOR PRESCRIPTION FOR MOMETASONE 0.1% CREAM/SOLUTION OR TRIAMCINOLONE 0.1 % CREAM/OINTMENT WITHIN THE PAST 120 DAYS
Mometasone Furoate Cream 0.1%		TIER 1	
Mometasone Furoate Oint 0.1%		TIER 1	

	TRADE NAME	TIER	NOTES
Mometasone Furoate Solution 0.1% (Lotion)		TIER 1	
Prednicarbate Oint 0.1%	Prednicarbate	TIER 1	
Triamcinolone Acetonide Cream 0.025%		TIER 1	
Triamcinolone Acetonide Cream 0.1%		TIER 1	
Triamcinolone Acetonide Cream 0.5%		TIER 1	• QL: 454 IN 30 DAYS
Triamcinolone Acetonide Lotion 0.1%		TIER 1	
Triamcinolone Acetonide Oint 0.025%		TIER 1	
Triamcinolone Acetonide Oint 0.1%		TIER 1	
Triamcinolone Acetonide Oint 0.5%		TIER 1	
*HC Lot 2% & Sal Acid-Sulfur Shampoo 2-2% & Shampoo Kit***	Scalacort DK	TIER 2	
Hydrocortisone Soln 2.5%	Texacort	TIER 2	• PA Required
Hydrocortisone Soln 2.5%	Hydrocortisone	TIER 2	• PA Required
*Clobetasol Propionate Shampoo 0.05% & Cleanser Kit***	Clodan	TIER 3	
*Fluocinolone Acetonide Soln 0.01% & Cleanser Kit***	Synalar TS	TIER 3	
*Fluocinolone Cream 0.025%-Emollient Cream Kit***	Synalar (Cream)	TIER 3	• QL: 375 IN 30 DAYS
*Fluocinolone Oint 0.025%-Emollient Cream Kit***	Synalar (Ointment)	TIER 3	• QL: 375 IN 30 DAYS
Betamethasone Dipropionate Spray Emulsion 0.05% (Base Equiv)	Sernivo	TIER 3	• ST: REQUIRES PRIOR PRESCRIPTION FOR MOMETASONE 0.1% CREAM/SOLUTION OR TRIAMCINOLONE 0.1 % CREAM/OINTMENT WITHIN THE PAST 120 DAYS
Clobetasol Propionate-Levocetirizine Dihyd Shampoo 0.05-2%	Chlohux	TIER 3	
Clobetasol Propionate-Levocetirizine Dihyd Shampoo 0.05-2%	Illexor	TIER 3	
Clobetasol Propionate-Niacinamide Cream 0.05-4%	Divinix	TIER 3	
Clobetasol Propionate-Niacinamide Cream 0.05-4%	Chlooxia	TIER 3	
Clobetasol Propionate-Niacinamide Oint 0.05-4%	Divinix	TIER 3	

	TRADE NAME	TIER	NOTES
Clobetasol Propionate-Niacinamide Oint 0.05-4%	Chlooxia	TIER 3	
Clobetasol Propionate-Niacinamide Soln 0.05-4%	Divinix	TIER 3	
Clobetasol Propionate-Niacinamide Soln 0.05-4%	Chlooxia	TIER 3	
Desoximetasone-Niacinamide Cream 0.05-4%	Fluoxia	TIER 3	
Desoximetasone-Niacinamide Cream 0.05-4%	Dynoma	TIER 3	
Fluocinolone Acetonide Shampoo 0.01%	Capex	TIER 3	
Fluocinolone Acetonide-Niacinamide Cream 0.01-4%	Domela	TIER 3	
Fluocinolone Acetonide-Niacinamide Cream 0.01-4%	Tetoxia	TIER 3	
Flurandrenolide Cream 0.025%	Cordran	TIER 3	
Flurandrenolide Oint 0.05%	Cordran	TIER 3	
Flurandrenolide Tape 4 MCG/SQCM	Cordran	TIER 3	• QL: 2 IN 30 DAYS• PA Required
Hydrocortisone Acetate Lotion 2%	NuCort	TIER 3	
Hydrocortisone Butyrate Hydrophilic Lipo Base Cream 0.1%	Locoid Lipocream	TIER 3	
Hydrocortisone Cream Kit 2.5%	Advanced Allergy Collection	TIER 3	
Hydrocortisone Probutate Cream 0.1%	Pandel	TIER 3	• QL: 160 IN 30 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR BETAMETHASONE (0.05% LOTION, 0.1% CREAM), DESONIDE 0.05% OINTMENT, FLUTICASONE 0.05% CREAM, HYDROCORTISONE 0.2% CREAM, OR TRIAMCINOLONE (0.1% LOTION, 0.025% OINTMENT) WITHIN THE PAST 120 DAYS
Triamcinolone Acetonide-Pentoxifylline Gel 0.1-0.5%	Acioxia	TIER 3	
Triamcinolone Acetonide-Pentoxifylline Gel 0.1-0.5%	Teliora	TIER 3	

### **HEMATINICS & BLOOD CELL STIMULATORS**

	TRADE NAME	TIER	NOTES
<b>ERYTHROPOIESIS-STIMULATING AGENTS</b>			
Epoetin Alfa-epbx Inj 10000 Unit/ML	Retacrit	TIER 5	• PA Required • Specialty
Epoetin Alfa-epbx Inj 2000 Unit/ML	Retacrit	TIER 5	• PA Required • Specialty
Epoetin Alfa-epbx Inj 20000 Unit/ML	Retacrit	TIER 5	• PA Required • Specialty
Epoetin Alfa-epbx Inj 3000 Unit/ML	Retacrit	TIER 5	• PA Required • Specialty
Epoetin Alfa-epbx Inj 4000 Unit/ML	Retacrit	TIER 5	• PA Required • Specialty
Epoetin Alfa-epbx Inj 40000 Unit/ML	Retacrit	TIER 5	• PA Required • Specialty
<b>HYPOXIA INDUCIBLE FACTOR PROLYL HYDROXYLASE INH.</b>			
Daprodustat Tab 1 MG	Jesduvroq	TIER 3	
Daprodustat Tab 2 MG	Jesduvroq	TIER 3	
Daprodustat Tab 4 MG	Jesduvroq	TIER 3	
Daprodustat Tab 6 MG	Jesduvroq	TIER 3	
Daprodustat Tab 8 MG	Jesduvroq	TIER 3	
<b>IRON REPLACEMENT</b>			
Ferrous Fumarate-Folic Acid Tab 324-1 MG	Hematinic/Folic Acid	TIER 3	
<b>LEUKOCYTE (WBC) STIMULANTS</b>			
Filgrastim-aafi Inj 300 MCG/ML	Nivestym	TIER 5	• PA Required • Specialty
Filgrastim-aafi Inj 480 MCG/1.6ML (300 MCG/ML)	Nivestym	TIER 5	• PA Required • Specialty
Filgrastim-aafi Soln Prefilled Syringe 300 MCG/0.5ML	Nivestym	TIER 5	• PA Required • Specialty
Filgrastim-aafi Soln Prefilled Syringe 480 MCG/0.8ML	Nivestym	TIER 5	• PA Required • Specialty
Pegfilgrastim-apgf Soln Prefilled Syringe 6 MG/0.6ML	Nyvepria	TIER 5	• PA Required • Specialty
Filgrastim Inj 300 MCG/ML	Neupogen	TIER 6	• PA Required • Specialty
Filgrastim Inj 480 MCG/1.6ML (300 MCG/ML)	Neupogen	TIER 6	• PA Required • Specialty
Filgrastim Soln Prefilled Syringe 300 MCG/0.5ML	Neupogen	TIER 6	• PA Required • Specialty
Filgrastim Soln Prefilled Syringe 480 MCG/0.8ML (600 MCG/ML)	Neupogen	TIER 6	• PA Required • Specialty
Pegfilgrastim Soln Prefill Syr/Infusion Dev 6 MG/0.6ML	Neulasta Onpro	TIER 6	• PA Required • Specialty

	TRADE NAME	TIER	NOTES
Pegfilgrastim Soln Prefilled Syringe 6 MG/0.6ML	Neulasta	TIER 6	• PA Required • Specialty
<b>HEMORRHOIDAL PREPARATIONS</b>			
<b>HEMORRHOID PREP,ANTI-INFLAM STEROID-LOCAL ANESTHET</b>			
Hydrocortisone Acetate w/ Pramoxine Perianal Cream 1-1%	Hydrocortisone Ace-Pramoxine	TIER 1	
Hydrocortisone Acetate w/ Pramoxine Perianal Cream 1-1%	Analpram-HC	TIER 1	
Hydrocortisone Acetate w/ Pramoxine Perianal Cream 1-1%	Analpram HC	TIER 1	
Lidocaine-Hydrocortisone Acetate Perianal Cream 3-0.5%		TIER 1	
Lidocaine-Hydrocortisone Acetate Rectal Cream Kit 3-1%	Lidocaine-Hydrocortisone Ace	TIER 1	
Lidocaine-Hydrocortisone Acetate Rectal Gel 2.8-0.55%	Lidocaine-Hydrocortisone Ace	TIER 1	
Hydrocortisone Acetate w/ Pramoxine Perianal Foam 1-1%	Proctofoam HC	TIER 2	
Hydrocortisone Acet w/ Pramoxine Perianal Cream 1.85-1.15%	ProCort	TIER 3	
<b>HEMOSTATICS</b>			
<b>ANTIFIBRINOLYTIC AGENTS</b>			
Aminocaproic Acid Oral Soln 0.25 GM/ML		TIER 1	
Aminocaproic Acid Tab 1000 MG		TIER 1	
Aminocaproic Acid Tab 500 MG		TIER 1	
Tranexamic Acid Tab 650 MG		TIER 1	
<b>PLASMA PROTEINS</b>			
Plasminogen, Human-tvmh For IV Soln 68.8 MG	Ryplazim	TIER 6	• PA Required • Specialty
<b>THROMBOPOIETIN RECEPTOR AGONISTS</b>			
Eltrombopag Olamine Powder Pack for Susp 12.5 MG (Base Eq)	Promacta	TIER 5	• PA Required • Specialty
Eltrombopag Olamine Powder Pack for Susp 25 MG (Base Equiv)	Promacta	TIER 5	• PA Required • Specialty
Eltrombopag Olamine Tab 12.5 MG (Base Equiv)	Promacta	TIER 5	• PA Required • Specialty
Eltrombopag Olamine Tab 25 MG (Base Equiv)	Promacta	TIER 5	• PA Required • Specialty

	TRADE NAME	TIER	NOTES
Eltrombopag Olamine Tab 50 MG (Base Equiv)	Promacta	TIER 5	• PA Required • Specialty
Eltrombopag Olamine Tab 75 MG (Base Equiv)	Promacta	TIER 5	• PA Required • Specialty
Avatrombopag Maleate Tab 20 MG (Base Equiv)	Doptelet	TIER 6	• PA Required • Specialty
Eltrombopag Choline Tab 18 MG (Base Equiv)	Alvaiz	TIER 6	• PA Required • Specialty
Eltrombopag Choline Tab 36 MG (Base Equiv)	Alvaiz	TIER 6	• PA Required • Specialty
Eltrombopag Choline Tab 54 MG (Base Equiv)	Alvaiz	TIER 6	• PA Required • Specialty
Eltrombopag Choline Tab 9 MG (Base Equiv)	Alvaiz	TIER 6	• PA Required • Specialty
Lusutrombopag Tab 3 MG	Mulpleta	TIER 6	• PA Required • Specialty

### TOPICAL HEMOSTATICS

*Absorbable Fibrin Sealant Patch 4.8 CM X 4.8 CM**	TachoSil	TIER 3	
*Absorbable Fibrin Sealant Patch 9.5 CM X 4.8 CM**	TachoSil	TIER 3	
*Ferric Subsulfate Paste**	Monsels Ferric Subsulfate	TIER 3	
*Ferric Subsulfate Soln**	Monsels Ferric Subsulfate	TIER 3	
*Gelatin Absorbable Powder & Thrombin For Soln Kit***	Gel-Flow	TIER 3	
*Gelatin Absorbable Powder & Thrombin For Soln Kit***	Gelfoam-JMI Powder	TIER 3	
*Gelatin Absorbable Sponge & Thrombin For Soln Kit***	Gelfoam-JMI Sponge	TIER 3	
Ferric Subsulfate Soln 259 MG/GM	Astringyn	TIER 3	
Thrombin (Recombinant) For Soln 20000 Unit	Recothrom Spray Kit	TIER 3	
Thrombin (Recombinant) For Soln 20000 Unit	Recothrom	TIER 3	
Thrombin (Recombinant) For Soln 5000 Unit	Recothrom	TIER 3	
Thrombin For Soln 20000 Unit	Thrombin-JMI	TIER 3	
Thrombin For Soln 5000 Unit	Thrombin-JMI	TIER 3	
Thrombin For Soln Kit 20000 Unit	Thrombin-JMI	TIER 3	
Thrombin For Soln Kit 5000 Unit	Thrombin-JMI Epistaxis	TIER 3	
Thrombin For Soln Kit 5000 Unit	Thrombin-JMI	TIER 3	

### IODINE THERAPY

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
<b>IODINE CONTAINING AGENTS</b>			
Iodine Solution Strong (Lugol's) (Bulk)	Iodine Strong (Lugol's)	TIER 1	
Iodine Solution Strong 5% (Lugol's)	Iodine Strong	TIER 1	
<b>LAXATIVES</b>			
<b>LAXATIVES AND CATHARTICS</b>			
Lactulose Solution 10 GM/15ML		TIER 1	
Lubiprostone Cap 24 MCG		TIER 1	• QL: 2 IN 1 DAYS
Lubiprostone Cap 8 MCG		TIER 1	• QL: 2 IN 1 DAYS
Mineral Oil	GoodSense Mineral Oil	TIER 1	
Mineral Oil	EQ Mineral Oil	TIER 1	
Mineral Oil	GNP Mineral Oil	TIER 1	
Mineral Oil	CVS Mineral Oil	TIER 1	
Mineral Oil	FT Mineral Oil	TIER 1	
Mineral Oil	Mineral Oil Heavy	TIER 1	
Mineral Oil	Mineral Oil	TIER 1	
Mineral Oil	HM Mineral Oil	TIER 1	
Mineral Oil	RA Mineral Oil	TIER 1	
Mineral Oil	SM Mineral Oil	TIER 1	
PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 236 GM	GaviLyte-G	TIER 10	• QL: <= 4000
PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 236 GM	Golytely	TIER 10	
PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 236 GM	PEG-3350/Electrolytes	TIER 10	• QL: <= 4000
PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 240 GM	GaviLyte-C	TIER 10	• QL: <= 4000
PEG 3350-KCl-NaCl-Na Sulfate-Mag Sulfate For Soln 178.7 GM	Suflave	TIER 10	• QL: <= 2
PEG 3350-KCl-NaCl-Na Sulfate-Na Ascorbate-C For Soln 100 GM		TIER 10	• QL: <= 1
PEG 3350-KCl-NaCl-Na Sulfate-Na Ascorbate-C For Soln 140 GM	Plenvu	TIER 10	• QL: <= 3
PEG 3350-KCl-Sod Bicarb-NaCl For Soln 420 GM		TIER 10	• QL: <= 4000

	TRADE NAME	TIER	NOTES
Sod Picosulfate-Mg Ox-Citric Ac Sol 10 MG-3.5 GM-12 GM/175ML	Clenpiq	TIER 10	• QL: <= 350
Sod Sulfate-Mg Sulfate-Pot Chloride Tab 1479-225-188 MG	Sutab	TIER 10	• QL: <= 24
Sod Sulfate-Pot Sulf-Mg Sulf Oral Sol 17.5-3.13-1.6 GM/177ML		TIER 10	• QL: <= 354

### LIPOTROPICS

#### ANTIHYPERLIP.HMG COA REDUCT INHIB-CHOLEST.AB.INHIB

Ezetimibe-Simvastatin Tab 10-10 MG		TIER 1	• QL: 1 IN 1 DAYS
Ezetimibe-Simvastatin Tab 10-20 MG		TIER 1	• QL: 1 IN 1 DAYS
Ezetimibe-Simvastatin Tab 10-40 MG		TIER 1	• QL: 1 IN 1 DAYS
Ezetimibe-Simvastatin Tab 10-80 MG		TIER 1	• QL: 1 IN 1 DAYS • PA Required

#### ANTIHYPERLIPIDEMIC - ATP CITRATE LYASE INHIBITOR

Bempedoic Acid Tab 180 MG	Nexletol	TIER 2	• ST: REQUIRES PRIOR PRESCRIPTION FOR ATORVASTATIN, FLUVASTATIN, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, OR SIMVASTATIN WITHIN THE PAST 120 DAYS
---------------------------	----------	--------	---

#### ANTIHYPERLIPIDEMIC - MTP INHIBITOR

Lomitapide Mesylate Cap 10 MG (Base Equiv)	Juxtapid	TIER 5	• PA Required • Specialty
Lomitapide Mesylate Cap 20 MG (Base Equiv)	Juxtapid	TIER 5	• PA Required • Specialty
Lomitapide Mesylate Cap 30 MG (Base Equiv)	Juxtapid	TIER 5	• PA Required • Specialty
Lomitapide Mesylate Cap 5 MG (Base Equiv)	Juxtapid	TIER 5	• PA Required • Specialty

#### ANTIHYPERLIPIDEMIC - PCSK9 INHIBITORS

Alirocumab Subcutaneous Solution Auto-Injector 150 MG/ML	Praluent	TIER 2	• ST: REQUIRES PRIOR PRESCRIPTION FOR ATORVASTATIN, FLUVASTATIN, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, OR SIMVASTATIN WITHIN THE PAST 120 DAYS
--	----------	--------	---

	TRADE NAME	TIER	NOTES
Alirocumab Subcutaneous Solution Auto-Injector 75 MG/ML	Praluent	TIER 2	• ST: REQUIRES PRIOR PRESCRIPTION FOR ATORVASTATIN, FLUVASTATIN, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, OR SIMVASTATIN WITHIN THE PAST 120 DAYS
Evolocumab Subcutaneous Soln Auto-Injector 140 MG/ML	Repatha SureClick	TIER 2	• ST: REQUIRES PRIOR PRESCRIPTION FOR ATORVASTATIN, FLUVASTATIN, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, OR SIMVASTATIN WITHIN THE PAST 120 DAYS
Evolocumab Subcutaneous Soln Cartridge/Infusor 420 MG/3.5ML	Repatha Pushtrex System	TIER 2	• ST: REQUIRES PRIOR PRESCRIPTION FOR ATORVASTATIN, FLUVASTATIN, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, OR SIMVASTATIN WITHIN THE PAST 120 DAYS
Evolocumab Subcutaneous Soln Prefilled Syringe 140 MG/ML	Repatha	TIER 2	• ST: REQUIRES PRIOR PRESCRIPTION FOR ATORVASTATIN, FLUVASTATIN, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, OR SIMVASTATIN WITHIN THE PAST 120 DAYS

### ANTIHYPERLIPIDEMIC-ACLY AND CHOLESTEROL ABSORPTION INHIBITORS

Bempedoic Acid-Ezetimibe Tab 180-10 MG	Nexlizet	TIER 2	• ST: REQUIRES PRIOR PRESCRIPTION FOR ATORVASTATIN, FLUVASTATIN, LOVASTATIN, PRAVASTATIN, ROSUVASTATIN, OR SIMVASTATIN WITHIN THE PAST 120 DAYS
--	----------	--------	---

### ANTIHYPERLIPIDEMIC-HMGCOA REDUCTASE INHIBITORS (STATINS)

Atorvastatin Calcium Tab 40 MG (Base Equivalent)		TIER 1	• QL: 1 IN 1 DAYS
--	--	--------	-------------------

	TRADE NAME	TIER	NOTES
Atorvastatin Calcium Tab 80 MG (Base Equivalent)		TIER 1	• QL: 1 IN 1 DAYS
Pitavastatin Calcium Tab 1 MG	Livalo	TIER 1	• QL: 1 IN 1 DAYS
Pitavastatin Calcium Tab 2 MG	Livalo	TIER 1	• QL: 1 IN 1 DAYS
Pitavastatin Calcium Tab 4 MG	Livalo	TIER 1	• QL: 1 IN 1 DAYS
Rosuvastatin Calcium Tab 20 MG		TIER 1	• QL: 1 IN 1 DAYS
Rosuvastatin Calcium Tab 40 MG		TIER 1	• QL: 1 IN 1 DAYS
Simvastatin Tab 80 MG		TIER 1	• QL: 1 IN 1 DAYS • PA Required
Atorvastatin Calcium Tab 10 MG (Base Equivalent)		TIER 10	• QL: 1 IN 1 DAYS
Atorvastatin Calcium Tab 20 MG (Base Equivalent)		TIER 10	• QL: 1 IN 1 DAYS
Fluvastatin Sodium Cap 20 MG (Base Equivalent)		TIER 10	• QL: 2 IN 1 DAYS • ST: AT LEAST 2 PRIOR PRESCRIPTIONS FOR ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN WITHIN THE PAST 365 DAYS
Fluvastatin Sodium Cap 40 MG (Base Equivalent)		TIER 10	• QL: 2 IN 1 DAYS • ST: AT LEAST 2 PRIOR PRESCRIPTIONS FOR ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN WITHIN THE PAST 365 DAYS
Fluvastatin Sodium Tab ER 24 HR 80 MG (Base Equivalent)		TIER 10	• QL: 1 IN 1 DAYS • ST: AT LEAST 2 PRIOR PRESCRIPTIONS FOR ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN WITHIN THE PAST 365 DAYS
Lovastatin Tab 10 MG		TIER 10	• QL: 2 IN 1 DAYS
Lovastatin Tab 20 MG		TIER 10	• QL: 2 IN 1 DAYS
Lovastatin Tab 40 MG		TIER 10	• QL: 2 IN 1 DAYS
Pravastatin Sodium Tab 10 MG		TIER 10	• QL: 1 IN 1 DAYS
Pravastatin Sodium Tab 20 MG		TIER 10	• QL: 1 IN 1 DAYS

	TRADE NAME	TIER	NOTES
Pravastatin Sodium Tab 40 MG		TIER 10	• QL: 1 IN 1 DAYS
Pravastatin Sodium Tab 80 MG		TIER 10	• QL: 1 IN 1 DAYS
Rosuvastatin Calcium Tab 10 MG		TIER 10	• QL: 1 IN 1 DAYS
Rosuvastatin Calcium Tab 5 MG		TIER 10	• QL: 1 IN 1 DAYS
Simvastatin Tab 10 MG		TIER 10	• QL: 1 IN 1 DAYS
Simvastatin Tab 20 MG		TIER 10	• QL: 1 IN 1 DAYS
Simvastatin Tab 40 MG		TIER 10	• QL: 1 IN 1 DAYS
Simvastatin Tab 5 MG		TIER 10	• QL: 1 IN 1 DAYS
Atorvastatin Calcium Susp 20 MG/5ML (4MG/ML) (Base Equiv)	Atorvaliq	TIER 3	• PA Required
Lovastatin Tab ER 24HR 20 MG	Altoprev	TIER 3	• QL: 1 IN 1 DAYS• ST: AT LEAST 2 PRIOR PRESCRIPTIONS FOR ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN WITHIN THE PAST 365 DAYS
Lovastatin Tab ER 24HR 40 MG	Altoprev	TIER 3	• QL: 1 IN 1 DAYS• ST: AT LEAST 2 PRIOR PRESCRIPTIONS FOR ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN WITHIN THE PAST 365 DAYS
Lovastatin Tab ER 24HR 60 MG	Altoprev	TIER 3	• QL: 1 IN 1 DAYS• ST: AT LEAST 2 PRIOR PRESCRIPTIONS FOR ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN WITHIN THE PAST 365 DAYS
Rosuvastatin Calcium Sprinkle Cap 10 MG (Base Equivalent)	Ezallor Sprinkle	TIER 3	• QL: 1 IN 1 DAYS
Rosuvastatin Calcium Sprinkle Cap 20 MG (Base Equivalent)	Ezallor Sprinkle	TIER 3	• QL: 1 IN 1 DAYS
Rosuvastatin Calcium Sprinkle Cap 40 MG (Base Equivalent)	Ezallor Sprinkle	TIER 3	• QL: 1 IN 1 DAYS
Rosuvastatin Calcium Sprinkle Cap 5 MG (Base Equivalent)	Ezallor Sprinkle	TIER 3	• QL: 1 IN 1 DAYS
Simvastatin Susp 20 MG/5ML (4 MG/ML)	FloLipid	TIER 3	• PA Required

	TRADE NAME	TIER	NOTES
Simvastatin Susp 40 MG/5ML (8 MG/ML)	FloLipid	TIER 3	• PA Required
<b>LIPOTROPICS</b>			
Choline Fenofibrate Cap DR 135 MG (Fenofibric Acid Equiv)		TIER 1	
Choline Fenofibrate Cap DR 45 MG (Fenofibric Acid Equiv)		TIER 1	
Ezetimibe Tab 10 MG		TIER 1	• QL: 1 IN 1 DAYS
Fenofibrate Cap 150 MG	Fenofibrate	TIER 1	
Fenofibrate Cap 50 MG	Fenofibrate	TIER 1	
Fenofibrate Micronized Cap 134 MG		TIER 1	
Fenofibrate Micronized Cap 200 MG		TIER 1	
Fenofibrate Micronized Cap 67 MG		TIER 1	
Fenofibrate Tab 120 MG		TIER 1	
Fenofibrate Tab 145 MG		TIER 1	
Fenofibrate Tab 160 MG		TIER 1	
Fenofibrate Tab 40 MG		TIER 1	
Fenofibrate Tab 48 MG		TIER 1	
Fenofibrate Tab 54 MG		TIER 1	
Gemfibrozil Tab 600 MG		TIER 1	
Icosapent Ethyl Cap 0.5 GM	Vascepa	TIER 1	• QL: 8 IN 1 DAYS
Icosapent Ethyl Cap 1 GM	Vascepa	TIER 1	• QL: 4 IN 1 DAYS
Niacin Tab ER 1000 MG (Antihyperlipidemic)		TIER 1	
Niacin Tab ER 500 MG (Antihyperlipidemic)		TIER 1	
Niacin Tab ER 750 MG (Antihyperlipidemic)		TIER 1	
Omega-3-acid Ethyl Esters Cap 1 GM		TIER 1	• QL: 4 IN 1 DAYS • ST: REQUIRES PRIOR PRESCRIPTION FOR GENERIC FENOFIBRATE WITHIN THE PAST 120 DAYS
Fenofibrate Cap 150 MG	Lipofen	TIER 3	
Fenofibrate Cap 50 MG	Lipofen	TIER 3	
Fenofibric Acid Tab 105 MG	Fibricor	TIER 3	
Fenofibric Acid Tab 105 MG	Fenofibric Acid	TIER 3	

	TRADE NAME	TIER	NOTES
Fenofibric Acid Tab 35 MG	Fibricor	TIER 3	
Fenofibric Acid Tab 35 MG	Fenofibric Acid	TIER 3	
Niacin (Antihyperlipidemic) Tab 500 MG	Niacor	TIER 3	
Niacin (Antihyperlipidemic) Tab 500 MG	Niacin (Antihyperlipidemic)	TIER 3	
Omega-3-Acid Ethyl Esters (Dietary Management) Cap 1 GM	Vascazen	TIER 3	

### **MEDICAL SUPPLIES**

#### **BANDAGES AND RELATED SUPPLIES**

*Adhesive Bandages***	Steri-Strip	TIER 3	
*Adhesive Bandages***	Curity Wound Closure 1/2"x4"	TIER 3	
*Adhesive Bandages***	Curity Wound Closure 1/4"x4"	TIER 3	
*Adhesive Bandages***	Curity Wound Closure 1/4"x3"	TIER 3	
*Adhesive Bandages***	Curity Wound Closure 1/4"x1.5"	TIER 3	
*Adhesive Bandages***	Curity Wound Closure 1/8"x3"	TIER 3	
*Adhesive Tape - Tape***	Skin Closure Strips	TIER 3	
*Dermatological Products Misc - Gel**	Strata ctx	TIER 3	
*Dermatological Products Misc - Gel**	Strata xrt	TIER 3	
*Elastic Bandage & Supports**	Curity Stretch Bandage	TIER 3	
*Gauze Pads & Dressings - Misc***	Curity Iodoform Packing Strip	TIER 3	
*Gauze Pads & Dressings - Misc***	Curity AMD Antimicrobial Strip	TIER 3	
*Gauze Pads & Dressings - Misc***	Kerlix AMD Antimicrobial	TIER 3	
*Gauze Pads & Dressings - Misc***	Curity Plain Packing Strip	TIER 3	
*Gauze Pads & Dressings - Pads 2" X 2"***	Bioguard Gauze Sponges	TIER 3	
*Gauze Pads & Dressings - Pads 3" X 4"***	Bioguard Non-Adherent Dressing	TIER 3	
*Gauze Pads & Dressings - Pads 3" X 8"***	Bioguard Non-Adherent Dressing	TIER 3	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
*Gauze Pads & Dressings - Pads 3" X 8"***	Telfa AMD Non-Adherent	TIER 3	
*Gauze Pads & Dressings - Pads 4" X 10"***	Bioguard Island Dressings	TIER 3	
*Gauze Pads & Dressings - Pads 4" X 14"***	Bioguard Island Dressings	TIER 3	
*Gauze Pads & Dressings - Pads 4" X 4"***	Bioguard Gauze Sponges	TIER 3	
*Gauze Pads & Dressings - Pads 4" X 4"***	Excilon AMD Drain Sponges	TIER 3	
*Gauze Pads & Dressings - Pads 4" X 4"***	Excilon AMD Non-Woven Sponges	TIER 3	
*Gauze Pads & Dressings - Pads 4" X 5"***	Telfa Island Dressing	TIER 3	
*Gauze Pads & Dressings - Pads 4" X 5"***	Bioguard Island Dressings	TIER 3	
*Gauze Pads & Dressings - Pads 4" X 5"***	Telfa AMD Island Dressing	TIER 3	
*Gauze Pads & Dressings - Pads 6" X 6-3/4"***	Kerlix AMD Super Sponges	TIER 3	
*Gauze Pads & Dressings - Pads 6" X 6-3/4"***	Kerlix Super Sponges Medium	TIER 3	
*Hydroactive (Sterile) Dressing***	Kendall Hydrogel Wound Dress	TIER 3	
*Silver-Carboxymethylcellulose Sodium Dressing 4"X5"***	Aquacel Ag Burn	TIER 3	
*Silver-Carboxymethylcellulose Sodium Dressing 4"X5"***	Aquacel Ag Advantage	TIER 3	
*Wound Dressings - Gel***	KeragelT	TIER 3	
*Wound Dressings - Gel***	Tegaderm Hydrogel Wound Filler	TIER 3	
*Wound Dressings - Gel***	Strata grt	TIER 3	
*Wound Dressings - Gel***	Skintegrity Hydrogel	TIER 3	
*Wound Dressings - Gel***	Zenphor Wound Gel	TIER 3	
*Wound Dressings - Gel***	Carrasyn Hydrogel Wound Dress	TIER 3	
*Wound Dressings - Gel***	Dermagran Hydrogel Wound	TIER 3	
*Wound Dressings - Gel***	Keragel	TIER 3	
*Wound Dressings - Gel***	DermaSyn	TIER 3	

	TRADE NAME	TIER	NOTES
*Wound Dressings - Misc***	Petroleum Gauze Non-Woven 3x9"	TIER 3	
*Wound Dressings - Pads***	Curity NaCl Dressing 6"x6-3/4"	TIER 3	
*Wound Dressings - Pads***	Medihoney Wound/Burn Dressing	TIER 3	
*Wound Dressings - Pads***	Vaseline Petrolatum Gauze	TIER 3	

### BLOOD COLLECTION SET WITH LOCAL ANESTHETICS

*Lidocaine-Prilocaine Cr 2.5-2.5% & Blood Collection Kit***	CadiraMD	TIER 3	
---	----------	--------	--

### DIABETIC SUPPLIES

*Blood Glucose Monitoring Kit w/ Device***	True Metrix Meter	TIER 1	
*Continuous Glucose System Sensor***	FreeStyle Libre 2 Sensor	TIER 11	• QL: 1 IN 14 DAYS
*Continuous Glucose System Sensor***	FreeStyle Libre 3 Sensor	TIER 11	• PA Required
*Continuous Glucose System Sensor***	FreeStyle Libre 14 Day Sensor	TIER 11	• QL: 1 IN 14 DAYS
*Continuous Glucose System Receiver***	FreeStyle Libre 14 Day Reader	TIER 2	• QL: 1 IN 365 DAYS• ST: HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
*Continuous Glucose System Receiver***	FreeStyle Libre 2 Reader	TIER 2	
*Continuous Glucose System Receiver***	FreeStyle Libre 3 Reader	TIER 2	
*Continuous Glucose System Transmitter***	Dexcom G6 Transmitter	TIER 2	• PA Required
*Insulin Infusion Disposable Pump Kit 10 Unit/24HR***	Omnipod Go	TIER 2	• QL: 10 IN 30 DAYS
*Insulin Infusion Disposable Pump Kit 15 Unit/24HR***	Omnipod Go	TIER 2	• QL: 10 IN 30 DAYS
*Insulin Infusion Disposable Pump Kit 20 Unit/24HR***	Omnipod Go	TIER 2	• QL: 10 IN 30 DAYS
*Insulin Infusion Disposable Pump Kit 20 Unit/24HR***	V-Go 20	TIER 2	
*Insulin Infusion Disposable Pump Kit 25 Unit/24HR***	Omnipod Go	TIER 2	• QL: 10 IN 30 DAYS
*Insulin Infusion Disposable Pump Kit 30 Unit/24HR***	V-Go 30	TIER 2	
*Insulin Infusion Disposable Pump Kit 30 Unit/24HR***	Omnipod Go	TIER 2	• QL: 10 IN 30 DAYS

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
*Insulin Infusion Disposable Pump Kit 35 Unit/24HR***	Omnipod Go	TIER 2	• QL: 10 IN 30 DAYS
*Insulin Infusion Disposable Pump Kit 40 Unit/24HR***	Omnipod Go	TIER 2	• QL: 10 IN 30 DAYS
*Insulin Infusion Disposable Pump Kit 40 Unit/24HR***	V-Go 40	TIER 2	
*Insulin Infusion Disposable Pump Kit***	Omnipod 5 DexG7G6 Intro Gen 5	TIER 2	• QL: 1 IN 365 DAYS
*Insulin Infusion Disposable Pump Kit***	Omnipod 5 G7 Intro (Gen 5)	TIER 2	• QL: 1 IN 365 DAYS
*Insulin Infusion Disposable Pump Kit***	Omnipod DASH Intro (Gen 4)	TIER 2	• QL: 1 IN 365 DAYS
*Insulin Infusion Disposable Pump Kit***	Omnipod DASH PDM (Gen 4)	TIER 2	• QL: 1 IN 365 DAYS
*Insulin Infusion Disposable Pump Reservoir***	Omnipod Classic Pods (Gen 3)	TIER 2	
*Insulin Infusion Disposable Pump Reservoir***	Omnipod DASH Pods (Gen 4)	TIER 2	
*Insulin Infusion Disposable Pump Reservoir***	Omnipod 5 DexG7G6 Pods Gen 5	TIER 2	
*Insulin Infusion Disposable Pump Reservoir***	Omnipod 5 G7 Pods (Gen 5)	TIER 2	
*Continuous Glucose System Receiver***	Dexcom G6 Receiver	TIER 3	
*Continuous Glucose System Receiver***	Dexcom G7 Receiver	TIER 3	
*Continuous Glucose System Sensor***	Dexcom G7 Sensor	TIER 3	• PA Required
*Continuous Glucose System Sensor***	Eversense 365 Sensor/Holder	TIER 3	
*Continuous Glucose System Sensor***	Guardian Sensor (3)	TIER 3	• PA Required
*Continuous Glucose System Sensor***	Guardian 4 Glucose Sensor	TIER 3	• PA Required
*Continuous Glucose System Sensor***	Guardian Sensor 3	TIER 3	• PA Required
*Continuous Glucose System Sensor***	Dexcom G6 Sensor	TIER 3	• PA Required
*Continuous Glucose System Sensor***	Eversense E3 Sensor/Holder	TIER 3	
*Continuous Glucose System Transmitter***	Guardian 4 Transmitter	TIER 3	• PA Required
*Continuous Glucose System Transmitter***	Eversense E3 Smart Transmitter	TIER 3	• PA Required
*Continuous Glucose System Transmitter***	Guardian Link 3 Transmitter	TIER 3	• PA Required

	TRADE NAME	TIER	NOTES
*Injection Device - Misc***	Autoject 2	TIER 3	
Injection Device for Insulin	NovoPen Echo	TIER 3	
Injection Device for Insulin	Autopen	TIER 3	
<b>DURABLE MEDICAL EQUIPMENT, MISC (GROUP 1)</b>			
*Lancets Misc.***	UltraLance	TIER 2	
*Lancets Misc.***	SteriLance PA	TIER 2	
*Lancets***	Unistik 3 Normal	TIER 2	
*Lancets***	Unistik CZT Normal	TIER 2	
*Lancets***	Unistik 3 Gentle	TIER 2	
*Lancets***	Unistik CZT Comfort	TIER 2	
*Lancets***	Unistik Touch Safety Lanc 30G	TIER 2	
*Lancets***	Unistik 3 Extra	TIER 2	
*Lancets***	Unistik 3 Comfort	TIER 2	
*Lancets***	Verifine Safe Lancet Mini 28G	TIER 2	
*Lancets***	Walgreens Thin Lancets	TIER 2	
*Lancets***	Walgreens Lancets Super Thin	TIER 2	
*Lancets***	Walgreens Lancets Micro Thin	TIER 2	
*Lancets***	Walgreens Ultra Thin Lancets	TIER 2	
*Lancets***	ZevRx Twist Top Lancets 30G	TIER 2	
*Lancets***	VivaGuard Safety Lancets 28G	TIER 2	
*Lancets***	VivaGuard Lancets 30G	TIER 2	
*Lancets***	VivaGuard Lancets	TIER 2	
*Lancets***	Vida Mia Unilet Lancets 30G	TIER 2	
*Lancets***	Vida Mia Unilet Lancets 28G	TIER 2	
*Lancets***	Verifine Universal Lancets 33G	TIER 2	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
*Lancets***	Verifine Universal Lancets 30G	TIER 2	
*Lancets***	Unistik Touch Safety Lanc 23G	TIER 2	
*Lancets***	Verifine Safe Lancet Mini 30G	TIER 2	
*Lancets***	Unistik Normal	TIER 2	
*Lancets***	Verifine Safe Lancet Mini 23G	TIER 2	
*Lancets***	Verifine Safe Lancet Mini 21G	TIER 2	
*Lancets***	ValuMark Lancet Ultra Thin 28G	TIER 2	
*Lancets***	ValuMark Lancet Super Thin 30G	TIER 2	
*Lancets***	Universal 1 Lancets Ultra Thin	TIER 2	
*Lancets***	Universal 1 Lancets Thin 26G	TIER 2	
*Lancets***	Unistik Touch Safety Lanc 28G	TIER 2	
*Lancets***	Unistik 2 Normal	TIER 2	
*Lancets***	Sure-Touch Lancets Universal	TIER 2	
*Lancets***	Unistik Touch Safety Lanc 21G	TIER 2	
*Lancets***	Unistik Safety Lancets 30G	TIER 2	
*Lancets***	Unistik Safety Lancets 28G	TIER 2	
*Lancets***	Unistik Pro Safety Lancet	TIER 2	
*Lancets***	Verifine Universal Lancets 28G	TIER 2	
*Lancets***	Medlance Plus Lite 25G	TIER 2	
*Lancets***	Pro Comfort Lancets 31G	TIER 2	
*Lancets***	Lancets Ultra Fine	TIER 2	
*Lancets***	Lancets Ultra Thin	TIER 2	

	TRADE NAME	TIER	NOTES
*Lancets***	Lancets Ultra Thin 30G	TIER 2	
*Lancets***	Longs Lancets Thin	TIER 2	
*Lancets***	Longs Lancets Ultra Thin	TIER 2	
*Lancets***	Lancets Micro Thin 33G	TIER 2	
*Lancets***	Medlance Plus Extra 21G	TIER 2	
*Lancets***	Lancets 33G	TIER 2	
*Lancets***	Medlance Plus Special 0.8mm	TIER 2	
*Lancets***	Medlance Plus SuperLite 30G	TIER 2	
*Lancets***	Assure Lance Lancets	TIER 2	
*Lancets***	Medlance Plus Universal 21G	TIER 2	
*Lancets***	Meijer Lancets Thin	TIER 2	
*Lancets***	Meijer Lancets Universal 33G	TIER 2	
*Lancets***	Meijer Super Thin Lancets	TIER 2	
*Lancets***	MediSense Thin Lancets	TIER 2	
*Lancets***	Kroger Lancets 21G	TIER 2	
*Lancets***	GNP Lancets 21G	TIER 2	
*Lancets***	GNP Lancets Thin 26G	TIER 2	
*Lancets***	GNP Sterile Lancets 33G	TIER 2	
*Lancets***	Gojji Sterile Lancets	TIER 2	
*Lancets***	H-E-B inControl Lancets 28G	TIER 2	
*Lancets***	H-E-B inControl Lancets 30G	TIER 2	
*Lancets***	Lancets Super Thin 28G	TIER 2	
*Lancets***	Kroger HealthPro Lancet 26G	TIER 2	
*Lancets***	Monolet Lancets	TIER 2	
*Lancets***	Kroger Lancets Micro Thin 33G	TIER 2	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
*Lancets***	Kroger Lancets Thin 26G	TIER 2	
*Lancets***	Kroger Lancets UltraThin 30G	TIER 2	
*Lancets***	Lancets	TIER 2	
*Lancets***	Lancets 28G	TIER 2	
*Lancets***	Lancets 28G Thin	TIER 2	
*Lancets***	Lancets 30G	TIER 2	
*Lancets***	H-E-B inControl Lancets 33G	TIER 2	
*Lancets***	Perfect Point Safety Lancets	TIER 2	
*Lancets***	OneTouch Delica Plus Lancet33G	TIER 2	
*Lancets***	OneTouch Delica Safety Lancing	TIER 2	
*Lancets***	OneTouch UltraSoft 2 Lancets	TIER 2	
*Lancets***	Acti-Lance Special Lancets 17G	TIER 2	
*Lancets***	PC Lancets Super Thin 30G	TIER 2	
*Lancets***	Acti-Lance Lite Lancets 28G	TIER 2	
*Lancets***	Microlet Lancets	TIER 2	
*Lancets***	Accu-Chek Softclix Lancets	TIER 2	
*Lancets***	On Call Lancets	TIER 2	
*Lancets***	Pharmacist Choice Lancets	TIER 2	
*Lancets***	Accu-Chek Safe-T Pro Lancets	TIER 2	
*Lancets***	Accu-Chek FastClix Lancets	TIER 2	
*Lancets***	Pip Lancets 28G	TIER 2	
*Lancets***	TechLite Lancets 26G	TIER 2	
*Lancets***	Preferred Plus Lancets Thin	TIER 2	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
*Lancets***	Unistik 2 Extra	TIER 2	
*Lancets***	Acti-Lance 28G	TIER 2	
*Lancets***	Nova Safety Lancets 28G	TIER 2	
*Lancets***	GlucoCom Lancets 28G	TIER 2	
*Lancets***	MyGlucoHealth Lancets 30G	TIER 2	
*Lancets***	Nova Safety Lancets 23G	TIER 2	
*Lancets***	Assure Comfort Lancets 28G	TIER 2	
*Lancets***	AquaLance Lancets 30G	TIER 2	
*Lancets***	AgaMatrix Ultra-Thin Lancets	TIER 2	
*Lancets***	Advocate Safety Lancets 28G	TIER 2	
*Lancets***	OneTouch Delica Plus Lancet30G	TIER 2	
*Lancets***	Advocate Safety Lancets 23G	TIER 2	
*Lancets***	On Call Plus Lancets	TIER 2	
*Lancets***	Advocate Safety Lancets 21G	TIER 2	
*Lancets***	Advocate Lancets	TIER 2	
*Lancets***	Advantage Safety Lancets 28G	TIER 2	
*Lancets***	Advanced Mobile Lancet	TIER 2	
*Lancets***	Acti-Lance Universal 23G	TIER 2	
*Lancets***	Nova Sureflex Lancets	TIER 2	
*Lancets***	MM Twist Lancets	TIER 2	
*Lancets***	Advocate Safety Lancets 26G	TIER 2	
*Lancets***	Easy Comfort Lancets Twist Top	TIER 2	
*Lancets***	DropSafe Medlance Lancet 30G	TIER 2	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
*Lancets***	Drug Mart On-The-Go Lancet 30G	TIER 2	
*Lancets***	Drug Mart Unilet Lancets 28G	TIER 2	
*Lancets***	Drug Mart Unilet Lancets 30G	TIER 2	
*Lancets***	CareTouch Twist Lancets 33G	TIER 2	
*Lancets***	CareTouch Twist Lancets 30G	TIER 2	
*Lancets***	CareTouch Twist Lancets 28G	TIER 2	
*Lancets***	Easy Comfort Lancets	TIER 2	
*Lancets***	Droplet Lancets Ultra Thin 30G	TIER 2	
*Lancets***	Easy Touch Lancets 21G	TIER 2	
*Lancets***	Easy Touch Lancets 23G	TIER 2	
*Lancets***	Easy Touch Lancets 26G	TIER 2	
*Lancets***	Easy Touch Lancets 28G	TIER 2	
*Lancets***	Easy Touch Lancets 28G/Twist	TIER 2	
*Lancets***	Easy Touch Lancets 30G	TIER 2	
*Lancets***	GlucoCom Lancets 33G	TIER 2	
*Lancets***	Drug Mart Unilet Lancets 33G	TIER 2	
*Lancets***	Chosen Safety Lancets 28G	TIER 2	
*Lancets***	Comfort Touch Plus Lancets 30G	TIER 2	
*Lancets***	Comfort Touch Lancets 31G	TIER 2	
*Lancets***	Comfort Assured Lancets 33G	TIER 2	
*Lancets***	Comfort Assured Lancets 28G	TIER 2	

	TRADE NAME	TIER	NOTES
*Lancets***	CoaguChek Lancets	TIER 2	
*Lancets***	Clever Choice Lancets 28G	TIER 2	
*Lancets***	Clever Choice Lancets 23G	TIER 2	
*Lancets***	DropSafe Acti-Lance 23G	TIER 2	
*Lancets***	Clever Chek Lancets	TIER 2	
*Lancets***	Droplet Personal Lancets 30G	TIER 2	
*Lancets***	Chosen Lancets 30G	TIER 2	
*Lancets***	CareTouch Twist MC Lancets 30G	TIER 2	
*Lancets***	CVS Lancets Micro Thin 33G	TIER 2	
*Lancets***	CVS Lancets Thin 26G	TIER 2	
*Lancets***	CVS Lancets Ultra Thin 30G	TIER 2	
*Lancets***	CVS Lancets Ultra-Thin 30G	TIER 2	
*Lancets***	CareTouch Safety Lancets 26G	TIER 2	
*Lancets***	Clever Choice Comfort EZ	TIER 2	
*Lancets***	FondCircle Single Use Lancets	TIER 2	
*Lancets***	Embrace Pressure Activated 28G	TIER 2	
*Lancets***	EQL Color Lancets Micro 33G	TIER 2	
*Lancets***	E-Z Ject Lancet Micro-Thin 33G	TIER 2	
*Lancets***	E-Z Ject Lancet Super Thin 30G	TIER 2	
*Lancets***	E-Z Ject Lancets	TIER 2	
*Lancets***	E-Z Ject Lancets 21G	TIER 2	
*Lancets***	Easy Touch Lancets 30G/Twist	TIER 2	
*Lancets***	Fingerstix Lancets	TIER 2	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
*Lancets***	Easy Twist & Cap Lancets	TIER 2	
*Lancets***	FORA Lancets	TIER 2	
*Lancets***	FreeStyle Lancets	TIER 2	
*Lancets***	FreeStyle Unistick II Lancets	TIER 2	
*Lancets***	Genteel Butterfly Touch Lancet	TIER 2	
*Lancets***	Global Inject Ease Lancets 28G	TIER 2	
*Lancets***	Global Inject Ease Lancets 30G	TIER 2	
*Lancets***	Pro Comfort Lancets 30G	TIER 2	
*Lancets***	E-Z Ject Lancets Thin 26G	TIER 2	
*Lancets***	Assure Lance Plus Safety 25G	TIER 2	
*Lancets***	CareTouch Safety Lancets	TIER 2	
*Lancets***	CareSens Lancets 30G	TIER 2	
*Lancets***	CareOne Lancet Super Thin 30G	TIER 2	
*Lancets***	Easy Touch Lancets 32G	TIER 2	
*Lancets***	Easy Touch Lancets 32G/Twist	TIER 2	
*Lancets***	Bullseye Mini Safety Lancets	TIER 2	
*Lancets***	BD Microtainer Lancets	TIER 2	
*Lancets***	Embrace Pressure Activated 21G	TIER 2	
*Lancets***	Assure Lance Plus Safety 30G	TIER 2	
*Lancets***	Embrace Lancets Ultra Thin 30G	TIER 2	
*Lancets***	Assure Lance Lancets 21G	TIER 2	
*Lancets***	Easy Touch Lancets 33G/Twist	TIER 2	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
*Lancets***	Easy Touch Safety Lancets 21G	TIER 2	
*Lancets***	Easy Touch Safety Lancets 23G	TIER 2	
*Lancets***	Easy Touch Safety Lancets 26G	TIER 2	
*Lancets***	Easy Touch Safety Lancets 28G	TIER 2	
*Lancets***	GlucoCom Lancets 30G	TIER 2	
*Lancets***	Assure Lance Safety Lancet 28G	TIER 2	
*Lancets***	Unilet GP 28 Ultra Thin	TIER 2	
*Lancets***	SAPS Health Plus Lancets	TIER 2	
*Lancets***	Sure Comfort Lancets 21G	TIER 2	
*Lancets***	Sure Comfort Lancets 23G	TIER 2	
*Lancets***	Sure Comfort Lancets 28G	TIER 2	
*Lancets***	Ultra-Thin II Lancets	TIER 2	
*Lancets***	Ultra-Care Lancets 30G	TIER 2	
*Lancets***	Ultra Thin Lancets 31G	TIER 2	
*Lancets***	Ultilet Safety Lancets 23G	TIER 2	
*Lancets***	SteriLance TL	TIER 2	
*Lancets***	Unilet Lancet	TIER 2	
*Lancets***	Solus V2 Twist Lancets 30G	TIER 2	
*Lancets***	Ultilet Lancets	TIER 2	
*Lancets***	Ultilet Classic Lancets	TIER 2	
*Lancets***	Smart Sense Thin Lancets 26G	TIER 2	
*Lancets***	Unilet G.P. Superlite Lancet	TIER 2	
*Lancets***	Unilet ComforTouch Lancet	TIER 2	

	TRADE NAME	TIER	NOTES
*Lancets***	TRUEplus Safety Lancets 28G	TIER 2	
*Lancets***	SAPS Twist Top Lancets	TIER 2	
*Lancets***	Unilet Ultra-Thin 28G	TIER 2	
*Lancets***	Smart Sense Color Lancets 33G	TIER 2	
*Lancets***	SensiLance Safety Lancets 21G	TIER 2	
*Lancets***	Unistik 2	TIER 2	
*Lancets***	Unistik 2 Comfort	TIER 2	
*Lancets***	Pip Lancets 30G	TIER 2	
*Lancets***	Unilet Super-Thin 30G	TIER 2	
*Lancets***	Pro Comfort Safety Lancets 30G	TIER 2	
*Lancets***	Sure-Lance Ultra Thin Lancets	TIER 2	
*Lancets***	SM Lancets 33G	TIER 2	
*Lancets***	SensiLance Safety Lancets 28G	TIER 2	
*Lancets***	Sure Comfort Lancets 18G	TIER 2	
*Lancets***	SensiLance Safety Lancets 26G	TIER 2	
*Lancets***	TRUEplus Lancets 33G	TIER 2	
*Lancets***	Smartest Lancets 28G	TIER 2	
*Lancets***	TechLite Lancets	TIER 2	
*Lancets***	TechLite Lancets 30G	TIER 2	
*Lancets***	TGT Lancet Micro Thin 33G	TIER 2	
*Lancets***	TGT Lancet Thin 26G	TIER 2	
*Lancets***	TGT Lancet Ultra Thin 30G	TIER 2	
*Lancets***	Solus V2 Lancets 28G	TIER 2	
*Lancets***	Sure-Lance Thin Lancets 28G	TIER 2	
*Lancets***	Unilet Micro-Thin 33G	TIER 2	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
*Lancets***	Push Button Safety Lancets 28G	TIER 2	
*Lancets***	SAPS health Twist Top Lancets	TIER 2	
*Lancets***	RA E-Zject Lancets Ultra Thin	TIER 2	
*Lancets***	RA E-Zject Lancets Thin 28G	TIER 2	
*Lancets***	RA E-Zject Lancets Thin 26G	TIER 2	
*Lancets***	RA E-Zject Lancets 28G	TIER 2	
*Lancets***	QC Unilet Lancets Micro Thin	TIER 2	
*Lancets***	QC Unilet Lancets 28G	TIER 2	
*Lancets***	QC Lancets Super Thin 30G	TIER 2	
*Lancets***	ReliOn Lancets Micro-Thin 33G	TIER 2	
*Lancets***	PX Lancets MicroThin 33G	TIER 2	
*Lancets***	ReliOn Lancets Thin 26G	TIER 2	
*Lancets***	Pure Comfort Lancets 30G	TIER 2	
*Lancets***	Prodigy Twist Top Lancets 28G	TIER 2	
*Lancets***	Prodigy Safety Lancets 26G	TIER 2	
*Lancets***	Prodigy Lancets 28G	TIER 2	
*Lancets***	TopCare Lancets Micro-Thin 33G	TIER 2	
*Lancets***	Smart Sense Super Thin Lancets	TIER 2	
*Lancets***	Sure Comfort Lancets 30G	TIER 2	
*Lancets***	Sure-Lance Flat Lancets	TIER 2	
*Lancets***	PX Lancets Ultra Thin 28G	TIER 2	
*Lancets***	Safety Lancets 21G	TIER 2	

	TRADE NAME	TIER	NOTES
*Lancets***	TRUEplus Lancets 30G	TIER 2	
*Lancets***	TRUEplus Lancets 28G	TIER 2	
*Lancets***	True Comfort Twist Top Lancets	TIER 2	
*Lancets***	Safety Seal Lancets	TIER 2	
*Lancets***	Safety Let Lancets	TIER 2	
*Lancets***	True Comfort Safety Lancets	TIER 2	
*Lancets***	Travel Lancets Advanced 28G	TIER 2	
*Lancets***	Safety Lancets 28G	TIER 2	
*Lancets***	ReliOn Lancet Devices 30G	TIER 2	
*Lancets***	Safety Lancets 23G	TIER 2	
*Lancets***	Twist Top Lancets 30G	TIER 2	
*Lancets***	Safety Lancet 30G/Pressure Act	TIER 2	
*Lancets***	Safety Lancet 28G/Pressure Act	TIER 2	
*Lancets***	Safety Lancet 21G/Pressure Act	TIER 2	
*Lancets***	Rightest GL300 Lancets	TIER 2	
*Lancets***	Rexall Lancets Ultra Thin 30G	TIER 2	
*Lancets***	ReliOn Ultra Thin Plus Lancets	TIER 2	
*Lancets***	ReliOn Ultra Thin Lancets 30G	TIER 2	
*Lancets***	ReliOn Lancets Ultra-Thin 30G	TIER 2	
*Lancets***	Smart Sense Standard Lancets	TIER 2	
Needle (Disp) 27 x 1-1/2"	CareTouch Hypodermic Needle	TIER 2	

### **MEDICAL SUPPLIES, MISCELLANEOUS**

*Alcohol Sheets***	Alcoh-Wipe	TIER 3	
*Alcohol Swabs***	Alcoh-Glove Contoured Wipe	TIER 3	

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
<b>NEEDLES/NEEDLELESS DEVICES</b>			
Insulin Pen Needle 29 G X 12 MM (1/2")	Pentips Generic Pen Needles	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	Droplet Pen Needles	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	Marathon Medical Pentips	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	Insupen Pen Needles	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	H-E-B inControl Pen Needles	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	Global Ease Inject Pen Needles	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	Exel Comfort Point Pen Needle	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	Embrace Pen Needles	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	QC Pen Needles	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	Drug Mart Unifine Pentips	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	Pentips	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	Clever Choice Comfort EZ	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	CareTouch Pen Needles	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	CareOne Unifine Pentips Plus	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	CareFine Pen Needles	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	Aurora Pen Needles	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	1st Tier Unifine Pentips Plus	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	1st Tier Unifine Pentips	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	Easy Touch Pen Needles	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	Unifine Pentips Plus	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	Vida Mia Unifine Pentips	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	ValuMark Pen Needles	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	Pen Needles	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	Unifine Pentips	TIER 2	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Insulin Pen Needle 29 G X 12 MM (1/2")	Ultra Flo Insulin Pen Needles	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	TRUEplus Pen Needles	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	TechLite Pen Needles	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	ReliOn Pen Needles	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	PX Pen Needle	TIER 2	
Insulin Pen Needle 29 G X 12 MM (1/2")	Verifine Insulin Pen Needle	TIER 2	
Insulin Pen Needle 29 G X 12.7 MM (1/2")	Ultra-Thin II Pen Needles	TIER 2	
Insulin Pen Needle 29 G X 12.7 MM (1/2")	BD Pen Needle Orig Ultrafine	TIER 2	
Insulin Pen Needle 29 G X 12.7 MM (1/2")	Embecta Pen Needle Ultrafine	TIER 2	
Insulin Pen Needle 29 G X 12.7 MM (1/2")	Sure Comfort Pen Needles	TIER 2	
Insulin Pen Needle 29 G X 12.7 MM (1/2")	Sure-Fine Pen Needles	TIER 2	
Insulin Pen Needle 29 G X 12.7 MM (1/2")	TRUEplus 5-Bevel Pen Needles	TIER 2	
Insulin Pen Needle 29 G X 12.7 MM (1/2")	UltiCare Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Comfort Touch Insulin Pen Need	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Easy Touch Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Drug Mart Unifine Pentips	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Kroger Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Insupen Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	HM UltiCare Mini Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	H-E-B inControl Unifine Pentip	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	H-E-B inControl Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	HealthWise Short Pen Needles	TIER 2	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	GoodSense Pen Needle Penfine	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	GNP UltiCare Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	GNP Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Global Ease Inject Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Marathon Medical Pentips	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Embecta Pen Needle Ultrafine	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	MM Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Easy Comfort Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Droplet Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Comfort EZ Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Clickfine Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	CareTouch Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	CareOne Unifine Pentips Plus	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	BD Pen Needle Mini Ultrafine	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	AQInject Pen Needle	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Advocate Insulin Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	1st Tier Unifine Pentips Plus	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	1st Tier Unifine Pentips	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Embrace Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	True Comfort Pro Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Wegmans Unifine Pentips Plus	TIER 2	

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Verifine Plus Pen Needle	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Verifine Insulin Pen Needle	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Unifine Ultra Pen Needle	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Unifine Pentips Plus	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Unifine Pentips	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Ultra-Thin II Mini Pen Needle	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Ultracare Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Ultra Flo Insulin Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	UltiCare Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Leader Unifine Pentips Plus	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	TRUEplus 5-Bevel Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	ZevRx Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	True Comfort Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	TechLite Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Sure-Fine Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Sure Comfort Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	RA Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	PX Mini Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Preferred Plus Unifine Pentips	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Pip Pen Needles 31G x 5MM	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Pentips Generic Pen Needles	TIER 2	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Pentips	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Pen Needles 3/16"	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 5 MM (1/5" or 3/16")	TRUEplus Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	QC Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	TRUEplus 5-Bevel Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MM Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Pen Needles 5/16"	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Pentips	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Pentips Generic Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	PX Pen Needle	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	RA Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	ReliOn Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	ReliOn Short Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Sure Comfort Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Sure-Fine Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	TechLite Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	ZevRx Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Raya Sure Pen Needle	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Kroger Pen Needles	TIER 2	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	UltiCare Micro Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	UltiCare Short Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Ultra Flo Insulin Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Ultracare Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Ultra-Thin II Pen Needle Short	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Unifine Pentips	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Unifine Pentips Plus	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Unifine Ultra Pen Needle	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	ValuMark Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Verifine Insulin Pen Needle	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Verifine Plus Pen Needle	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Vida Mia Unifine Pentips	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Wegmans Unifine Pentips Plus	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	TopCare Clickfine Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Easy Touch Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	1st Tier Unifine Pentips	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	1st Tier Unifine Pentips Plus	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Advocate Insulin Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Aurora Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	BD Pen Needle Short Ultrafine	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	CareFine Pen Needles	TIER 2	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	CareOne Unifine Pentips Plus	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	CareTouch Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Clickfine Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Comfort EZ Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Comfort EZ Short Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Comfort Touch Insulin Pen Need	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Droplet Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Marathon Medical Pentips	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	GNP UltiCare Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	TRUEplus Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Insupen Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	InControl UltiCare Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	H-E-B inControl Unifine Pentip	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	H-E-B inControl Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Drug Mart Unifine Pentips	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	GoodSense Pen Needle Penfine	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Easy Comfort Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	GNP Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	GNP Clickfine Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Global Ease Inject Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Embrace Pen Needles	TIER 2	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Embecta Pen Needle Ultrafine	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	Leader Unifine Pentips Plus	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	HealthWise Short Pen Needles	TIER 2	
Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	True Comfort Pro Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Easy Touch Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	HealthWise Micron Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	GoodSense Pen Needle Penfine	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	GNP UltiCare Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	GNP Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Global Easy Glide Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Global Ease Inject Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Embrace Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	CareTouch Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Embecta Pen Needle Nano	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	TechLite Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Drug Mart Unifine Pentips Plus	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	1st Tier Unifine Pentips	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Comfort Touch Insulin Pen Need	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Comfort EZ Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Comfort EZ Micro Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Clickfine Pen Needles	TIER 2	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Embecta Pen Needle Nano 2 Gen	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Kroger Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Pro Comfort Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Pip Pen Needles 32G x 4MM	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Pentips Generic Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Pentips	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Pure Comfort Pen Needle	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	MM Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	True Comfort Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Leader Unifine Pentips Plus	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	TechLite Plus Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Insupen Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	InControl UltiCare Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	H-E-B inControl Unifine Pentip	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	H-E-B inControl Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	QC Unifine Pentips	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	ReliOn Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Sure Comfort Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Droplet Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Marathon Medical Pentips	TIER 2	

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	TRUEplus 5-Bevel Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Vida Mia Unifine Pentips	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	AQInject Pen Needle	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Preferred Plus Unifine Pentips	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	AUM Mini Insulin Pen Needle	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Verifine Plus Pen Needle	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Advocate Insulin Pen Needle	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	BD Pen Needle Nano 2nd Gen	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Wegmans Unifine Pentips Plus	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Easy Comfort Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	True Comfort Pro Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	UltiCare Micro Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Ultilet Pen Needle	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Unifine Pentips	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	1st Tier Unifine Pentips Plus	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	CareOne Unifine Pentips Plus	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	ZevRx Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	CareFine Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	BD Pen Needle Nano Ultrafine	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Ultracare Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Ultra Thin Pen Needles	TIER 2	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Unifine Pentips Plus	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Unifine Ultra Pen Needle	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Verifine Insulin Pen Needle	TIER 2	
Insulin Pen Needle 32 G X 4 MM (1/6" or 5/32")	Ultra Flo Insulin Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 6 MM (1/4" or 15/64")	Novofine Pen Needle	TIER 2	
Insulin Pen Needle 32 G X 6 MM (1/4" or 15/64")	Unifine Pentips	TIER 2	
Insulin Pen Needle 32 G X 6 MM (1/4" or 15/64")	UltiCare Mini Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 6 MM (1/4" or 15/64")	True Comfort Pro Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 6 MM (1/4" or 15/64")	TechLite Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 6 MM (1/4" or 15/64")	Sure Comfort Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 6 MM (1/4" or 15/64")	Verifine Insulin Pen Needle	TIER 2	
Insulin Pen Needle 32 G X 6 MM (1/4" or 15/64")	Pure Comfort Pen Needle	TIER 2	
Insulin Pen Needle 32 G X 6 MM (1/4" or 15/64")	Pro Comfort Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 6 MM (1/4" or 15/64")	Ultracare Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 6 MM (1/4" or 15/64")	Easy Touch Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 6 MM (1/4" or 15/64")	Pentips Generic Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 6 MM (1/4" or 15/64")	GNP UltiCare Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 6 MM (1/4" or 15/64")	Pentips	TIER 2	
Insulin Pen Needle 32 G X 6 MM (1/4" or 15/64")	GNP Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 6 MM (1/4" or 15/64")	Embecta Pen Needle Ultrafine	TIER 2	
Insulin Pen Needle 32 G X 6 MM (1/4" or 15/64")	CareFine Pen Needles	TIER 2	

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
Insulin Pen Needle 32 G X 6 MM (1/4" or 15/64")	BD Pen Needle Micro Ultrafine	TIER 2	
Insulin Pen Needle 32 G X 6 MM (1/4" or 15/64")	1st Tier Unifine Pentips	TIER 2	
Insulin Pen Needle 32 G X 6 MM (1/4" or 15/64")	Droplet Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 6 MM (1/4" or 15/64")	Comfort Touch Insulin Pen Need	TIER 2	
Insulin Pen Needle 32 G X 6 MM (1/4" or 15/64")	Comfort EZ Pen Needles	TIER 2	
Insulin Pen Needle 32 G X 6 MM (1/4" or 15/64")	GoodSense Pen Needle Penfine	TIER 2	
Insulin Pen Needle 32 G X 6 MM (1/4" or 15/64")	Insupen32G Extr3me	TIER 2	
Insulin Pen Needle 32 G X 6 MM (1/4" or 15/64")	AUM Mini Insulin Pen Needle	TIER 2	

### SEXUAL DYSFUNCTION DEVICES

*Impotence Aid Device - Kit***	Rapport VTD	TIER 3	
--------------------------------	-------------	--------	--

### SYRINGES AND ACCESSORIES

Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	BD Insulin Syringe Ultrafine	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	Embecta Insulin Syr Ultrafine	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	UltiCare Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	Global Insulin Syringes	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	Easy Touch Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	Comfort EZ Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	Sure Comfort Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	Global Inject Ease Insulin Syr	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	Droplet Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 15/64"	BD Veo Insulin Syr U/F 1/2Unit	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 15/64"	TechLITE Insulin Syringe	TIER 2	

	TRADE NAME	TIER	NOTES
Insulin Syringe/Needle U-100 0.3 ML 31 x 15/64"	ReliOn Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 15/64"	Global Easy Glide Insulin Syr	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 15/64"	Comfort EZ Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 15/64"	Droplet Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 15/64"	Embecta Insulin Syr Ultrafine	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 15/64"	Embecta Ins Syr U/F 1/2 Unit	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 15/64"	BD Veo Insulin Syr Ultrafine	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Embecta Insulin Syr Ultrafine	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	CareTouch Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Insulin Syringe-Needle U-100	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Advocate Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	HealthWise Insulin Syr/Needle	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	GNP Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Global Inject Ease Insulin Syr	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Global Easy Glide Insulin Syr	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Kroger Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	EQL Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Leader Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Embecta Ins Syr U/F 1/2 Unit	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Easy Touch Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Easy Comfort Insulin Syringe	TIER 2	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Droplet Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Comfort EZ Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	BD Insulin Syringe Ultrafine	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Comfort Assist Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	BD Insulin Syringe Half-Unit	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Verifine Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	UltiCare Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Ultra Flo Insulin Syr 1/2 Unit	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Ultra Flo Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Ultracare Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	TRUEplus Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	TopCare Ultra Comfort Ins Syr	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	TechLITE Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Sure Comfort Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	ReliOn Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Kinray Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Ultra-Thin II Ins Syr Short	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	BD Ins Syr Ultrafine 1/2Unit	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Prodigy Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	MS Insulin Syringe	TIER 2	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Monoject Ultra Comfort Syringe	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	MM Insulin Syringe/Needle	TIER 2	
Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	Ultra-Comfort Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Sure Comfort Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Embeta Insulin Syr Ultrafine	TIER 2	
Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Insulin Syringe-Needle U-100	TIER 2	
Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Pro Comfort Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Easy Touch Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Easy Touch Insulin Safety Syr	TIER 2	
Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Droplet Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Global Inject Ease Insulin Syr	TIER 2	
Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Comfort EZ Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	BD Insulin Syringe Ultrafine	TIER 2	
Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	BD Insulin Syringe U/F	TIER 2	
Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Easy Comfort Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	ZevRx Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	TechLITE Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	True Comfort Pro Insulin Syr	TIER 2	
Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	UltiCare Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	Ultracare Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 15/64"	TechLITE Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 15/64"	ReliOn Insulin Syringe	TIER 2	

	TRADE NAME	TIER	NOTES
Insulin Syringe/Needle U-100 1 ML 31 x 15/64"	Global Easy Glide Insulin Syr	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 15/64"	Embecta Insulin Syr Ultrafine	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 15/64"	Droplet Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 15/64"	Comfort EZ Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 15/64"	BD Veo Insulin Syr Ultrafine	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	UltiCare Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Ultracare Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Ultra-Comfort Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	TRUEplus Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Verifine Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Kroger Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Kinray Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Insulin Syringe-Needle U-100	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	HealthWise Insulin Syr/Needle	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	GNP Ultra Com Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Ultra-Thin II Ins Syr Short	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	True Comfort Pro Insulin Syr	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Global Inject Ease Insulin Syr	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	MM Insulin Syringe/Needle	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	FreeStyle Precision Ins Syr	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Monoject Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	MS Insulin Syringe	TIER 2	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Pro Comfort Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	ReliOn Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Sure Comfort Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	TechLITE Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	TopCare Ultra Comfort Ins Syr	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	True Comfort Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Leader Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	EQL Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Embecta Insulin Syr Ultrafine	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Easy Touch Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Easy Comfort Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Droplet Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Comfort EZ Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Advocate Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	GNP Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	Comfort Assist Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	CareTouch Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	BD Insulin Syringe Ultrafine	TIER 2	
Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	AQ Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Easy Touch Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Global Inject Ease Insulin Syr	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Embecta Insulin Syr Ultrafine	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	VanishPoint Insulin Syringe	TIER 2	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Sure Comfort Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	ZevRx Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Comfort EZ Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	PX Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Easy Comfort Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	BD Insulin Syringe Ultrafine	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Pro Comfort Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	True Comfort Pro Insulin Syr	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	UltiCare Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Ultracare Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	Droplet Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	Leader Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 15/64"	Comfort EZ Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 15/64"	Droplet Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 15/64"	Embecta Insulin Syr Ultrafine	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 15/64"	Global Easy Glide Insulin Syr	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 15/64"	ReliOn Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 15/64"	BD Veo Insulin Syr Ultrafine	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Comfort Assist Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	BD Insulin Syringe Ultrafine	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Advocate Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Droplet Insulin Syringe	TIER 2	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Comfort EZ Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Sure Comfort Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Insulin Syringe-Needle U-100	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Kinray Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Kroger Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Leader Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Longs Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	MM Insulin Syringe/Needle	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Monoject Ultra Comfort Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	MS Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Pro Comfort Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	HealthWise Insulin Syr/Needle	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	ReliOn Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	True Comfort Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	TopCare Ultra Comfort Ins Syr	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Easy Comfort Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	True Comfort Pro Insulin Syr	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	CareTouch Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	TRUEplus Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	UltiCare Insulin Syringe	TIER 2	

	TRADE NAME	TIER	NOTES
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Ultracare Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Ultra-Comfort Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Ultra-Thin II Ins Syr Short	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Verifine Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Prodigy Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	EQL Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Easy Touch Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Embecta Insulin Syr Ultrafine	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	FreeStyle Precision Ins Syr	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	Global Inject Ease Insulin Syr	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	GNP Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	GNP Ultra Com Insulin Syringe	TIER 2	
Insulin Syringe/Needle U-500 0.5 ML 31G x 6MM (15/64")	BD Insulin Syringe U-500	TIER 2	
Insulin Syringe/Needle U-500 0.5 ML 31G x 6MM (15/64")	Embecta Insulin Syringe U-500	TIER 2	
Syringe/Needle (Disp) 1 ML 30 x 1/2"	BD Eclipse Syringe	TIER 2	
*Injection Device - Misc***	Inject-Ease	TIER 3	

### **MINERALOCORTICIDS**

#### **MINERALOCORTICIDS**

Fludrocortisone Acetate Tab 0.1 MG	TIER 1
------------------------------------	--------

### **MISCELLANEOUS**

#### **1ST GEN ANTIHISTAMINE AND DECONGESTANT COMBINATION**

Promethazine & Phenylephrine Syrup 6.25-5 MG/5ML	Promethazine VC	TIER 1
--	-----------------	--------

#### **2ND GEN ANTIHISTAMINE AND DECONGESTANT COMBINATION**

	TRADE NAME	TIER	NOTES
Desloratadine & Pseudoephedrine Tab ER 12HR 2.5-120 MG	Clarinet-D 12 Hour	TIER 3	• QL: 2 IN 1 DAYS • ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLETS IN THE PAST 120 DAYS

### ABORTIFACIENT-PROGESTERONE RECEPTOR ANTAGONISTS

Mifepristone Tab 200 MG		TIER 1	
-------------------------	--	--------	--

### AGENTS FOR STOMATOLOGICAL USE

Sulfuric Acid-Sulfonated Phenolics Soln 30-50%	Debacterol	TIER 3	
--	------------	--------	--

### AGENTS TO TREAT MULTIPLE SCLEROSIS

Dimethyl Fumarate Capsule Delayed Release 120 MG		TIER 4	• PA Required • Specialty
Dimethyl Fumarate Capsule Delayed Release 240 MG		TIER 4	• PA Required • Specialty
Dimethyl Fumarate Capsule DR Starter Pack 120 MG & 240 MG		TIER 4	• PA Required • Specialty
Fingolimod HCl Cap 0.5 MG (Base Equiv)		TIER 4	• PA Required • Specialty
Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML		TIER 4	• PA Required • Specialty
Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML	Copaxone	TIER 4	• PA Required • Specialty
Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML	Glatiramer Acetate	TIER 4	• PA Required • Specialty
Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML	Glatopa	TIER 4	• PA Required • Specialty
Teriflunomide Tab 14 MG		TIER 4	• PA Required • Specialty
Teriflunomide Tab 7 MG		TIER 4	• PA Required • Specialty
Fingolimod HCl Cap 0.25 MG (Base Equiv)	Gilenya	TIER 5	• PA Required • Specialty
Interferon Beta-1a Auto-inj 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	Rebif Rebidos Titration Pack	TIER 5	• PA Required • Specialty
Interferon Beta-1a IM Auto-Injector Kit 30 MCG/0.5ML	Avonex Pen	TIER 5	• PA Required • Specialty
Interferon Beta-1a IM Prefilled Syringe Kit 30 MCG/0.5ML	Avonex Prefilled	TIER 5	• PA Required • Specialty
Interferon Beta-1a Pref Syr 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	Rebif Titration Pack	TIER 5	• PA Required • Specialty

	TRADE NAME	TIER	NOTES
Interferon Beta-1a Soln Auto-Inj 22 MCG/0.5ML	Rebif Rebidose	TIER 5	• PA Required • Specialty
Interferon Beta-1a Soln Auto-inj 44 MCG/0.5ML	Rebif Rebidose	TIER 5	• PA Required • Specialty
Interferon Beta-1a Soln Pref Syr 22 MCG/0.5ML	Rebif	TIER 5	• PA Required • Specialty
Interferon Beta-1a Soln Pref Syr 44 MCG/0.5ML	Rebif	TIER 5	• PA Required • Specialty
Interferon Beta-1b For Inj Kit 0.3 MG	Betaseron	TIER 5	• PA Required • Specialty
Ofatumumab Soln Auto-Injector 20 MG/0.4ML	Kesimpta	TIER 5	• PA Required • Specialty
Peginterferon Beta-1a IM Soln Prefilled Syr 125 MCG/0.5ML	Plegridy	TIER 5	• PA Required • Specialty
Peginterferon Beta-1a Soln Auto-inj 63 & 94 MCG/0.5ML Pack	Plegridy Starter Pack	TIER 5	• PA Required • Specialty
Peginterferon Beta-1a Soln Auto-injector 125 MCG/0.5ML	Plegridy	TIER 5	• PA Required • Specialty
Peginterferon Beta-1a Soln Pref Syr 63 & 94 MCG/0.5ML Pack	Plegridy Starter Pack	TIER 5	• PA Required • Specialty
Peginterferon Beta-1a Soln Prefilled Syringe 125 MCG/0.5ML	Plegridy	TIER 5	• PA Required • Specialty
Siponimod Fumarate Tab 0.25 MG (12) Starter Pack	Mayzent Starter Pack	TIER 5	• PA Required • Specialty
Siponimod Fumarate Tab 0.25 MG (7) Starter Pack	Mayzent Starter Pack	TIER 5	• PA Required • Specialty
Siponimod Fumarate Tab 0.25 MG (Base Equiv)	Mayzent	TIER 5	• PA Required • Specialty
Siponimod Fumarate Tab 1 MG (Base Equiv)	Mayzent	TIER 5	• PA Required • Specialty
Siponimod Fumarate Tab 2 MG (Base Equiv)	Mayzent	TIER 5	• PA Required • Specialty

### **AGENTS TO TX PERIODIC PARALYSIS - CARBON ANHYD INH**

Dichlorphenamide Tab 50 MG		TIER 4	• PA Required • Specialty
----------------------------	--	--------	---------------------------

### **AGENTS TO TX THROMBOTIC THROMBOCYTOPENIC PURPURA**

Caplacizumab-yhdp for Inj Kit 11 MG	Cablivi	TIER 6	• PA Required • Specialty
-------------------------------------	---------	--------	---------------------------

### **AGTS TX NEUROMUSC TRANSMISSION DIS,POT-CHAN BLKR**

Dalfampridine Tab ER 12HR 10 MG		TIER 4	• PA Required • Specialty
---------------------------------	--	--------	---------------------------

Amifampridine Phosphate Tab 10 MG (Base Equivalent)	Firdapse	TIER 6	• PA Required • Specialty
---	----------	--------	---------------------------

### **ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS**

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Page 199

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
	Memantine HCl Cap ER 24HR 14 MG	TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR MEMANTINE IMMEDIATE RELEASE TABLETS WITHIN THE PAST 120 DAYS
	Memantine HCl Cap ER 24HR 21 MG	TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR MEMANTINE IMMEDIATE RELEASE TABLETS WITHIN THE PAST 120 DAYS
	Memantine HCl Cap ER 24HR 28 MG	TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR MEMANTINE IMMEDIATE RELEASE TABLETS WITHIN THE PAST 120 DAYS
	Memantine HCl Cap ER 24HR 7 MG	TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR MEMANTINE IMMEDIATE RELEASE TABLETS WITHIN THE PAST 120 DAYS
	Memantine HCl Oral Solution 2 MG/ML	TIER 1	• QL: 300 IN 30 DAYS
	Memantine HCl Tab 10 MG	TIER 1	• QL: 2 IN 1 DAYS
	Memantine HCl Tab 5 MG	TIER 1	• QL: 2 IN 1 DAYS
<b>ALZHEIMER'S THX,NMDA RECEPTOR ANTAG-CHOLINES INHIB</b>			
	Memantine HCl-Donepezil HCl Cap ER 24HR 14-10 MG Namzaric	TIER 2	• QL: 1 IN 1 DAYS• ST: AT LEAST 2 PRIOR PRESCRIPTIONS FOR DONEPEZIL HCL OR MEMANTINE IR/XR WITHIN THE PAST 365 DAYS
	Memantine HCl-Donepezil HCl Cap ER 24HR 21-10 MG Namzaric	TIER 2	• QL: 1 IN 1 DAYS• ST: AT LEAST 2 PRIOR PRESCRIPTIONS FOR DONEPEZIL HCL OR MEMANTINE IR/XR WITHIN THE PAST 365 DAYS

	TRADE NAME	TIER	NOTES
Memantine HCl-Donepezil HCl Cap ER 24HR 28-10 MG	Namzaric	TIER 2	• QL: 1 IN 1 DAYS • ST: AT LEAST 2 PRIOR PRESCRIPTIONS FOR DONEPEZIL HCL OR MEMANTINE IR/XR WITHIN THE PAST 365 DAYS
Memantine HCl-Donepezil HCl Cap ER 24HR 7-10 MG	Namzaric	TIER 2	• QL: 1 IN 1 DAYS • ST: AT LEAST 2 PRIOR PRESCRIPTIONS FOR DONEPEZIL HCL OR MEMANTINE IR/XR WITHIN THE PAST 365 DAYS
Memantine-Donepezil Cap ER 24HR 7 & 14 & 21 & 28-10 MG Pack	Namzaric	TIER 2	• QL: 1 IN 1 DAYS • ST: AT LEAST 2 PRIOR PRESCRIPTIONS FOR DONEPEZIL HCL OR MEMANTINE IR/XR WITHIN THE PAST 365 DAYS

## AMMONIA INHIBITORS

Lactulose (Encephalopathy) Solution 10 GM/15ML		TIER 1	
Lactulose Solution 10 GM/15ML		TIER 1	
Acetohydroxamic Acid Tab 250 MG	Lithostat	TIER 3	
Carglumic Acid Soluble Tab 200 MG		TIER 4	• PA Required • Specialty
Sodium Phenylbutyrate Oral Powder 3 GM/Teaspoonful		TIER 4	• PA Required • Specialty
Sodium Phenylbutyrate Tab 500 MG		TIER 4	• PA Required • Specialty
Sodium Phenylbutyrate Oral Pellets 483 MG/GM	Pheburane	TIER 6	• PA Required • Specialty
Sodium Phenylbutyrate Packet for Susp 2 GM Therapy Pack	Olpruva (2 GM Dose)	TIER 6	• PA Required • Specialty
Sodium Phenylbutyrate Packet for Susp 3 GM Therapy Pack	Olpruva (3 GM Dose)	TIER 6	• PA Required • Specialty
Sodium Phenylbutyrate Packet for Susp 4 GM Therapy Pack	Olpruva (4 GM Dose)	TIER 6	• PA Required • Specialty
Sodium Phenylbutyrate Packet for Susp 5 GM Therapy Pack	Olpruva (5 GM Dose)	TIER 6	• PA Required • Specialty
Sodium Phenylbutyrate Packet for Susp 6 GM Therapy Pack	Olpruva (6 GM Dose)	TIER 6	• PA Required • Specialty

	TRADE NAME	TIER	NOTES
Sodium Phenylbutyrate Packet for Susp 6.67 GM Therapy Pack	Olpruva (6.67 GM Dose)	TIER 6	• PA Required • Specialty

### AMYLOIDOSIS AGENTS-TRANSTHYRETIN (TTR) SUPPRESSION

Eplontersen Sodium Subcutaneous Soln Auto-inj 45 MG/0.8ML	Wainua	TIER 6	• PA Required • Specialty
Inotersen Sod Subcutaneous Pref Syr 284 MG/1.5ML (Base Eq)	Tegsedi	TIER 6	• Specialty

### AMYOTROPHIC LATERAL SCLEROSIS AGENTS

Riluzole Tab 50 MG		TIER 1	
Edaravone Oral Susp 105 MG/5ML	Radicava ORS	TIER 6	• PA Required • Specialty
Edaravone Oral Susp 105 MG/5ML	Radicava ORS Starter Kit	TIER 6	• PA Required • Specialty
Riluzole Oral Film 50 MG	Exservan	TIER 6	• Specialty
Riluzole Susp 50 MG/10ML	Teglutik	TIER 6	• PA Required • Specialty
Riluzole Susp 50 MG/10ML	Tiglutik	TIER 6	• PA Required • Specialty

### ANTI-ALCOHOLIC PREPARATIONS

Disulfiram Tab 250 MG		TIER 1	
Disulfiram Tab 500 MG		TIER 1	

### ANTIDIARRHEAL MICROORGANISMS AGENTS

*Bacillus Coagulans-Inulin Chew Tab**	ProbiChew	TIER 3	
*Probiotic Product - Cap**	DermacinRx Probisol	TIER 3	
*Probiotic Product - Cap**	Lacterol	TIER 3	
*Probiotic Product - Cap**	WellPro 31	TIER 3	
*Probiotic Product - Cap**	Xybiotic	TIER 3	
*Probiotic Product - Cap**	Zelac	TIER 3	
*Probiotic Product - Cap**	SureBiotic Probiotic Support	TIER 3	
*Probiotic Product - Cap**	ReliBiotic	TIER 3	
*Probiotic Product - Cap**	ProRiva	TIER 3	
*Probiotic Product - Cap**	Promella in Prebiotic	TIER 3	
*Probiotic Product - Cap**	Probinate	TIER 3	
*Probiotic Product - Cap**	MicroFlor 33	TIER 3	

	TRADE NAME	TIER	NOTES
*Probiotic Product - Cap**	Microbalance	TIER 3	
*Probiotic Product - Cap**	BioCore Immune+	TIER 3	
*Probiotic Product - Cap**	LactoVive	TIER 3	
*Probiotic Product - Cap**	Bilac	TIER 3	
*Probiotic Product - Cap**	Florragut	TIER 3	
*Probiotic Product - Cap**	BioCore Daily	TIER 3	
*Probiotic Product - Cap**	BioCore Restore	TIER 3	
*Probiotic Product - Cap**	DermacinRx Probitran	TIER 3	
*Probiotic Product - Packet**	Visbiome GI Care Ex St	TIER 3	
Lactobacillus Casei-Folic Acid Cap 60-1.25 MG	Restora RX	TIER 3	

### ANTIFIBROTIC THERAPY - PYRIDONE ANALOGS

Pirfenidone Cap 267 MG		TIER 4	• PA Required • Specialty
Pirfenidone Tab 267 MG		TIER 4	• PA Required • Specialty
Pirfenidone Tab 534 MG	Pirfenidone	TIER 4	• PA Required • Specialty
Pirfenidone Tab 801 MG		TIER 4	• PA Required • Specialty

### ANTIHEMOPHILIC FACTORS

Antihemophil Fact Rcmb (BDD-rFVIII,mor) For Inj Kit 250 Unit	Xyntha Solofuse	TIER 5	• Specialty
Antihemophil Fact Rcmb (BDD-rFVIII,mor) For Inj Kit 250 Unit	Xyntha	TIER 5	• Specialty
Antihemophil Fact Rcmb (BDD-rFVIII,mor) For Inj Kit 500 Unit	Xyntha	TIER 5	• Specialty
Antihemophil Fact Rcmb(BDD-rFVIII PEG-aucl) For Inj 500 Unit	Jivi	TIER 5	• Specialty
Antihemophil Fact Rcmb(BDD-rFVIII PEG-aucl)For Inj 1000 Unit	Jivi	TIER 5	• Specialty
Antihemophil Fact Rcmb(BDD-rFVIII PEG-aucl)For Inj 2000 Unit	Jivi	TIER 5	• Specialty
Antihemophil Fact Rcmb(BDD-rFVIII PEG-aucl)For Inj 3000 Unit	Jivi	TIER 5	• Specialty
Antihemophil Fact Rcmb(BDD-rFVIII,mor) For Inj Kit 1000 Unit	Xyntha Solofuse	TIER 5	• Specialty
Antihemophil Fact Rcmb(BDD-rFVIII,mor) For Inj Kit 1000 Unit	Xyntha	TIER 5	• Specialty

	TRADE NAME	TIER	NOTES
Antihemophil Fact Rcmb(BDD-rFVIII,mor) For Inj Kit 2000 Unit	Xyntha	TIER 5	• Specialty
Antihemophil Fact Rcmb(BDD-rFVIII,mor) For Inj Kit 2000 Unit	Xyntha Solofuse	TIER 5	• Specialty
Antihemophil Fact Rcmb(BDD-rFVIII,mor) For Inj Kit 3000 Unit	Xyntha Solofuse	TIER 5	• Specialty
Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 1000 Unit	Novoeight	TIER 5	• Specialty
Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 1500 Unit	Novoeight	TIER 5	• Specialty
Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 2000 Unit	Novoeight	TIER 5	• Specialty
Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 250 Unit	Novoeight	TIER 5	• Specialty
Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 3000 Unit	Novoeight	TIER 5	• Specialty
Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 500 Unit	Novoeight	TIER 5	• Specialty
Antihemophilic Fact Rcmb Fc-VWF-XTEN-eh1 For Inj 1000 Unit	Altuviiiio	TIER 5	• Specialty
Antihemophilic Fact Rcmb Fc-VWF-XTEN-eh1 For Inj 2000 Unit	Altuviiiio	TIER 5	• Specialty
Antihemophilic Fact Rcmb Fc-VWF-XTEN-eh1 For Inj 250 Unit	Altuviiiio	TIER 5	• Specialty
Antihemophilic Fact Rcmb Fc-VWF-XTEN-eh1 For Inj 3000 Unit	Altuviiiio	TIER 5	• Specialty
Antihemophilic Fact Rcmb Fc-VWF-XTEN-eh1 For Inj 4000 Unit	Altuviiiio	TIER 5	• Specialty
Antihemophilic Fact Rcmb Fc-VWF-XTEN-eh1 For Inj 500 Unit	Altuviiiio	TIER 5	• Specialty
Antihemophilic Fact Rcmb Single Chain For Inj Kit 1000 Unit	Afstyla	TIER 5	• Specialty
Antihemophilic Fact Rcmb Single Chain For Inj Kit 1500 Unit	Afstyla	TIER 5	• Specialty
Antihemophilic Fact Rcmb Single Chain For Inj Kit 250 Unit	Afstyla	TIER 5	• Specialty
Antihemophilic Fact Rcmb Single Chain For Inj Kit 2500 Unit	Afstyla	TIER 5	• Specialty
Antihemophilic Fact Rcmb Single Chain For Inj Kit 3000 Unit	Afstyla	TIER 5	• Specialty
Antihemophilic Fact Rcmb Single Chain For Inj Kit 500 Unit	Afstyla	TIER 5	• Specialty

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 1000 Unit	Eloctate	TIER 5	• Specialty
Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 1500 Unit	Eloctate	TIER 5	• Specialty
Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 2000 Unit	Eloctate	TIER 5	• Specialty
Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 250 Unit	Eloctate	TIER 5	• Specialty
Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 4000 Unit	Eloctate	TIER 5	• Specialty
Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 500 Unit	Eloctate	TIER 5	• Specialty
Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 5000 Unit	Eloctate	TIER 5	• Specialty
Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 6000 Unit	Eloctate	TIER 5	• Specialty
Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 750 Unit	Eloctate	TIER 5	• Specialty
Antihemophilic Factor Recomb (rAHF-PFM) For Inj 1000 Unit	Advate	TIER 5	• Specialty
Antihemophilic Factor Recomb (rAHF-PFM) For Inj 1000 Unit	Kovaltry	TIER 5	• Specialty
Antihemophilic Factor Recomb (rAHF-PFM) For Inj 1500 Unit	Advate	TIER 5	• Specialty
Antihemophilic Factor Recomb (rAHF-PFM) For Inj 2000 Unit	Advate	TIER 5	• Specialty
Antihemophilic Factor Recomb (rAHF-PFM) For Inj 2000 Unit	Kovaltry	TIER 5	• Specialty
Antihemophilic Factor Recomb (rAHF-PFM) For Inj 250 Unit	Kovaltry	TIER 5	• Specialty
Antihemophilic Factor Recomb (rAHF-PFM) For Inj 250 Unit	Advate	TIER 5	• Specialty
Antihemophilic Factor Recomb (rAHF-PFM) For Inj 3000 Unit	Kovaltry	TIER 5	• Specialty
Antihemophilic Factor Recomb (rAHF-PFM) For Inj 3000 Unit	Advate	TIER 5	• Specialty
Antihemophilic Factor Recomb (rAHF-PFM) For Inj 4000 Unit	Advate	TIER 5	• Specialty
Antihemophilic Factor Recomb (rAHF-PFM) For Inj 500 Unit	Advate	TIER 5	• Specialty
Antihemophilic Factor Recomb (rAHF-PFM) For Inj 500 Unit	Kovaltry	TIER 5	• Specialty

	TRADE NAME	TIER	NOTES
Antihemophilic Factor Recomb Glycopeg-exei For Inj 1000 Unit	Esperoct	TIER 5	• Specialty
Antihemophilic Factor Recomb Glycopeg-exei For Inj 1500 Unit	Esperoct	TIER 5	• Specialty
Antihemophilic Factor Recomb Glycopeg-exei For Inj 2000 Unit	Esperoct	TIER 5	• Specialty
Antihemophilic Factor Recomb Glycopeg-exei For Inj 3000 Unit	Esperoct	TIER 5	• Specialty
Antihemophilic Factor Recomb Glycopeg-exei For Inj 500 Unit	Esperoct	TIER 5	• Specialty
Antihemophilic Factor Recomb Pegylated For Inj 1000 Unit	Adynovate	TIER 5	• Specialty
Antihemophilic Factor Recomb Pegylated For Inj 1500 Unit	Adynovate	TIER 5	• Specialty
Antihemophilic Factor Recomb Pegylated For Inj 2000 Unit	Adynovate	TIER 5	• Specialty
Antihemophilic Factor Recomb Pegylated For Inj 250 Unit	Adynovate	TIER 5	• Specialty
Antihemophilic Factor Recomb Pegylated For Inj 3000 Unit	Adynovate	TIER 5	• Specialty
Antihemophilic Factor Recomb Pegylated For Inj 500 Unit	Adynovate	TIER 5	• Specialty
Antihemophilic Factor Recomb Pegylated For Inj 750 Unit	Adynovate	TIER 5	• Specialty
Antihemophil Fact Rcmb (BDD-rFVIII,mor) For Inj Kit 500 Unit	Xyntha Solofuse	TIER 6	• Specialty
Antihemophil Fact Rcmb (BDD-rFVIII,sim) For Inj Kit 250 Unit	Nuwiq	TIER 6	• Specialty
Antihemophil Fact Rcmb (BDD-rFVIII,sim) For Inj Kit 500 Unit	Nuwiq	TIER 6	• Specialty
Antihemophil Fact Rcmb(BDD-rFVIII,sim) For Inj Kit 1000 Unit	Nuwiq	TIER 6	• Specialty
Antihemophil Fact Rcmb(BDD-rFVIII,sim) For Inj Kit 2000 Unit	Nuwiq	TIER 6	• Specialty
Antihemophil Fact Rcmb(BDD-rFVIII,sim) For Inj Kit 2500 Unit	Nuwiq	TIER 6	• Specialty
Antihemophil Fact Rcmb(BDD-rFVIII,sim) For Inj Kit 3000 Unit	Nuwiq	TIER 6	• Specialty
Antihemophil Fact Rcmb(BDD-rFVIII,sim) For Inj Kit 4000 Unit	Nuwiq	TIER 6	• Specialty
Antihemophilic Fact Rcmb (BDD-rFVIII,sim) For Inj 1000 Unit	Nuwiq	TIER 6	• Specialty

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Antihemophilic Fact Rcmb (BDD-rFVIII,sim) For Inj 2000 Unit	Nuwiq	TIER 6	• Specialty
Antihemophilic Fact Rcmb (BDD-rFVIII,sim) For Inj 2500 Unit	Nuwiq	TIER 6	• Specialty
Antihemophilic Fact Rcmb (BDD-rFVIII,sim) For Inj 3000 Unit	Nuwiq	TIER 6	• Specialty
Antihemophilic Fact Rcmb (BDD-rFVIII,sim) For Inj 4000 Unit	Nuwiq	TIER 6	• Specialty
Antihemophilic Fact Rcmb Single Chain For Inj Kit 2000 Unit	Afstyla	TIER 6	• Specialty
Antihemophilic Factor (Human) For Inj 1000 Unit	Hemofil M	TIER 6	• Specialty
Antihemophilic Factor (Human) For Inj 1000 Unit	Koate	TIER 6	• Specialty
Antihemophilic Factor (Human) For Inj 1000 Unit	Koate-DVI	TIER 6	• Specialty
Antihemophilic Factor (Human) For Inj 1700 Unit	Hemofil M	TIER 6	• Specialty
Antihemophilic Factor (Human) For Inj 250 Unit	Koate	TIER 6	• Specialty
Antihemophilic Factor (Human) For Inj 250 Unit	Hemofil M	TIER 6	• Specialty
Antihemophilic Factor (Human) For Inj 500 Unit	Hemofil M	TIER 6	• Specialty
Antihemophilic Factor (Human) For Inj 500 Unit	Koate	TIER 6	• Specialty
Antihemophilic Factor (Recomb Porc) rpFVIII For Inj 500 Unit	Obizur	TIER 6	• Specialty
Antihemophilic Factor Rcmb (BDD-rFVIII,sim) For Inj 250 Unit	Nuwiq	TIER 6	• Specialty
Antihemophilic Factor Rcmb (BDD-rFVIII,sim) For Inj 500 Unit	Nuwiq	TIER 6	• Specialty
Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 3000 Unit	Eloctate	TIER 6	• Specialty
Antihemophilic Factor Recomb (rFVIII) For Inj 1241-1800 Unit	Recombinate	TIER 6	• Specialty
Antihemophilic Factor Recomb (rFVIII) For Inj 1801-2400 Unit	Recombinate	TIER 6	• Specialty
Antihemophilic Factor Recomb (rFVIII) For Inj 220-400 Unit	Recombinate	TIER 6	• Specialty
Antihemophilic Factor Recomb (rFVIII) For Inj 401-800 Unit	Recombinate	TIER 6	• Specialty

	TRADE NAME	TIER	NOTES
Antihemophilic Factor Recomb (rFVIII) For Inj 801-1240 Unit	Recombinate	TIER 6	• Specialty
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 1000 Unit	Kogenate FS	TIER 6	• Specialty
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 2000 Unit	Kogenate FS	TIER 6	• Specialty
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 250 Unit	Kogenate FS	TIER 6	• Specialty
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 3000 Unit	Kogenate FS	TIER 6	• Specialty
Antihemophilic Factor Recomb (rFVIII) For Inj Kit 500 Unit	Kogenate FS	TIER 6	• Specialty
Antihemophilic Factor/VWF (Human) For Inj 1000 Unit	Alphanate	TIER 6	• Specialty
Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	Wilate	TIER 6	• Specialty
Antihemophilic Factor/VWF (Human) For Inj 1000-2400 Unit	Humate-P	TIER 6	• Specialty
Antihemophilic Factor/VWF (Human) For Inj 1500 Unit	Alphanate	TIER 6	• Specialty
Antihemophilic Factor/VWF (Human) For Inj 2000 Unit	Alphanate	TIER 6	• Specialty
Antihemophilic Factor/VWF (Human) For Inj 250 Unit	Alphanate	TIER 6	• Specialty
Antihemophilic Factor/VWF (Human) For Inj 250-600 Unit	Humate-P	TIER 6	• Specialty
Antihemophilic Factor/VWF (Human) For Inj 500 Unit	Alphanate	TIER 6	• Specialty
Antihemophilic Factor/VWF (Human) For Inj 500-1200 Unit	Humate-P	TIER 6	• Specialty
Antihemophilic Factor/VWF (Human) For Inj 500-500 Unit Kit	Wilate	TIER 6	• Specialty
Antiinhibitor Coagulant Complex For IV Soln 1000 Unit	Feiba	TIER 6	• Specialty
Antiinhibitor Coagulant Complex For IV Soln 2500 Unit	Feiba	TIER 6	• Specialty
Antiinhibitor Coagulant Complex For IV Soln 500 Unit	Feiba	TIER 6	• Specialty
Coagulation Factor VIIa (Recom)-jncw For Inj 1 MG (1000 MCG)	Sevenfact	TIER 6	• Specialty
Coagulation Factor VIIa (Recom)-jncw For Inj 5 MG (5000 MCG)	Sevenfact	TIER 6	• Specialty

	TRADE NAME	TIER	NOTES
Coagulation Factor VIIa (Recomb) For Inj 1 MG (1000 MCG)	NovoSeven RT	TIER 6	• Specialty
Coagulation Factor VIIa (Recomb) For Inj 2 MG (2000 MCG)	NovoSeven RT	TIER 6	• Specialty
Coagulation Factor VIIa (Recomb) For Inj 5 MG (5000 MCG)	NovoSeven RT	TIER 6	• Specialty
Coagulation Factor VIIa (Recomb) For Inj 8 MG (8000 MCG)	NovoSeven RT	TIER 6	• Specialty

### **ANTI-INFLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST**

Rilonacept For Inj 220 MG	Arcalyst	TIER 6	• PA Required • Specialty
---------------------------	----------	--------	---------------------------

### **ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR**

Certolizumab Pegol For Inj Kit 2 X 200 MG	Cimzia	TIER 5	• Specialty
Certolizumab Pegol Prefilled Syringe Kit 200 MG/ML	Cimzia (2 Syringe)	TIER 5	• Specialty
Certolizumab Pegol Prefilled Syringe Kit 200 MG/ML	Cimzia-Starter	TIER 5	• Specialty

### **APPETITE STIM. FOR ANOREXIA, CACHEXIA, WASTING SYND.**

Megestrol Acetate Susp 40 MG/ML		TIER 1	
---------------------------------	--	--------	--

### **BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS**

Alfuzosin HCl Tab ER 24HR 10 MG		TIER 1	
Dutasteride Cap 0.5 MG		TIER 1	
Finasteride Tab 5 MG		TIER 1	
Silodosin Cap 4 MG		TIER 1	
Silodosin Cap 8 MG		TIER 1	
Tamsulosin HCl Cap 0.4 MG		TIER 1	

### **BLOOD FACTORS, MISCELLANEOUS**

Von Willebrand Factor (Recombinant) For Inj 1300 Unit	Vonvendi	TIER 6	• Specialty
Von Willebrand Factor (Recombinant) For Inj 650 Unit	Vonvendi	TIER 6	• Specialty

### **BONE FORMATION STIM. AGENTS - PARATHYROID HORMONE**

Teriparatide Soln Pen-inj 560 MCG/2.24ML		TIER 4	• PA Required • Specialty
--	--	--------	---------------------------

### **BONE RESORPTION INHIBITOR AND VITAMIN D COMBS.**

	TRADE NAME	TIER	NOTES
Alendronate Sodium-Cholecalciferol Tab 70-2800 MG-Unit	Fosamax Plus D	TIER 2	
Alendronate Sodium-Cholecalciferol Tab 70-5600 MG-Unit	Fosamax Plus D	TIER 2	

### BONE RESORPTION INHIBITORS

Alendronate Sodium Oral Soln 70 MG/75ML		TIER 1	• QL: 75 IN 7 DAYS
Alendronate Sodium Tab 10 MG		TIER 1	
Alendronate Sodium Tab 35 MG		TIER 1	
Alendronate Sodium Tab 70 MG		TIER 1	
Ibandronate Sodium Tab 150 MG (Base Equivalent)		TIER 1	
Risedronate Sodium Tab 150 MG		TIER 1	• QL: 1 IN 30 DAYS• ST: REQUIRES PRIOR PRESCRIPTIONS FOR ALENDRONATE AND IBANDRONATE WITHIN THE PAST 365 DAYS
Risedronate Sodium Tab 30 MG		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTIONS FOR ALENDRONATE AND IBANDRONATE WITHIN THE PAST 365 DAYS
Risedronate Sodium Tab 35 MG		TIER 1	• QL: 1 IN 7 DAYS• ST: REQUIRES PRIOR PRESCRIPTIONS FOR ALENDRONATE AND IBANDRONATE WITHIN THE PAST 365 DAYS
Risedronate Sodium Tab 5 MG		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTIONS FOR ALENDRONATE AND IBANDRONATE WITHIN THE PAST 365 DAYS
Risedronate Sodium Tab Delayed Release 35 MG		TIER 1	• QL: 1 IN 7 DAYS• ST: REQUIRES PRIOR PRESCRIPTIONS FOR ALENDRONATE AND IBANDRONATE WITHIN THE PAST 365 DAYS
Raloxifene HCl Tab 60 MG		TIER 10	• QL: 1 IN 1 DAYS

### BPH 5-ALPHA-REDUCTASE INHIB-ALPHA1-ADRENOCEP ANTAG

	TRADE NAME	TIER	NOTES
Dutasteride-Tamsulosin HCl Cap 0.5-0.4 MG		TIER 1	• ST: REQUIRES PRIOR PRESCRIPTION FOR ALFUZOSIN, DOXAZOSIN, FINASTERIDE 5MG, PRAZOSIN, SILODOSIN, TAMSULOSIN, OR TERAZOSIN WITHIN THE PAST 120 DAYS

### BRADYKININ B2 RECEPTOR ANTAGONISTS

Icatibant Acetate Subcutaneous Soln Pref Syr 30 MG/3ML		TIER 4	• PA Required • Specialty
--	--	--------	---------------------------

### BULK CHEMICALS

Benzoin Compound Tincture		TIER 1	
Sodium Hydroxide Solution 10%	Sodium Hydroxide	TIER 1	
*Alcohol Gel Base**	Universal Water	TIER 3	
*Alcohol Gel Base**	Medihol Base	TIER 3	
*Antifungal Combination Products Misc - Cream***	Recura	TIER 3	
*Carbomer Gel Base**	Carbohol 940	TIER 3	
*Carbomer Gel Base**	Hydrogel	TIER 3	
*Carbomer Gel Base**	Carbogel 940	TIER 3	
*Cream Base Liposomic**	Lipolayer	TIER 3	
*Cream Base Liposomic**	PCCA Custom Lipo-Max	TIER 3	
*Cream Base Liposomic**	PCCA Liposomic Base Dry	TIER 3	
*Cream Base**	Sanare Advanced Scar Therapy	TIER 3	
*Cream Base**	PCCA Lipoderm Base	TIER 3	
*Cream Base**	PCCA Pracasil TM-Plus Base	TIER 3	
*Cream Base**	PCCA Biopeptide Base	TIER 3	
*Cream Base**	PCCA Aladerm Base	TIER 3	
*Cream Base**	PCCA Cosmetic HRT Base	TIER 3	
*Cream Base**	PCCA NataCream	TIER 3	
*Cream Base**	PCCA MVC Base	TIER 3	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
*Cream Base**	PCCA Anhydrous Lipoderm Base	TIER 3	
*Cream Base**	Vanish-Pen	TIER 3	
*Cream Base**	Nourivan Antiox Base	TIER 3	
*Cream Base**	PenSomal	TIER 3	
*Cream Base**	Pharmabase Heavy	TIER 3	
*Cream Base**	Pharmabase Light	TIER 3	
*Cream Base**	SA3 Derm	TIER 3	
*Cream Base**	Salt Durable Cream	TIER 3	
*Cream Base**	Salt Stable LS Advanced	TIER 3	
*Cream Base**	Vanishing	TIER 3	
*Cream Base**	Skyy Derm	TIER 3	
*Cream Base**	PCCA Vanishing Cream Light	TIER 3	
*Cream Base**	VersaPro	TIER 3	
*Cream Base**	Versatile Cream Base	TIER 3	
*Cream Base**	Versatile Rich Base	TIER 3	
*Cream Base**	Xematop Base	TIER 3	
*Cream Base**	PenDerm	TIER 3	
*Cream Base**	PENcream	TIER 3	
*Cream Base**	PCCA Vanpen Base	TIER 3	
*Cream Base**	Saltstable LO	TIER 3	
*Cream Base**	Fagron LS Plus	TIER 3	
*Cream Base**	Nourilite	TIER 3	
*Cream Base**	Altaderm	TIER 3	
*Cream Base**	ATREVIS HYDROGEL	TIER 3	
*Cream Base**	Auxipro Vanishing	TIER 3	
*Cream Base**	Chrysaderm Day	TIER 3	
*Cream Base**	Chrysaderm Night	TIER 3	
*Cream Base**	PCCA Vanishing Cream Base	TIER 3	
*Cream Base**	Emolivan	TIER 3	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
*Cream Base**	Fagron Natural	TIER 3	
*Cream Base**	Fagron Supreme	TIER 3	
*Cream Base**	Fitalite	TIER 3	
*Cream Base**	Liopen Absorption Enhancing	TIER 3	
*Cream Base**	Lipo Cream Base	TIER 3	
*Cream Base**	Lipopen Ultra Base	TIER 3	
*Cream Base**	MultiBase	TIER 3	
*Cream Base**	Cutis Plus	TIER 3	
*Cream Base**	Liposomal Heavy	TIER 3	
*Cream Base**	Multi-Phasic Penetrating Cmpd	TIER 3	
*Cream Base**	Liposomal Regular	TIER 3	
*Cream Base**	Mediderm	TIER 3	
*External Vehicles - Liquid***	Rheospray	TIER 3	
*Foam Base - Foam**	Espumil	TIER 3	
*Lozibase Misc***	Lozibase S	TIER 3	
*Oil Base - Liquid***	Solydra	TIER 3	
*Oral Vehicles***	OraPenn SD Anhyd Sweetened	TIER 3	
*Serum Base - Liquid***	Seraqua	TIER 3	
*Transdermal Base Cream**	Transdermal Pain Base	TIER 3	
*Transdermal Base Cream**	PLO Transdermal	TIER 3	
Acacia Syrup	PCCA Acacia Syrup Base	TIER 3	
Anhydrous Cream Base	Anhydrous Base	TIER 3	
Anhydrous Cream Base	Anhydrous Cream Base	TIER 3	
Anhydrous Cream Base	PCCA Ellage Vaginal	TIER 3	
Anhydrous Ointment Base	PCCA Anhydrous Base	TIER 3	
Chlorhexidine Gluconate Soln 20%	Chlorhexidine Gluconate	TIER 3	
Chlorhexidine Gluconate Solution	Chlorhexidine Gluconate	TIER 3	
CoBase #1 Ointment Base	PCCA CoBase #1	TIER 3	

	TRADE NAME	TIER	NOTES
Hydrophilic Ointment	Occluvan	TIER 3	
Polyethylene Glycol Ointment	AlpaWash	TIER 3	
Polyethylene Glycol Ointment	PCCA Polypeg Base	TIER 3	
Premium Lecithin Organogel Base Gel	PLO20 Flowable	TIER 3	
Premium Lecithin Organogel Base Gel	PLO20 Base	TIER 3	
Premium Lecithin Organogel Base Gel	PLO Gel - Mediflo Pre-Mixed	TIER 3	
Premium Lecithin Organogel Base Kit	PLO Gel - Mediflo	TIER 3	

### C1 ESTERASE INHIBITORS

C1 Esterase Inhibitor (Human) For IV Inj 500 Unit	Cinryze	TIER 6	• PA Required • Specialty
C1 Esterase Inhibitor (Human) For IV Inj Kit 500 Unit	Berinert	TIER 6	• PA Required • Specialty
C1 Esterase Inhibitor (Human) For Subcutaneous Inj 2000 Unit	Haegarda	TIER 6	• PA Required • Specialty
C1 Esterase Inhibitor (Human) For Subcutaneous Inj 3000 Unit	Haegarda	TIER 6	• PA Required • Specialty
C1 Esterase Inhibitor (Recombinant) For IV Inj 2100 Unit	Ruconest	TIER 6	• PA Required • Specialty

### CALCIMIMETIC, PARATHYROID CALCIUM ENHANCER

Cinacalcet HCl Tab 30 MG (Base Equiv)		TIER 4	• QL: 2 IN 1 DAYS • Specialty
Cinacalcet HCl Tab 60 MG (Base Equiv)		TIER 4	• QL: 2 IN 1 DAYS • Specialty
Cinacalcet HCl Tab 90 MG (Base Equiv)		TIER 4	• QL: 4 IN 1 DAYS • Specialty

### CATHETER LOCK SOLUTIONS

Heparin-Taurolidine Lock Soln 1000 Unit/ML- 13.5 MG/ML	Defencath	TIER 3	
--	-----------	--------	--

### CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT, RECTAL TX

*Mesalamine Rectal Enema 4 GM & Cleanser Wipe Kit**		TIER 1	
Mesalamine Enema 4 GM		TIER 1	
Mesalamine Suppos 1000 MG		TIER 1	
Mesalamine Sulfite-Free (SF) Enema 4 GM/60ML	SfRowasa	TIER 3	

	TRADE NAME	TIER	NOTES
<b>COMPLEMENT INHIBITORS</b>			
Avacopan Cap 10 MG	Tavneos	TIER 6	• PA Required • Specialty
Iptacopan HCl Cap 200 MG	Fabhalta	TIER 6	• PA Required • Specialty
Pegcetacoplan Subcutaneous Soln 1080 MG/20ML (54 MG/ML)	Empaveli	TIER 6	• PA Required • Specialty
Zilucoplan Sodium Subcutaneous Soln Pref Syr 16.6 MG/0.416ML	Zilbrysq	TIER 6	• PA Required • Specialty
Zilucoplan Sodium Subcutaneous Soln Pref Syr 23 MG/0.574ML	Zilbrysq	TIER 6	• PA Required • Specialty
Zilucoplan Sodium Subcutaneous Soln Pref Syr 32.4 MG/0.81ML	Zilbrysq	TIER 6	• PA Required • Specialty
<b>CYSTIC FIBROSIS - INHALED OSMOTIC AGENTS</b>			
Mannitol Inhal Cap 40 MG	Bronchitol Tolerance Test	TIER 6	• QL: 20 IN 1 DAYS• ST: TRIAL OF INHALED 7% SODIUM CHLORIDE SOLUTION IN THE PAST 120 DAYS. • AGE_YEARS=0-17 DENY • Specialty
Mannitol Inhal Cap 40 MG	Bronchitol	TIER 6	• QL: 20 IN 1 DAYS• ST: TRIAL OF INHALED 7% SODIUM CHLORIDE SOLUTION IN THE PAST 120 DAYS. • AGE_YEARS=0-17 DENY • Specialty
<b>CYSTIC FIBROSIS-CFTR POTENTIATOR-CORRECTOR COMBIN.</b>			
Elexacaf-Tezacaf-Ivacaft 100-50-75 MG & Ivacaftor 150 MG TBPK	Trikafta	TIER 5	• PA Required • Specialty
Elexacaf-Tezacaf-Ivacaft 100-50-75 MG & Ivacaft 75MG THPK Gran	Trikafta	TIER 5	• PA Required • Specialty
Elexacaf-Tezacaf-Ivacaft 50-25-37.5 MG & Ivacaftor 75 MG TBPK	Trikafta	TIER 5	• PA Required • Specialty
Elexacaf-Tezacaf-Ivacaft 80-40-60 MG & Ivacaft 59.5MG THPK Gran	Trikafta	TIER 5	• PA Required • Specialty
Lumacaftor-Ivacaftor Granules Packet 100-125 MG	Orkambi	TIER 5	• PA Required • Specialty
Lumacaftor-Ivacaftor Granules Packet 150-188 MG	Orkambi	TIER 5	• PA Required • Specialty
Lumacaftor-Ivacaftor Granules Packet 75-94 MG	Orkambi	TIER 5	• PA Required • Specialty

	TRADE NAME	TIER	NOTES
Lumacaftor-Ivacaftor Tab 100-125 MG	Orkambi	TIER 5	• PA Required • Specialty
Lumacaftor-Ivacaftor Tab 200-125 MG	Orkambi	TIER 5	• PA Required • Specialty
Tezacaftor-Ivacaftor 100-150 MG & Ivacaftor 150 MG Tab TBPK	Symdeko	TIER 5	• PA Required • Specialty
Tezacaftor-Ivacaftor 50-75 MG & Ivacaftor 75 MG Tab TBPK	Symdeko	TIER 5	• PA Required • Specialty

### **CYSTIC FIB-TRANSMEMB CONDUCT.REG.(CFTR)POTENTIATOR**

Ivacaftor Packet 13.4 MG	Kalydeco	TIER 5	• PA Required • Specialty
Ivacaftor Packet 25 MG	Kalydeco	TIER 5	• PA Required • Specialty
Ivacaftor Packet 5.8 MG	Kalydeco	TIER 5	• PA Required • Specialty
Ivacaftor Packet 50 MG	Kalydeco	TIER 5	• PA Required • Specialty
Ivacaftor Packet 75 MG	Kalydeco	TIER 5	• PA Required • Specialty
Ivacaftor Tab 150 MG	Kalydeco	TIER 5	• PA Required • Specialty

### **CYSTINE-DEPLETING AGENTS, NEPHROPATHIC CYSTINOSIS**

Cysteamine Bitartrate Cap Delayed Release 25 MG (Base Equiv)	Procysbi	TIER 5	• PA Required • Specialty
Cysteamine Bitartrate Cap Delayed Release 75 MG (Base Equiv)	Procysbi	TIER 5	• PA Required • Specialty
Cysteamine Bitartrate Delayed Release Granules Packet 300 MG	Procysbi	TIER 5	• PA Required • Specialty
Cysteamine Bitartrate Delayed Release Granules Packet 75 MG	Procysbi	TIER 5	• PA Required • Specialty
Cysteamine Bitartrate Cap 150 MG	Cystagon	TIER 6	• Specialty
Cysteamine Bitartrate Cap 50 MG	Cystagon	TIER 6	• Specialty

### **CYTOCHROME P450 INHIBITORS**

Cobicistat Tab 150 MG	Tybost	TIER 2	• QL: 1 IN 1 DAYS
-----------------------	--------	--------	-------------------

### **DENTAL AIDS AND PREPARATIONS**

Chlorhexidine Gluconate Soln 0.12%		TIER 1	
Triamcinolone Acetonide Dental Paste 0.1%		TIER 1	

### **DIAGNOSTIC TEST DEVICES, SUPPLIES, AND SERVICES**

*Patient Assessment by Pharmacist - No Drug Dispensed***	EUA Patient Assessment	TIER 3	
--	------------------------	--------	--

### **DIETARY SUPPLEMENT, MISCELLANEOUS**

	TRADE NAME	TIER	NOTES
*Dietary Management Product - Caps***	Rheumate	TIER 3	
*Dietary Management Product - Caps***	Proleeva	TIER 3	
*Dietary Management Product - Caps***	Fosteum Plus	TIER 3	
*Misc Natural Products Cap**	Xyzmune	TIER 3	
*Misc Natural Products Cap**	Ultra His	TIER 3	
*Misc Natural Products Cap**	Imubolic	TIER 3	

### DRUGS TO TREAT ERECTILE DYSFUNCTION (ED)

Vardenafil HCl Orally Disintegrating Tab 10 MG		TIER 1	• QL: 1 IN 5 DAYS• ST: TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS
Vardenafil HCl Tab 10 MG		TIER 1	• QL: 1 IN 5 DAYS• ST: TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS
Vardenafil HCl Tab 2.5 MG		TIER 1	• QL: 1 IN 5 DAYS• ST: TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS
Vardenafil HCl Tab 20 MG		TIER 1	• QL: 1 IN 5 DAYS• ST: TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS
Vardenafil HCl Tab 5 MG		TIER 1	• QL: 1 IN 5 DAYS• ST: TRIAL OF GENERIC VIAGRA IN THE PAST 120 DAYS
Alprostadil For Inj 20 MCG	Caverject	TIER 3	• QL: 1 IN 5 DAYS
Alprostadil For Inj 40 MCG	Caverject	TIER 3	• QL: 1 IN 5 DAYS
Alprostadil For Inj Kit 10 MCG	Edex (6 Cartridge)	TIER 3	• QL: 3 IN 30 DAYS
Alprostadil For Inj Kit 10 MCG	Edex (2 Cartridge)	TIER 3	• QL: 3 IN 30 DAYS
Alprostadil For Inj Kit 10 MCG	Edex (6 Cartridge)	TIER 3	• QL: 1 IN 5 DAYS
Alprostadil For Inj Kit 10 MCG	Caverject Impulse	TIER 3	• QL: 3 IN 30 DAYS
Alprostadil For Inj Kit 10 MCG	Edex (2 Cartridge)	TIER 3	• QL: 1 IN 5 DAYS
Alprostadil For Inj Kit 10 MCG	Caverject Impulse	TIER 3	• QL: 1 IN 5 DAYS
Alprostadil For Inj Kit 20 MCG	Edex (2 Cartridge)	TIER 3	• QL: 3 IN 30 DAYS
Alprostadil For Inj Kit 20 MCG	Caverject Impulse	TIER 3	• QL: 1 IN 5 DAYS

	TRADE NAME	TIER	NOTES
Alprostadil For Inj Kit 20 MCG	Caverject Impulse	TIER 3	• QL: 3 IN 30 DAYS
Alprostadil For Inj Kit 20 MCG	Edex (2 Cartridge)	TIER 3	• QL: 1 IN 5 DAYS
Alprostadil For Inj Kit 20 MCG	Edex (6 Cartridge)	TIER 3	• QL: 3 IN 30 DAYS
Alprostadil For Inj Kit 20 MCG	Edex (6 Cartridge)	TIER 3	• QL: 1 IN 5 DAYS
Alprostadil For Inj Kit 40 MCG	Edex (6 Cartridge)	TIER 3	• QL: 3 IN 30 DAYS
Alprostadil For Inj Kit 40 MCG	Edex (2 Cartridge)	TIER 3	• QL: 3 IN 30 DAYS
Alprostadil Urethral Pellet 1000 MCG	Muse	TIER 3	• QL: 1 IN 5 DAYS
Alprostadil Urethral Pellet 250 MCG	Muse	TIER 3	• QL: 1 IN 5 DAYS
Alprostadil Urethral Pellet 500 MCG	Muse	TIER 3	• QL: 1 IN 5 DAYS
Papaverine-Phentolamine Inj 30-1 MG/ML	IFE-BiMix 30/1	TIER 3	
Papav-Phentolamine-Alprostadil For Inj 150 MG-5 MG-50 MCG	Tri-Mix	TIER 3	

### DRUGS TO TREAT MOVEMENT DISORDERS

Tetrabenazine Tab 12.5 MG		TIER 4	• PA Required • Specialty
Tetrabenazine Tab 25 MG		TIER 4	• PA Required • Specialty
Deutetrabenazine Tab 12 MG	Austedo	TIER 5	• PA Required • Specialty
Deutetrabenazine Tab 6 MG	Austedo	TIER 5	• PA Required • Specialty
Deutetrabenazine Tab 9 MG	Austedo	TIER 5	• PA Required • Specialty
Deutetrabenazine Tab ER 24HR 12 MG	Austedo XR	TIER 5	• PA Required • Specialty
Deutetrabenazine Tab ER 24HR 24 MG	Austedo XR	TIER 5	• PA Required • Specialty
Deutetrabenazine Tab ER 24HR 6 MG	Austedo XR	TIER 5	• PA Required • Specialty
Deutetrabenazine Tab ER Titration Pack 6 MG & 12 MG & 24 MG	Austedo XR Patient Titration	TIER 5	• Specialty
Valbenazine Tosylate Cap 40 MG (Base Equiv)	Ingrezza	TIER 6	• PA Required • Specialty
Valbenazine Tosylate Cap 60 MG (Base Equiv)	Ingrezza	TIER 6	• PA Required • Specialty
Valbenazine Tosylate Cap 80 MG (Base Equiv)	Ingrezza	TIER 6	• PA Required • Specialty
Valbenazine Tosylate Cap Therapy Pack 40 MG (7) & 80 MG (21)	Ingrezza	TIER 6	• PA Required • Specialty

### FACTOR IX COMPLEX (PCC) PREPARATIONS

Factor IX Complex For Inj 1000 Unit	Profilnine	TIER 6	• Specialty
-------------------------------------	------------	--------	-------------

	TRADE NAME	TIER	NOTES
Factor IX Complex For Inj 1500 Unit	Profilnine	TIER 6	• Specialty
Factor IX Complex For Inj 500 Unit	Profilnine	TIER 6	• Specialty

## FACTOR IX PREPARATIONS

Coagulation Factor IX (Recomb) (rFIXFc) For Inj 1000 Unit	Alprolix	TIER 6	• Specialty
Coagulation Factor IX (Recomb) (rFIXFc) For Inj 2000 Unit	Alprolix	TIER 6	• Specialty
Coagulation Factor IX (Recomb) (rFIXFc) For Inj 250 Unit	Alprolix	TIER 6	• Specialty
Coagulation Factor IX (Recomb) (rFIXFc) For Inj 3000 Unit	Alprolix	TIER 6	• Specialty
Coagulation Factor IX (Recomb) (rFIXFc) For Inj 4000 Unit	Alprolix	TIER 6	• Specialty
Coagulation Factor IX (Recomb) (rFIXFc) For Inj 500 Unit	Alprolix	TIER 6	• Specialty
Coagulation Factor IX (Recomb) (rIX-FP) For Inj 1000 Unit	Idelvion	TIER 6	• Specialty
Coagulation Factor IX (Recomb) (rIX-FP) For Inj 2000 Unit	Idelvion	TIER 6	• Specialty
Coagulation Factor IX (Recomb) (rIX-FP) For Inj 250 Unit	Idelvion	TIER 6	• Specialty
Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit	Idelvion	TIER 6	• Specialty
Coagulation Factor IX (Recomb) (rIX-FP) For Inj 500 Unit	Idelvion	TIER 6	• Specialty
Coagulation Factor IX (Recombinant) For Inj 1000 Unit	Rixubis	TIER 6	• Specialty
Coagulation Factor IX (Recombinant) For Inj 1000 Unit	Ixinity	TIER 6	• Specialty
Coagulation Factor IX (Recombinant) For Inj 1500 Unit	Ixinity	TIER 6	• Specialty
Coagulation Factor IX (Recombinant) For Inj 2000 Unit	Rixubis	TIER 6	• Specialty
Coagulation Factor IX (Recombinant) For Inj 2000 Unit	Ixinity	TIER 6	• Specialty
Coagulation Factor IX (Recombinant) For Inj 250 Unit	Rixubis	TIER 6	• Specialty
Coagulation Factor IX (Recombinant) For Inj 250 Unit	Ixinity	TIER 6	• Specialty

	TRADE NAME	TIER	NOTES
Coagulation Factor IX (Recombinant) For Inj 3000 Unit	Rixubis	TIER 6	• Specialty
Coagulation Factor IX (Recombinant) For Inj 3000 Unit	Ixinity	TIER 6	• Specialty
Coagulation Factor IX (Recombinant) For Inj 500 Unit	Rixubis	TIER 6	• Specialty
Coagulation Factor IX (Recombinant) For Inj 500 Unit	Ixinity	TIER 6	• Specialty
Coagulation Factor IX (Recombinant) For Inj Kit 1000 Unit	BeneFIX	TIER 6	• Specialty
Coagulation Factor IX (Recombinant) For Inj Kit 2000 Unit	BeneFIX	TIER 6	• Specialty
Coagulation Factor IX (Recombinant) For Inj Kit 250 Unit	BeneFIX	TIER 6	• Specialty
Coagulation Factor IX (Recombinant) For Inj Kit 3000 Unit	BeneFIX	TIER 6	• Specialty
Coagulation Factor IX (Recombinant) For Inj Kit 500 Unit	BeneFIX	TIER 6	• Specialty
Coagulation Factor IX For Inj 1000 Unit	AlphaNine SD	TIER 6	• Specialty
Coagulation Factor IX For Inj 1500 Unit	AlphaNine SD	TIER 6	• Specialty
Coagulation Factor IX For Inj 500 Unit	AlphaNine SD	TIER 6	• Specialty
Coagulation Factor IX Recomb Glycopegylated For Inj 1000 Unt	Rebinyn	TIER 6	• Specialty
Coagulation Factor IX Recomb Glycopegylated For Inj 2000 Unt	Rebinyn	TIER 6	• Specialty
Coagulation Factor IX Recomb Glycopegylated For Inj 3000 Unt	Rebinyn	TIER 6	• Specialty
Coagulation Factor IX Recomb Glycopegylated For Inj 500 Unt	Rebinyn	TIER 6	• Specialty

### **FACTOR X PREPARATIONS**

Coagulation Factor X (Human) For Inj 250 Unit	Coagadex	TIER 6	• Specialty
Coagulation Factor X (Human) For Inj 500 Unit	Coagadex	TIER 6	• Specialty

### **FACTOR XIII PREPARATIONS**

Coagulation Factor XIII A-Subunit For Inj 2500 Unit	Tretten	TIER 6	• Specialty
Factor XIII Concentrate (Human) For Inj Kit 1000-1600 Unit	Corifact	TIER 6	• Specialty

### **FECAL MICROBIOTA TRANSPLANTATION (FMT)**

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
Fecal Microbiota Spores, Live-brpk Caps	Vowst	TIER 5	• PA Required • Specialty
Fecal Microbiota, Live-jslm Rectal Susp 150 ML	Rebyota	TIER 6	• PA Required • Specialty

### FLUORIDE PREPARATIONS

Sodium Fluoride Cream 1.1%		TIER 1	
Sodium Fluoride Gel 1.1% (0.5% F)		TIER 1	
Sodium Fluoride Rinse 0.2%	PreviDent	TIER 1	
Sodium Fluoride Rinse 0.2%	Sodium Fluoride	TIER 1	
Sodium Fluoride-Potassium Nitrate Gel 1.1-5%	FluoriMax 5000 Sensitive	TIER 3	
Sodium Fluoride-Potassium Nitrate Gel 1.1-5%	Fluoridex Sensitivity Relief	TIER 3	
Sodium Fluoride-Vitamin D Liqd Drops 0.25 MG/ML-400 Unit/ML	Floriva	TIER 3	

### GENERAL INHALATION AGENTS

Sodium Chloride Soln Nebu 3.5%	HyperSal	TIER 3	
Sodium Chloride Soln Nebu 6%	Nebusal	TIER 3	

### GENETIC D/O TX - SMN PROTEIN DEFICIENCY TREATMENT

Risdiplam For Soln 0.75 MG/ML	Evrysdi	TIER 6	• PA Required • Specialty
-------------------------------	---------	--------	---------------------------

### GLUCOSYLCERAMIDE SYNTHASE (GCS) INHIBITOR

Miglustat Cap 100 MG		TIER 4	• PA Required • Specialty
Eliglustat Tartrate Cap 84 MG (Base Equivalent)	Cerdelga	TIER 5	• Specialty
Miglustat (GAA Deficiency) Cap 65 MG	Opfolda	TIER 6	• PA Required • Specialty

### GLYPROMATE (GPE) ANALOGS

Trofinetide Oral Soln 200 MG/ML	Daybue	TIER 6	• PA Required • Specialty
---------------------------------	--------	--------	---------------------------

### GROWTH HORMONE RECEPTOR ANTAGONISTS

Pegvisomant For Inj 10 MG (As Protein)	Somavert	TIER 5	• Specialty
Pegvisomant For Inj 15 MG (As Protein)	Somavert	TIER 5	• Specialty
Pegvisomant For Inj 20 MG (As Protein)	Somavert	TIER 5	• Specialty
Pegvisomant For Inj 25 MG (As Protein)	Somavert	TIER 5	• Specialty
Pegvisomant For Inj 30 MG (As Protein)	Somavert	TIER 5	• Specialty

	TRADE NAME	TIER	NOTES
<b>HEMOPHILIA TREATMENT AGENTS, NON-FACTOR REPLACEMENT</b>			
Emicizumab-kxwh Subcutaneous Soln 105 MG/0.7ML (150 MG/ML)	Hemlibra	TIER 6	• PA Required • Specialty
Emicizumab-kxwh Subcutaneous Soln 150 MG/ML	Hemlibra	TIER 6	• PA Required • Specialty
Emicizumab-kxwh Subcutaneous Soln 30 MG/ML	Hemlibra	TIER 6	• PA Required • Specialty
Emicizumab-kxwh Subcutaneous Soln 300 MG/2ML (150 MG/ML)	Hemlibra	TIER 6	• PA Required • Specialty
Emicizumab-kxwh Subcutaneous Soln 60 MG/0.4ML (150 MG/ML)	Hemlibra	TIER 6	• PA Required • Specialty
<b>HUMAN INTERLEUKIN 12/23 (IL-12/13) INHIBITORS, MAB</b>			
Ustekinumab-kfce Soln Prefilled Syringe 45 MG/0.5ML	Yesintek	TIER 7	• PA Required • Specialty
Ustekinumab-kfce Soln Prefilled Syringe 90 MG/ML	Yesintek	TIER 7	• PA Required • Specialty
<b>HYDROXYPHENYL-PYRUVATE DIOXYGENASE (HPPD) INHIBITOR</b>			
Nitisinone Cap 10 MG		TIER 4	• PA Required • Specialty
Nitisinone Cap 2 MG		TIER 4	• PA Required • Specialty
Nitisinone Cap 20 MG		TIER 4	• PA Required • Specialty
Nitisinone Cap 5 MG		TIER 4	• PA Required • Specialty
Nitisinone (AKU) Tab 2 MG	Harliku	TIER 5	• PA Required • Specialty
Nitisinone Susp 4 MG/ML	Orfadin	TIER 5	• PA Required • Specialty
Nitisinone Tab 10 MG	Nityr	TIER 5	• PA Required • Specialty
Nitisinone Tab 2 MG	Nityr	TIER 5	• PA Required • Specialty
Nitisinone Tab 5 MG	Nityr	TIER 5	• PA Required • Specialty
<b>HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE</b>			
Paricalcitol Cap 1 MCG		TIER 1	
Paricalcitol Cap 2 MCG		TIER 1	
Paricalcitol Cap 4 MCG		TIER 1	
Calcifediol Cap ER 30 MCG	Royaldee	TIER 2	• QL: 2 IN 1 DAYS
<b>HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) TX AGENTS</b>			
Bremelanotide Acet Subcutaneous Soln Auto-Inj 1.75 MG/0.3ML	Vyleesi	TIER 3	• PA Required

	TRADE NAME	TIER	NOTES
Flibanserin Tab 100 MG	Addyi	TIER 3	• PA Required
<b>IBS AGENTS, MIXED OPIOID RECEPTOR AGONISTS/ANTAGONISTS</b>			
Eluxadoline Tab 100 MG	Viberzi	TIER 3	• PA Required
Eluxadoline Tab 75 MG	Viberzi	TIER 3	• PA Required
<b>IBS-C/CIC AGENTS, GUANYLATE CYCLASE-C AGONIST</b>			
Linaclotide Cap 145 MCG	Linzess	TIER 2	• QL: 1 IN 1 DAYS
Linaclotide Cap 290 MCG	Linzess	TIER 2	• QL: 1 IN 1 DAYS
Linaclotide Cap 72 MCG	Linzess	TIER 2	• QL: 1 IN 1 DAYS
<b>IL-23 RECEPTOR ANTAGONIST, MONOCLONAL ANTIBODY</b>			
Risankizumab-rzaa Subcutaneous Soln Cartridge 180 MG/1.2ML	Skyrizi	TIER 7	• PA Required • Specialty
Risankizumab-rzaa Subcutaneous Soln Cartridge 360 MG/2.4ML	Skyrizi	TIER 7	• PA Required • Specialty
<b>IMMUNOMODULATOR, B-LYMPHOCYTE STIM(BLYS)-SPEC INHIB</b>			
Belimumab Subcutaneous Solution Auto-injector 200 MG/ML	Benlysta	TIER 6	• PA Required • Specialty
Belimumab Subcutaneous Solution Prefilled Syringe 200 MG/ML	Benlysta	TIER 6	• PA Required • Specialty
<b>IMMUNOSUPPRESSIVES</b>			
Azathioprine Tab 100 MG		TIER 1	
Azathioprine Tab 50 MG		TIER 1	
Azathioprine Tab 75 MG		TIER 1	
Cyclosporine Cap 100 MG		TIER 1	
Cyclosporine Cap 25 MG		TIER 1	
Cyclosporine Modified Cap 100 MG		TIER 1	
Cyclosporine Modified Cap 25 MG		TIER 1	
Cyclosporine Modified Cap 50 MG		TIER 1	
Cyclosporine Modified Oral Soln 100 MG/ML		TIER 1	
Everolimus Tab 0.25 MG		TIER 1	
Everolimus Tab 0.5 MG		TIER 1	
Everolimus Tab 0.75 MG		TIER 1	
Everolimus Tab 1 MG		TIER 1	

	TRADE NAME	TIER	NOTES
Mycophenolate Mofetil Cap 250 MG		TIER 1	
Mycophenolate Mofetil For Oral Susp 200 MG/ML		TIER 1	
Mycophenolate Mofetil Tab 500 MG		TIER 1	
Mycophenolate Sodium Tab DR 180 MG (Mycophenolic Acid Equiv)		TIER 1	
Mycophenolate Sodium Tab DR 360 MG (Mycophenolic Acid Equiv)		TIER 1	
Sirolimus Oral Soln 1 MG/ML		TIER 1	
Sirolimus Tab 0.5 MG		TIER 1	
Sirolimus Tab 1 MG		TIER 1	
Sirolimus Tab 2 MG		TIER 1	
Tacrolimus Cap 0.5 MG		TIER 1	
Tacrolimus Cap 1 MG		TIER 1	
Tacrolimus Cap 5 MG		TIER 1	
Cyclosporine Oral Soln 100 MG/ML	SandIMMUNE	TIER 2	
Tacrolimus Packet For Susp 0.2 MG	Prograf	TIER 2	
Tacrolimus Packet For Susp 1 MG	Prograf	TIER 2	
Cyclosporine Modified Cap 50 MG		TIER 3	
Voclosporin Cap 7.9 MG	Lupkynis	TIER 6	• PA Required • Specialty

### **INTEGRIN RECEPTOR ANTAGONIST, MONOCLONAL ANTIBODY**

Vedolizumab Soln Auto-injector 108 MG/0.68ML	Entyvio Pen	TIER 6	• PA Required • Specialty
--	-------------	--------	---------------------------

### **INTERLEUKIN-13 (IL-13) INHIBITORS, MAB**

Tralokinumab-ldrm Subcutaneous Soln Prefilled Syr 150 MG/ML	Adbry	TIER 5	• PA Required • Specialty
---	-------	--------	---------------------------

### **INTERLEUKIN-4(IL-4) RECEPTOR ALPHA ANTAGONIST, MAB**

Dupilumab Subcutaneous Soln Auto-injector 200 MG/1.14ML	Dupixent	TIER 5	• PA Required • Specialty
Dupilumab Subcutaneous Soln Auto-injector 300 MG/2ML	Dupixent	TIER 5	• PA Required • Specialty
Dupilumab Subcutaneous Soln Prefilled Syringe 200 MG/1.14ML	Dupixent	TIER 5	• PA Required • Specialty
Dupilumab Subcutaneous Soln Prefilled Syringe 300 MG/2ML	Dupixent	TIER 5	• PA Required • Specialty

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
<b>INTERLEUKIN-6 (IL-6) RECEPTOR INHIBITORS</b>			
Satralizumab-mwge Subcutaneous Soln Pref Syringe 120 MG/ML	Enspryng	TIER 6	• PA Required • Specialty
Tocilizumab Subcutaneous Soln Auto-injector 162 MG/0.9ML	Actemra ACTPen	TIER 6	• PA Required • Specialty
Tocilizumab Subcutaneous Soln Prefilled Syringe 162 MG/0.9ML	Actemra	TIER 6	• PA Required • Specialty
<b>IRRIGANTS</b>			
Acetic Acid Irrigation Soln 0.25%		TIER 1	
Lactated Ringer's for Irrigation		TIER 1	
Neomycin-Polymyxin B GU Irrigation Soln	Neomycin-Polymyxin B GU	TIER 1	
Ringer's Solution For Irrigation		TIER 1	
<b>IRRITABLE BOWEL SYNDROME AGENTS, 5-HT3 ANTAGONIST</b>			
Alosetron HCl Tab 0.5 MG (Base Equiv)		TIER 1	
Alosetron HCl Tab 1 MG (Base Equiv)		TIER 1	
<b>JANUS KINASE (JAK) INHIBITORS</b>			
Ritlecitinib Tosylate Cap 50 MG (Base Equiv)	Litfulo	TIER 6	• PA Required • Specialty
<b>KIDNEY STONE AGENTS</b>			
Tiopronin Tab 100 MG		TIER 4	• Specialty
Tiopronin Tab Delayed Release 100 MG		TIER 4	• Specialty
Tiopronin Tab Delayed Release 300 MG		TIER 4	• Specialty
<b>LOCAL ANORECTAL NITRATE PREPARATIONS</b>			
Nitroglycerin Oint 0.4%		TIER 1	
<b>MAST CELL STABILIZERS</b>			
Cromolyn Sodium Oral Conc 100 MG/5ML		TIER 1	
<b>MENOPAUSAL SYMPTOMS SUPPRESSANT - SSRIS</b>			
Paroxetine Mesylate Cap 7.5 MG (Base Equiv)		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR PAROXETINE OR VENLAFAXINE WITHIN THE PAST 120 DAYS
<b>MENOPAUSAL SYMPTOMS SUPPRESSANT-NK RECEPTOR ANTAG</b>			

	TRADE NAME	TIER	NOTES
Fezolinetant Tab 45 MG	Veozah	TIER 3	
<b>METABOLIC DEFICIENCY AGENTS</b>			
Levocarnitine Oral Soln 1 GM/10ML (10%)		TIER 1	
Levocarnitine Tab 330 MG		TIER 1	
*Betaine Powder For Oral Solution***		TIER 4	• PA Required • Specialty
<b>METABOLIC DISEASE ENZYME REPLACE, HYPOPHOSPHATASIA</b>			
Asfotase Alfa Subcutaneous Inj 18 MG/0.45ML	Strensiq	TIER 5	• PA Required • Specialty
Asfotase Alfa Subcutaneous Inj 28 MG/0.7ML	Strensiq	TIER 5	• PA Required • Specialty
Asfotase Alfa Subcutaneous Inj 40 MG/ML	Strensiq	TIER 5	• PA Required • Specialty
Asfotase Alfa Subcutaneous Inj 80 MG/0.8ML	Strensiq	TIER 5	• PA Required • Specialty
<b>METABOLIC DISEASE ENZYME REPLACEMENT, MOCD</b>			
Fosdenopterin Hydrobromide For IV Soln 9.5 MG	Nulibry	TIER 6	• PA Required • Specialty
<b>METABOLIC DX ENZYME REPLACEMENT, SEV. COMB. IMMUNE DEF.</b>			
Elapegademase-IVr IM Soln 2.4 MG/1.5ML (1.6 MG/ML)	Revcovi	TIER 6	• PA Required • Specialty
<b>METALLIC POISON, AGENTS TO TREAT</b>			
Deferasirox Granules Packet 180 MG		TIER 4	• PA Required • Specialty
Deferasirox Granules Packet 360 MG		TIER 4	• PA Required • Specialty
Deferasirox Granules Packet 90 MG		TIER 4	• PA Required • Specialty
Deferasirox Tab 180 MG		TIER 4	• PA Required • Specialty
Deferasirox Tab 360 MG		TIER 4	• PA Required • Specialty
Deferasirox Tab 90 MG		TIER 4	• PA Required • Specialty
Deferasirox Tab For Oral Susp 125 MG		TIER 4	• PA Required • Specialty
Deferasirox Tab For Oral Susp 250 MG		TIER 4	• PA Required • Specialty
Deferasirox Tab For Oral Susp 500 MG		TIER 4	• PA Required • Specialty
<b>MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E (IGE)</b>			
Omalizumab For Inj 150 MG	Xolair	TIER 5	• PA Required • Specialty
Omalizumab Subcutaneous Soln Auto-Injector 150 MG/ML	Xolair	TIER 5	• PA Required • Specialty

	TRADE NAME	TIER	NOTES
Omalizumab Subcutaneous Soln Auto-Injector 300 MG/2ML	Xolair	TIER 5	• PA Required • Specialty
Omalizumab Subcutaneous Soln Auto-Injector 75 MG/0.5ML	Xolair	TIER 5	• PA Required • Specialty
Omalizumab Subcutaneous Soln Prefilled Syringe 150 MG/ML	Xolair	TIER 5	• PA Required • Specialty
Omalizumab Subcutaneous Soln Prefilled Syringe 300 MG/2ML	Xolair	TIER 5	• PA Required • Specialty
Omalizumab Subcutaneous Soln Prefilled Syringe 75 MG/0.5ML	Xolair	TIER 5	• PA Required • Specialty

### MUCOLYTICS

Acetylcysteine Inhal Soln 10%		TIER 1	
Acetylcysteine Inhal Soln 20%		TIER 1	
Dornase Alfa Inhal Soln 2.5 MG/2.5ML	Pulmozyme	TIER 5	• PA Required • Specialty

### MU-OPIOID RECEPTOR ANTAGONISTS, PERIPHERALLY-ACTING

Alvimopan Cap 12 MG		TIER 1	
---------------------	--	--------	--

### NATRIURETIC PEPTIDES

Vosoritide For Subcutaneous Inj 0.4 MG	Voxzogo	TIER 6	• PA Required • Specialty
Vosoritide For Subcutaneous Inj 0.56 MG	Voxzogo	TIER 6	• PA Required • Specialty
Vosoritide For Subcutaneous Inj 1.2 MG	Voxzogo	TIER 6	• PA Required • Specialty

### NUCLEAR FACTOR ERYTHROID 2-REL. FACTOR 2 ACTIVATOR

Omaveloxolone Cap 50 MG	Skyclarys	TIER 6	• PA Required • Specialty
-------------------------	-----------	--------	---------------------------

### OPIOID WITHDRAWAL THERAPY AGENTS, OPIOID-TYPE

Buprenorphine HCl SL Tab 2 MG (Base Equiv)		TIER 1	• QL: 3 IN 1 DAYS
Buprenorphine HCl SL Tab 8 MG (Base Equiv)		TIER 1	• QL: 3 IN 1 DAYS
Buprenorphine HCl-Naloxone HCl SL Film 12-3 MG (Base Equiv)		TIER 1	• QL: 2 IN 1 DAYS
Buprenorphine HCl-Naloxone HCl SL Film 2-0.5 MG (Base Equiv)		TIER 1	• QL: 1 IN 1 DAYS
Buprenorphine HCl-Naloxone HCl SL Film 4-1 MG (Base Equiv)		TIER 1	• QL: 1 IN 1 DAYS
Buprenorphine HCl-Naloxone HCl SL Film 8-2 MG (Base Equiv)		TIER 1	• QL: 2 IN 1 DAYS
Buprenorphine HCl-Naloxone HCl SL Tab 2-0.5 MG (Base Equiv)		TIER 1	• QL: 3 IN 1 DAYS

	TRADE NAME	TIER	NOTES
Buprenorphine HCl-Naloxone HCl SL Tab 8-2 MG (Base Equiv)		TIER 1	• QL: 3 IN 1 DAYS
Buprenorphine HCl-Naloxone HCl SL Tab 0.7- 0.18 MG (Base Eq)	Zubsolv	TIER 2	• QL: 1 IN 1 DAYS
Buprenorphine HCl-Naloxone HCl SL Tab 1.4- 0.36 MG (Base Eq)	Zubsolv	TIER 2	• QL: 1 IN 1 DAYS
Buprenorphine HCl-Naloxone HCl SL Tab 11.4-2.9 MG (Base Eq)	Zubsolv	TIER 2	• QL: 1 IN 1 DAYS
Buprenorphine HCl-Naloxone HCl SL Tab 2.9- 0.71 MG (Base Eq)	Zubsolv	TIER 2	• QL: 1 IN 1 DAYS
Buprenorphine HCl-Naloxone HCl SL Tab 5.7- 1.4 MG (Base Eq)	Zubsolv	TIER 2	• QL: 1 IN 1 DAYS
Buprenorphine HCl-Naloxone HCl SL Tab 8.6- 2.1 MG (Base Eq)	Zubsolv	TIER 2	• QL: 2 IN 1 DAYS

### **OXALOSIS AGENT - OXALATE INHIBITOR, SIRNA BASED**

Lumasiran Sodium Subcutaneous Soln 94.5 MG/0.5ML	Oxlumo	TIER 6	• PA Required • Specialty
Nedosiran Sodium Subcutaneous Soln 80 MG/0.5ML	Rivfloza	TIER 6	• PA Required • Specialty
Nedosiran Sodium Subcutaneous Soln Pref Syr 128 MG/0.8ML	Rivfloza	TIER 6	• PA Required • Specialty
Nedosiran Sodium Subcutaneous Soln Pref Syr 160 MG/ML	Rivfloza	TIER 6	• PA Required • Specialty

### **PERIODONTAL COLLAGENASE INHIBITORS**

Doxycycline Hyclate Tab 20 MG		TIER 1	
-------------------------------	--	--------	--

### **PHARMACEUTICAL ADJUVANTS, TABLET, CAPSULE COMPONENTS**

*Gelatin Capsules (Empty)**	DRcaps Size 1	TIER 3	
*Non Gelatin Capsules (Empty)**	Capsule 0 Clear DR	TIER 3	

### **PHARMACOLOGICAL CHAPERONE-ALPHA-GALACTOSID.A STABZ**

Migalastat HCl Cap 123 MG (Base Equivalent)	Galafold	TIER 6	• PA Required • Specialty
---	----------	--------	---------------------------

### **PHOSPHODIESTERASE (PDE) INHIBITORS**

Roflumilast Tab 250 MCG		TIER 1	• QL: 1 IN 1 DAYS
Roflumilast Tab 500 MCG		TIER 1	• QL: 1 IN 1 DAYS

### **PKU TX AGENT-COFACTOR OF PHENYLALANINE HYDROXYLASE**

Sapropterin Dihydrochloride Powder Packet 100 MG		TIER 4	• Specialty
--	--	--------	-------------

	TRADE NAME	TIER	NOTES
Sapropterin Dihydrochloride Powder Packet 500 MG		TIER 4	• Specialty
Sapropterin Dihydrochloride Tab 100 MG		TIER 4	• Specialty
<b>PLASMA KALLIKREIN INHIBITORS</b>			
Bertralstat HCl Cap 110 MG	Orladeyo	TIER 6	• PA Required • Specialty
Bertralstat HCl Cap 150 MG	Orladeyo	TIER 6	• PA Required • Specialty
<b>PLATELET REDUCING AGENTS</b>			
Anagrelide HCl Cap 0.5 MG		TIER 1	
Anagrelide HCl Cap 1 MG		TIER 1	
<b>PROTEIN STABILIZERS</b>			
Tafamidis Cap 61 MG	Vyndamax	TIER 6	• PA Required • Specialty
Tafamidis Meglumine (Cardiac) Cap 20 MG	Vyndaqel	TIER 6	• PA Required • Specialty
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS</b>			
Dextromethorphan HBr-Quinidine Sulfate Cap 20-10 MG	Nuedexta	TIER 3	• PA Required
<b>PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS</b>			
Nintedanib Esylate Cap 100 MG (Base Equivalent)	Ofev	TIER 6	• PA Required • Specialty
Nintedanib Esylate Cap 150 MG (Base Equivalent)	Ofev	TIER 6	• PA Required • Specialty
<b>PYRUVATE KINASE ACTIVATORS</b>			
Mitapivat Sulfate Tab 20 MG	Pyrukynd	TIER 6	• PA Required • Specialty
Mitapivat Sulfate Tab 5 MG	Pyrukynd	TIER 6	• PA Required • Specialty
Mitapivat Sulfate Tab 50 MG	Pyrukynd	TIER 6	• PA Required • Specialty
Mitapivat Sulfate Tab Therapy Pack 5 MG	Pyrukynd Taper Pack	TIER 6	• PA Required • Specialty
Mitapivat Sulfate Tab Therapy Pack 7 x 20 MG & 7 x 5 MG	Pyrukynd Taper Pack	TIER 6	• PA Required • Specialty
Mitapivat Sulfate Tab Therapy Pack 7 x 50 MG & 7 x 20 MG	Pyrukynd Taper Pack	TIER 6	• PA Required • Specialty
<b>RECTAL PREPARATIONS</b>			
Hydrocortisone Acetate Suppos 25 MG		TIER 1	
Hydrocortisone Acetate Suppos 30 MG		TIER 1	

	TRADE NAME	TIER	NOTES
<b>RETINOIC ACID RECEPTOR (RAR) AGONISTS</b>			
Palovarotene Cap 1 MG	Sohonos	TIER 6	• PA Required • Specialty
Palovarotene Cap 1.5 MG	Sohonos	TIER 6	• PA Required • Specialty
Palovarotene Cap 10 MG	Sohonos	TIER 6	• PA Required • Specialty
Palovarotene Cap 2.5 MG	Sohonos	TIER 6	• PA Required • Specialty
Palovarotene Cap 5 MG	Sohonos	TIER 6	• PA Required • Specialty
<b>RHO KINASE INHIBITOR</b>			
Belumosudil Mesylate Tab 200 MG	Rezurock	TIER 5	• PA Required • Specialty
<b>SALIVA SUBSTITUTE AGENTS</b>			
*Artificial Saliva - Solution***	Numoisyn	TIER 3	
<b>SBS - GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS</b>			
Teduglutide (rDNA) For Inj Kit 5 MG	Gattex	TIER 5	• PA Required • Specialty
<b>SICKLE CELL ANEMIA AGENTS</b>			
Hydroxyurea Cap 200 MG	Droxia	TIER 3	
Hydroxyurea Cap 300 MG	Droxia	TIER 3	
Hydroxyurea Cap 400 MG	Droxia	TIER 3	
Hydroxyurea Tab 100 MG	Siklos	TIER 3	• QL: 2 IN 1 DAYS
Hydroxyurea Tab 1000 MG	Siklos	TIER 3	• ST: TRIAL OF GENERIC HYDROXYUREA AND DROXIA IN THE PAST 365 DAYS
Voxelotor Tab 300 MG	Oxbryta	TIER 6	• Specialty
Voxelotor Tab 500 MG	Oxbryta	TIER 6	• Specialty
Voxelotor Tab For Oral Susp 300 MG	Oxbryta	TIER 6	• Specialty
<b>SMOKING DETERRENTS, OTHER</b>			
Bupropion HCl (Smoking Deterrent) Tab ER 12HR 150 MG		TIER 10	
<b>SODIUM/SALINE PREPARATIONS</b>			
*Bacteriostatic Sodium Chloride Inj Soln 0.9%***		TIER 1	
<b>SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATOR</b>			

	TRADE NAME	TIER	NOTES
Ozanimod Cap Pack 4 x 0.23 MG & 3 x 0.46 MG	Zeposia 7-Day Starter Pack	TIER 6	• PA Required • Specialty
Ozanimod Cap Pack 4 x 0.23 MG & 3 x 0.46 MG & 21 x 0.92 MG	Zeposia Starter Kit	TIER 6	• PA Required • Specialty
Ozanimod HCl Cap 0.92 MG	Zeposia	TIER 6	• PA Required • Specialty

### **SPLEEN/BRUTON'S TYROSINE KINASE INHIBITORS**

Fostamatinib Disodium Tab 100 MG (Base Equivalent)	Tavalisse	TIER 6	• PA Required • Specialty
Fostamatinib Disodium Tab 150 MG (Base Equivalent)	Tavalisse	TIER 6	• PA Required • Specialty

### **SYSTEMIC ENZYME INHIBITORS**

Alpelisib (PROS) Pak 250 MG Daily Dose (200 MG & 50 MG Tabs)	Vijoice	TIER 6	• PA Required • Specialty
Alpelisib (PROS) Tab Therapy Pack 125 MG Daily Dose	Vijoice	TIER 6	• PA Required • Specialty
Alpelisib (PROS) Tab Therapy Pack 50 MG Daily Dose	Vijoice	TIER 6	• PA Required • Specialty
Alpha1-Proteinase Inhibitor (Human) For IV Soln 1000 MG	Aralast NP	TIER 6	• Specialty
Alpha1-Proteinase Inhibitor (Human) For IV Soln 1000 MG	Zemaira	TIER 6	• Specialty
Alpha1-Proteinase Inhibitor (Human) For IV Soln 500 MG	Aralast NP	TIER 6	• Specialty
Alpha1-Proteinase Inhibitor (Human) Inj 1000 MG/20ML	Prolastin-C	TIER 6	• Specialty
Leniolisib Phosphate Tab 70 MG	Joenja	TIER 6	• PA Required • Specialty
Lonafarnib Cap 50 MG	Zokinvy	TIER 6	• PA Required • Specialty
Lonafarnib Cap 75 MG	Zokinvy	TIER 6	• PA Required • Specialty

### **THYMIC STROMAL LYMPHOPOIETIN (TSLP) INHIBITORS**

Tezepelumab-ekko Subcutaneous Soln Auto-Inj 210 MG/1.91ML	Tezspire	TIER 5	• PA Required • Specialty
---	----------	--------	---------------------------

### **TISSUE BULKING IMPLANTS**

Hyaluronic Acid (Rectal) Gel 20 MG/ML	Barrigel	TIER 3	
---------------------------------------	----------	--------	--

### **TOPICAL ANTIBIOTIC AND ANTI-INFLAMMATORY STEROID**

	TRADE NAME	TIER	NOTES
*Neomycin-Fluocinolone Cream 0.5-0.025% & Emollient Cr Kit*	Neo-Synalar	TIER 3	• ST: TRIAL OF GENERIC FLUOCINOLONE ACETONIDE CREAM, OIL, OINTMENT OR SOLUTION IN THE PAST 120 DAYS
Neomycin Sulfate-Fluocinolone Acetonide Cream 0.5-0.025%	Neo-Synalar	TIER 3	• ST: TRIAL OF GENERIC FLUOCINOLONE ACETONIDE CREAM, OIL, OINTMENT OR SOLUTION IN THE PAST 120 DAYS

## URINARY PH MODIFIERS

Pot & Sod Citrates w/ Cit Ac Soln 550-500-334 MG/5ML	Pot & Sod Cit-Cit Ac	TIER 1	
Pot & Sod Citrates w/ Cit Ac Soln 550-500-334 MG/5ML	Tricitrates	TIER 1	
Pot & Sod Citrates w/ Cit Ac Syrup 550-500-334 MG/5ML	Cytra-3	TIER 1	
Pot Phos Monobasic w/Sod Phos Di & Monobas Tab 155-852-130MG		TIER 1	
Potassium Citrate Tab ER 10 MEQ (1080 MG)		TIER 1	
Potassium Citrate Tab ER 15 MEQ (1620 MG)		TIER 1	
Potassium Citrate Tab ER 5 MEQ (540 MG)		TIER 1	
Sodium Citrate & Citric Acid Soln 500-334 MG/5ML		TIER 1	
*Citric Acid-Gluconolactone-Magnesium Carbonate Soln**	Renacidin	TIER 3	
Potassium & Sodium Acid Phosphates Tab 305-700 MG	K-Phos No 2	TIER 3	
Sodium Citrate & Citric Acid Soln 490-640 MG/5ML	Oral Citrate	TIER 3	
Sodium Citrate & Citric Acid Soln 490-640 MG/5ML	Oracit	TIER 3	

## VEHICLES

*Oral Vehicles - Susp***	Ora-Blend	TIER 3	
*Oral Vehicles - Susp***	Suspension Vehicle	TIER 3	
*Oral Vehicles - Susp***	SuspendRx w/BitterBloc Unsweet	TIER 3	

	TRADE NAME	TIER	NOTES
*Oral Vehicles - Susp***	SuspendRx w/BitterBloc Sweet	TIER 3	
*Oral Vehicles - Susp***	Flavor Blend	TIER 3	
*Oral Vehicles - Susp***	Ora-Blend SF	TIER 3	
*Oral Vehicles - Susp***	UniSpend Anhydrous Sweetened	TIER 3	
*Oral Vehicles - Susp***	PCCA-Plus	TIER 3	
*Oral Vehicles - Susp***	MX-Sol Suspend	TIER 3	
*Oral Vehicles - Susp***	MX-Sol Blend	TIER 3	
*Oral Vehicles - Syrup***	VersaFree	TIER 3	
*Oral Vehicles - Syrup***	Syrup Vehicle SF	TIER 3	
*Oral Vehicles - Syrup***	Syrup Vehicle	TIER 3	
*Oral Vehicles - Syrup***	Flavor Sweet SF Dye Free	TIER 3	
*Oral Vehicles - Syrup***	MX-Sol	TIER 3	
*Oral Vehicles - Syrup***	Flavor Sweet Dye Free	TIER 3	
*Oral Vehicles - Syrup***	Flavor Sweet	TIER 3	
*Oral Vehicles - Syrup***	Flavor Sweet-SF	TIER 3	
*Oral Vehicles - Syrup***	Syrpalta	TIER 3	
*Oral Vehicles - Syrup***	Oral Syrup SF	TIER 3	
*Oral Vehicles - Syrup***	Ora-Sweet	TIER 3	
*Oral Vehicles - Syrup***	Ora-Sweet SF	TIER 3	
*Oral Vehicles - Syrup***	PCCA Syrup Vehicle	TIER 3	
*Oral Vehicles - Syrup***	SoSweet	TIER 3	
*Oral Vehicles - Syrup***	VersaPlus	TIER 3	
*Oral Vehicles - Syrup***	Syrpalta (Red)	TIER 3	
*Oral Vehicles - Syrup***	MX-Sol SF	TIER 3	
*Oral Vehicles For Susp***	SyrSpend SF PH4	TIER 3	
*Oral Vehicles For Susp***	SyrSpend SF	TIER 3	
*Oral Vehicles***	SyrSpend SF	TIER 3	
*Oral Vehicles***	Ora-Plus	TIER 3	
*Oral Vehicles***	Flavor Plus	TIER 3	

	TRADE NAME	TIER	NOTES
Simple - Syrup	Simple Syrup	TIER 3	
Simple - Syrup	Syrpalta	TIER 3	
<b>WOUND HEALING AGENTS, LOCAL</b>			
*Silver Sulfadiazine Cr 1% &Pov-Iod Pad 10% w/Dressing Kit**	RayaSore Kit	TIER 3	
Birch Triterpenes Gel 10%	Filsuvez	TIER 6	• PA Required • Specialty
<b>MULTIVITAMINS</b>			
<b>MULTIVITAMIN PREPARATIONS</b>			
*Prenatal MV & Min w/ FA-DHA Chew Tab 0.18-25 MG***	Centrum Prenatal Gummies	TIER 10	
*Dietary Management Product - Caps***	Tobakient	TIER 3	
<b>PEDIATRIC VITAMIN PREPARATIONS</b>			
*Pediatric Multiple Vitamins w/ FI-Fe Drops 0.25-10 MG/ML**		TIER 1	
*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25 MG***	Multivitamin w/Fluoride	TIER 1	
*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG***	Multivitamin w/Fluoride	TIER 1	
*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***	Multivitamin w/Fluoride	TIER 1	
*Multi Vit w/ Min & Fluoride-Iron-FA Chew Tab 0.25 MG***	Quflora FE	TIER 3	
*Ped Multiple Vitamins & Minerals w/ FI Chew Tab 0.25 MG**	Floriva	TIER 3	
*Ped Multiple Vitamins & Minerals w/ FI Chew Tab 0.5 MG**	Floriva	TIER 3	
*Ped Multiple Vitamins & Minerals w/ FI Chew Tab 1 MG**	Floriva	TIER 3	
*Pediatric Multiple Vit w/ Fluoride Chew Tab 0.125 MG***	Quflora Gummies	TIER 3	
*Pediatric Multiple Vitamin w/ FI-Fe Susp 0.25-7 MG/ML**	Poly-Vi-Flor/Iron	TIER 3	
*Pediatric Multiple Vitamin w/ Fluoride Susp 0.25 MG/ML***	Poly-Vi-Flor	TIER 3	
*Pediatric Multiple Vitamin w/ Fluoride Susp 0.25 MG/ML***	Multivitamin/Fluoride	TIER 3	
*Pediatric Multiple Vitamins w/ FI-Fe Chew Tab 0.5-10 MG**	Poly-Vi-Flor/Iron	TIER 3	

	TRADE NAME	TIER	NOTES
*Pediatric Multiple Vitamins w/ FI-Fe Drops 0.25-9.5 MG/ML **	Quflora FE Pediatric	TIER 3	
*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25 MG***	Quflora Pediatric	TIER 3	
*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25 MG***	Flotrex	TIER 3	
*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25 MG***	Multivitamin/Fluoride	TIER 3	
*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25 MG***	Poly-Vi-Flor	TIER 3	
*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25 MG***	Multi-Vit-Flor	TIER 3	
*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG***	Flotrex	TIER 3	
*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG***	Multivitamin/Fluoride	TIER 3	
*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG***	Multi-Vit-Flor	TIER 3	
*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG***	Poly-Vi-Flor	TIER 3	
*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG***	Quflora Pediatric	TIER 3	
*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***	Quflora Pediatric	TIER 3	
*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***	Flotrex	TIER 3	
*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***	Multivitamin/Fluoride	TIER 3	
*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***	Multi-Vit-Flor	TIER 3	
*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***	Poly-Vi-Flor	TIER 3	
*Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML ***	Floriva Plus	TIER 3	
*Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML ***	Multi-Vitamin/Fluoride	TIER 3	
*Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML ***	Multivitamin/Fluoride	TIER 3	
*Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML ***	Quflora Pediatric	TIER 3	
*Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 MG/ML ***	Multi-Vitamin/Fluoride	TIER 3	

	TRADE NAME	TIER	NOTES
*Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 MG/ML***	Quflora Pediatric	TIER 3	
*Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 MG/ML***	Multivitamin/Fluoride	TIER 3	
*Pediatric Vitamins ACD w/ Fluoride Soln 0.25 MG/ML***	Vitamins ACD-Fluoride	TIER 3	
*Pediatric Vitamins ACD w/ Fluoride Soln 0.25 MG/ML***	SoluVita ACD with Fluoride	TIER 3	
*Pediatric Vitamins ACD w/ Fluoride Soln 0.25 MG/ML***	Tri-Vite/Fluoride	TIER 3	
*Pediatric Vitamins ACD w/ Fluoride Soln 0.5 MG/ML***	Vitamins ACD-Fluoride	TIER 3	
*Pediatric Vitamins ACD w/ Fluoride Soln 0.5 MG/ML***	Tri-Vite/Fluoride	TIER 3	

### PRENATAL VITAMINS WITH LOW OR NO IRON

*Prenat Vit w/Fe Bisglyc Chelate-FA Tab 20-1MG (1.7MG DFE)**	Vitalara	TIER 10	
*Prenat Vit w/Fe Bisglyc Chelate-FA Tab 20-1MG (1.7MG DFE)**	NeoMaterna	TIER 10	
*Prenat Vit w/Fe Bisglyc Chelate-FA Tab 20-1MG (1.7MG DFE)**	MaternaCel	TIER 10	

### MUSCLE RELAXANTS

#### SKELETAL MUSCLE RELAXANTS

Baclofen Susp 25 MG/5ML		TIER 1	• PA Required
Baclofen Tab 10 MG		TIER 1	• QL: 8 IN 1 DAYS
Baclofen Tab 20 MG		TIER 1	• QL: 4 IN 1 DAYS
Baclofen Tab 5 MG		TIER 1	• QL: 16 IN 1 DAYS
Carisoprodol Tab 250 MG		TIER 1	• QL: 4 IN 1 DAYS
Carisoprodol Tab 350 MG		TIER 1	• QL: 4 IN 1 DAYS
Chlorzoxazone Tab 500 MG		TIER 1	• QL: 4 IN 1 DAYS
Cyclobenzaprine HCl Tab 10 MG		TIER 1	• QL: 3 IN 1 DAYS
Cyclobenzaprine HCl Tab 5 MG		TIER 1	• QL: 3 IN 1 DAYS
Dantrolene Sodium Cap 100 MG		TIER 1	• QL: 4 IN 1 DAYS
Dantrolene Sodium Cap 25 MG		TIER 1	• QL: 3 IN 1 DAYS
Dantrolene Sodium Cap 50 MG		TIER 1	• QL: 3 IN 1 DAYS
Metaxalone Tab 400 MG		TIER 1	• QL: 8 IN 1 DAYS

	TRADE NAME	TIER	NOTES
Metaxalone Tab 800 MG		TIER 1	• QL: 4 IN 1 DAYS
Methocarbamol Tab 500 MG		TIER 1	• QL: 8 IN 1 DAYS
Methocarbamol Tab 750 MG		TIER 1	• QL: 6 IN 1 DAYS
Orphenadrine Citrate Tab ER 12HR 100 MG		TIER 1	• QL: 2 IN 1 DAYS
Tizanidine HCl Cap 2 MG (Base Equivalent)		TIER 1	• QL: 18 IN 1 DAYS
Tizanidine HCl Cap 4 MG (Base Equivalent)		TIER 1	• QL: 9 IN 1 DAYS
Tizanidine HCl Cap 6 MG (Base Equivalent)		TIER 1	• QL: 6 IN 1 DAYS
Tizanidine HCl Tab 2 MG (Base Equivalent)		TIER 1	• QL: 18 IN 1 DAYS
Tizanidine HCl Tab 4 MG (Base Equivalent)		TIER 1	• QL: 9 IN 1 DAYS
Baclofen Oral Soln 10 MG/5ML	Ozobax DS	TIER 3	• PA Required
Baclofen Oral Soln 5 MG/5ML	Baclofen	TIER 3	• PA Required
Baclofen Oral Soln 5 MG/5ML	Ozobax	TIER 3	• PA Required

### **NON-OPIOID ANALGESICS**

#### **ANALGESIC, NON-SALICYLATE AND BARBITURATE COMBINAT**

Butalbital-Acetaminophen Tab 50-300 MG		TIER 1	• QL: 6 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR GENERIC BUTALBITAL/ACETAMINOPHEN 50MG-325MG COMBINATION PRODUCT WITHIN THE PAST 120 DAYS
Butalbital-Acetaminophen Tab 50-325 MG		TIER 1	
Butalbital-Acetaminophen Tab 50-325 MG	Tencon	TIER 3	

#### **ANALGESIC, SALICYLATE, BARBITURATE, XANTHINE COMB.**

Butalbital-Aspirin-Caffeine Cap 50-325-40 MG		TIER 1	
Butalbital-Aspirin-Caffeine Tab 50-325-40 MG	Butalbital-Aspirin-Caffeine	TIER 1	

#### **ANALGESIC, NON-SALICYLATE, BARBITURATE, XANTHINE COMB**

Butalbital-Acetaminophen-Caffeine Cap 50-300-40 MG		TIER 1	
Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG		TIER 1	
Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG		TIER 1	

TRADE NAME	TIER	NOTES
<b>ANALGESIC/ANTIPYRETICS, SALICYLATES</b>		
Diflunisal Tab 500 MG	TIER 1	
Aspirin Tab 325 MG	TIER 10	
Aspirin Tab Delayed Release 325 MG	TIER 10	
<b>ANTIMIGRAINE PREPARATIONS</b>		
Almotriptan Malate Tab 12.5 MG	TIER 1	• QL: 12 IN 30 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR RIZATRIPTAN BENZOATE OR SUMATRIPTAN SUCCINATE WITHIN THE PAST 180 DAYS
Almotriptan Malate Tab 6.25 MG	TIER 1	• QL: 12 IN 30 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR RIZATRIPTAN BENZOATE OR SUMATRIPTAN SUCCINATE WITHIN THE PAST 180 DAYS
Dihydroergotamine Mesylate Inj 1 MG/ML	TIER 1	• QL: 15 IN 14 DAYS
Dihydroergotamine Mesylate Nasal Spray 4 MG/ML	TIER 1	• QL: 8 IN 28 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR RIZATRIPTAN BENZOATE OR SUMATRIPTAN SUCCINATE WITHIN THE PAST 180 DAYS
Eletriptan Hydrobromide Tab 20 MG (Base Equivalent)	TIER 1	• QL: 12 IN 30 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR RIZATRIPTAN BENZOATE OR SUMATRIPTAN SUCCINATE WITHIN THE PAST 180 DAYS
Eletriptan Hydrobromide Tab 40 MG (Base Equivalent)	TIER 1	• QL: 12 IN 30 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR RIZATRIPTAN BENZOATE OR SUMATRIPTAN SUCCINATE WITHIN THE PAST 180 DAYS

	TRADE NAME	TIER	NOTES
	Frovatriptan Succinate Tab 2.5 MG (Base Equivalent)	TIER 1	• QL: 18 IN 30 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR RIZATRIPTAN BENZOATE OR SUMATRIPTAN SUCCINATE WITHIN THE PAST 180 DAYS
	Naratriptan HCl Tab 1 MG (Base Equiv)	TIER 1	• QL: 18 IN 30 DAYS
	Naratriptan HCl Tab 2.5 MG (Base Equiv)	TIER 1	• QL: 18 IN 30 DAYS
	Rizatriptan Benzoate Oral Disintegrating Tab 10 MG (Base Eq)	TIER 1	• QL: 18 IN 30 DAYS
	Rizatriptan Benzoate Oral Disintegrating Tab 5 MG (Base Eq)	TIER 1	• QL: 18 IN 30 DAYS
	Rizatriptan Benzoate Tab 10 MG (Base Equivalent)	TIER 1	• QL: 18 IN 30 DAYS
	Rizatriptan Benzoate Tab 5 MG (Base Equivalent)	TIER 1	• QL: 18 IN 30 DAYS
	Sumatriptan Nasal Spray 20 MG/ACT	TIER 1	• QL: 6 IN 15 DAYS
	Sumatriptan Nasal Spray 5 MG/ACT	TIER 1	• QL: 6 IN 15 DAYS
	Sumatriptan Succinate Inj 6 MG/0.5ML	TIER 1	• QL: 5 IN 28 DAYS
	Sumatriptan Succinate Solution Auto-injector 4 MG/0.5ML	TIER 1	• QL: 4 IN 28 DAYS
	Sumatriptan Succinate Solution Auto-injector 6 MG/0.5ML	TIER 1	• QL: 4 IN 28 DAYS
	Sumatriptan Succinate Solution Cartridge 4 MG/0.5ML	SUMATriptan Succinate Refill	TIER 1 • QL: 4 IN 28 DAYS
	Sumatriptan Succinate Solution Cartridge 6 MG/0.5ML	SUMATriptan Succinate Refill	TIER 1 • QL: 4 IN 28 DAYS
	Sumatriptan Succinate Solution Prefilled Syringe 6 MG/0.5ML	SUMATriptan Succinate	TIER 1 • QL: 4 IN 28 DAYS
	Sumatriptan Succinate Tab 100 MG	TIER 1	• QL: 9 IN 30 DAYS
	Sumatriptan Succinate Tab 25 MG	TIER 1	• QL: 3 IN 5 DAYS
	Sumatriptan Succinate Tab 50 MG	TIER 1	• QL: 3 IN 5 DAYS
	Zolmitriptan Nasal Spray 5 MG/Spray Unit	TIER 1	• QL: 6 IN 15 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR RIZATRIPTAN BENZOATE OR SUMATRIPTAN SUCCINATE WITHIN THE PAST 180 DAYS

	TRADE NAME	TIER	NOTES	
	Zolmitriptan Orally Disintegrating Tab 2.5 MG	TIER 1	• QL: 12 IN 30 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR RIZATRIPTAN BENZOATE OR SUMATRIPTAN SUCCINATE WITHIN THE PAST 180 DAYS	
	Zolmitriptan Orally Disintegrating Tab 5 MG	TIER 1	• QL: 12 IN 30 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR RIZATRIPTAN BENZOATE OR SUMATRIPTAN SUCCINATE WITHIN THE PAST 180 DAYS	
	Zolmitriptan Tab 2.5 MG	TIER 1	• QL: 12 IN 30 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR RIZATRIPTAN BENZOATE OR SUMATRIPTAN SUCCINATE WITHIN THE PAST 180 DAYS	
	Zolmitriptan Tab 5 MG	TIER 1	• QL: 12 IN 30 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR RIZATRIPTAN BENZOATE OR SUMATRIPTAN SUCCINATE WITHIN THE PAST 180 DAYS	
	Atogepant Tab 10 MG	Qulipta	TIER 2	• PA Required
	Atogepant Tab 30 MG	Qulipta	TIER 2	• PA Required
	Atogepant Tab 60 MG	Qulipta	TIER 2	• PA Required
	Erenumab-aooe Subcutaneous Soln Auto-Injector 140 MG/ML	Aimovig	TIER 2	• PA Required
	Erenumab-aooe Subcutaneous Soln Auto-Injector 70 MG/ML	Aimovig	TIER 2	• PA Required
	Fremanezumab-vfrm Subcutaneous Soln Auto-inj 225 MG/1.5ML	Ajovy	TIER 2	• PA Required
	Fremanezumab-vfrm Subcutaneous Soln Pref Syr 225 MG/1.5ML	Ajovy	TIER 2	• PA Required
	Galcanezumab-gnlm Subcutaneous Soln Auto-Injector 120 MG/ML	Emgality	TIER 2	• PA Required
	Galcanezumab-gnlm Subcutaneous Soln Prefilled Syr 120 MG/ML	Emgality	TIER 2	• PA Required

	TRADE NAME	TIER	NOTES
Lasmiditan Succinate Tab 100 MG	Reyvow	TIER 2	
Lasmiditan Succinate Tab 50 MG	Reyvow	TIER 2	
Rimegepant Sulfate Tab Disint 75 MG	Nurtec	TIER 2	• PA Required
Ubrogepant Tab 100 MG	Ubrelvy	TIER 2	• PA Required
Ubrogepant Tab 50 MG	Ubrelvy	TIER 2	• PA Required
Celecoxib Oral Soln 120 MG/4.8ML (25 MG/ML)	Elyxyb	TIER 3	• PA Required
Ergotamine Tartrate SL Tab 2 MG	Ergomar	TIER 3	• QL: 10 IN 7 DAYS
Sumatriptan Succinate Solution Cartridge 4 MG/0.5ML	Imitrex STATdose Refill	TIER 3	• QL: 4 IN 28 DAYS
Sumatriptan Succinate Solution Cartridge 6 MG/0.5ML	Imitrex STATdose Refill	TIER 3	• QL: 4 IN 28 DAYS
Zavegepant HCl Nasal Spray 10 MG/ACT	Zavzpret	TIER 3	• PA Required
Zolmitriptan Nasal Spray 2.5 MG/Spray Unit	ZOLMitriptan	TIER 3	• QL: 12 IN 30 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR RIZATRIPTAN BENZOATE OR SUMATRIPTAN SUCCINATE WITHIN THE PAST 180 DAYS
Zolmitriptan Nasal Spray 2.5 MG/Spray Unit	Zomig	TIER 3	• QL: 12 IN 30 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR RIZATRIPTAN BENZOATE OR SUMATRIPTAN SUCCINATE WITHIN THE PAST 180 DAYS

### CALCITONIN GENE-RELATED PEPTIDE (CGRP) INHIBITORS

Galcanezumab-gnlm Subcutaneous Soln Prefilled Syr 100 MG/ML	Emgality (300 MG Dose)	TIER 2	• PA Required
---	------------------------	--------	---------------

### DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALICYLAT

Mesalamine Cap ER 24HR 0.375 GM		TIER 1	
Mesalamine Cap ER 500 MG		TIER 1	
Mesalamine Tab Delayed Release 1.2 GM		TIER 1	
Mesalamine Tab Delayed Release 800 MG	Mesalamine	TIER 1	
Sulfasalazine Tab 500 MG		TIER 1	
Sulfasalazine Tab Delayed Release 500 MG		TIER 1	

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
Mesalamine Cap ER 250 MG	Pentasa	TIER 2	
<b>NSAIDS, CYCLOOXYGENASE INHIBITOR TYPE ANALGESICS</b>			
Diclofenac Potassium Tab 50 MG		TIER 1	
Ketorolac Tromethamine IM Inj 60 MG/2ML (30 MG/ML)		TIER 1	
Ketorolac Tromethamine Inj 15 MG/ML		TIER 1	
Ketorolac Tromethamine Inj 30 MG/ML		TIER 1	
Ketorolac Tromethamine Tab 10 MG		TIER 1	• QL: 4 IN 1 DAYS
Mefenamic Acid Cap 250 MG		TIER 1	
*Ketorolac Trometh Inj 30 MG/ML & Anesthetic Spray Kit***	Toronova SUIK	TIER 3	
*Ketorolac Trometh Inj 30 MG/ML & Anesthetic Spray Kit***	Toronova II SUIK	TIER 3	
<b>URINARY TRACT ANALGESIC AGENTS</b>			
Pentosan Polysulfate Sodium Caps 100 MG	Elmiron	TIER 2	• PA Required
<b>OPHTHALMIC PREPARATIONS</b>			
<b>AGENTS FOR CORNEAL COLLAGEN CROSS-LINKING</b>			
Riboflav 0.146% & Riboflav-Dextran 0.146-20% Op Sol Pref Syr	Photrex-Photrex Viscous Kit	TIER 6	• Specialty
<b>EYE ANTIBIOTIC AND GLUCOCORTICOID COMBINATIONS</b>			
Bacitracin-Polymyxin-Neomycin-HC Ophth Oint 1%		TIER 1	
Neomycin-Polymyxin-Dexamethasone Ophth Oint 0.1%		TIER 1	
Neomycin-Polymyxin-Dexamethasone Ophth Susp 0.1%		TIER 1	
Neomycin-Polymyxin-HC Ophth Susp	Neomycin-Polymyxin-HC	TIER 1	
Tobramycin-Dexamethasone Ophth Susp 0.3-0.1%		TIER 1	
Tobramycin-Dexamethasone Ophth Oint 0.3-0.1%	TobraDex	TIER 2	
<b>EYE ANTI-INFECTIVES (RX ONLY)</b>			
Povidone-Iodine Ophth Soln 5%	Betadine Ophthalmic Prep	TIER 3	
Povidone-Iodine Ophth Soln 5%	Povidone-Iodine	TIER 3	

TRADE NAME		TIER	NOTES
<b>EYE ANTI-INFLAMMATORY AGENTS</b>			
Bromfenac Sodium Ophth Soln 0.07% (Base Equivalent)		TIER 1	• QL: 3 IN 16 DAYS
Bromfenac Sodium Ophth Soln 0.075% (Base Equivalent)		TIER 1	• QL: 5 IN 16 DAYS
Bromfenac Sodium Ophth Soln 0.09% (Base Equiv) (Once-Daily)		TIER 1	• QL: 3.4 IN 16 DAYS
Dexamethasone Sodium Phosphate Ophth Soln 0.1%	dexAMETHasone Sodium Phosphate	TIER 1	• QL: 15 IN 14 DAYS
Diclofenac Sodium Ophth Soln 0.1%		TIER 1	• QL: 5 IN 7 DAYS
Difluprednate Ophth Emulsion 0.05%		TIER 1	• QL: 5 IN 7 DAYS
Fluorometholone Ophth Susp 0.1%		TIER 1	• QL: 5 IN 7 DAYS
Flurbiprofen Sodium Ophth Soln 0.03%	Flurbiprofen Sodium	TIER 1	
Ketorolac Tromethamine Ophth Soln 0.4%		TIER 1	
Ketorolac Tromethamine Ophth Soln 0.5%		TIER 1	• QL: 2 IN 3 DAYS
Loteprednol Etabonate Ophth Gel 0.5%	Loteprednol Etabonate	TIER 1	• QL: 5 IN 7 DAYS
Loteprednol Etabonate Ophth Susp 0.2%		TIER 1	• QL: 5 IN 7 DAYS• PA Required
Loteprednol Etabonate Ophth Susp 0.5%		TIER 1	• QL: 10 IN 7 DAYS
Prednisolone Acetate Ophth Susp 1%		TIER 1	• QL: 10 IN 7 DAYS
Prednisolone Sodium Phosphate Ophth Soln 1%	prednisoLONE Sodium Phosphate	TIER 1	• QL: 10 IN 7 DAYS
Loteprednol Etabonate Ophth Gel 0.38%	Lotemax SM	TIER 2	• QL: 5 IN 7 DAYS
Loteprednol Etabonate Ophth Oint 0.5%	Lotemax	TIER 2	• QL: 7 IN 14 DAYS
Nepafenac Ophth Susp 0.3%	llevro	TIER 2	• QL: 3.4 IN 16 DAYS
Dexamethasone (Ophth) Insert 0.4 MG	Dextenza	TIER 3	
Dexamethasone Ophth Susp 0.1%	Maxidex	TIER 3	• QL: 25 IN 14 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR DEXAMETHASONE 0.1%, FLUOROMETHOLONE 0.1%, OR PREDNISOLONE 1% WITHIN THE PAST 120 DAYS
Ketorolac Tromethamine (PF) Ophth Soln 0.45%	Acuvail	TIER 3	• QL: 4 IN 1 DAYS

	TRADE NAME	TIER	NOTES
Prednisolone Acetate Ophth Susp 1%	Pred Forte	TIER 3	• QL: 10 IN 7 DAYS
<b>EYE ANTIVIRALS</b>			
Trifluridine Ophth Soln 1%	Trifluridine	TIER 1	
<b>EYE LOCAL ANESTHETICS</b>			
Proparacaine HCl Ophth Soln 0.5%		TIER 1	
Tetracaine HCl Ophth Soln 0.5%		TIER 1	
Chloroprocaine HCl Ophth Gel 3%	Iheezo	TIER 3	
Lidocaine HCl Ophth Gel 3.5%	Akten	TIER 3	
<b>EYE MAST CELL STABILIZERS</b>			
Cromolyn Sodium Ophth Soln 4%	Cromolyn Sodium	TIER 1	• QL: 50 IN 30 DAYS
Lodoxamide Tromethamine Ophth Soln 0.1%	Alomide	TIER 2	• QL: 40 IN 30 DAYS • ST: 5 DS CROMOLYN SODIUM (OPHTH) IN 120 DAYS
Lodoxamide Tromethamine Ophth Soln 0.1%	Alomide	TIER 2	• QL: 40 IN 30 DAYS • ST: REQUIRES PRIOR PRESCRIPTION FOR CROMOLYN 4% OPHTHALMIC DROPS WITHIN THE PAST 120 DAYS
<b>EYE PREPARATIONS, MISCELLANEOUS (OTC)</b>			
Gelatin Adsorbable Ophth Film	Gelfilm	TIER 3	
<b>EYE SULFONAMIDES</b>			
Sulfacetamide Sodium Ophth Oint 10%	Sulfacetamide Sodium	TIER 1	
Sulfacetamide Sodium Ophth Soln 10%		TIER 1	
Sulfacetamide Sodium-Prednisolone Ophth Soln 10-0.23(0.25)%	Sulfacetamide-prednisolONE	TIER 1	
<b>EYE VASOCONSTRICTORS</b>			
Phenylephrine HCl Ophth Soln 10%		TIER 1	
Phenylephrine HCl Ophth Soln 2.5%		TIER 1	
Oxymetazoline HCl Ophth Soln 0.1%	Upneeq	TIER 3	• PA Required
<b>MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS</b>			
Apraclonidine HCl Ophth Soln 0.5% (Base Equivalent)	Apraclonidine HCl	TIER 1	

	TRADE NAME	TIER	NOTES
Betaxolol HCl Ophth Soln 0.5%	Betaxolol HCl	TIER 1	
Bimatoprost Ophth Soln 0.03%		TIER 1	• QL: 2.5 IN 30 DAYS
Brimonidine Tartrate Ophth Soln 0.1%		TIER 1	
Brimonidine Tartrate Ophth Soln 0.15%		TIER 1	
Brimonidine Tartrate Ophth Soln 0.2%		TIER 1	
Brimonidine Tartrate-Timolol Maleate Ophth Soln 0.2-0.5%		TIER 1	
Brinzolamide Ophth Susp 1%	Azopt	TIER 1	
Carteolol HCl Ophth Soln 1%	Carteolol HCl	TIER 1	
Dorzolamide HCl Ophth Soln 2%		TIER 1	
Dorzolamide HCl-Timolol Maleate Ophth Soln 2-0.5%		TIER 1	
Dorzolamide HCl-Timolol Maleate PF Ophth Soln 2-0.5%		TIER 1	• QL: 2 IN 1 DAYS
Latanoprost Ophth Soln 0.005%		TIER 1	
Levobunolol HCl Ophth Soln 0.5%	Levobunolol HCl	TIER 1	
Pilocarpine HCl Ophth Soln 1%		TIER 1	
Pilocarpine HCl Ophth Soln 2%		TIER 1	
Pilocarpine HCl Ophth Soln 4%		TIER 1	
Tafluprost Preservative Free (PF) Ophth Soln 0.0015%		TIER 1	• QL: 1 IN 1 DAYS
Timolol Maleate Ophth Gel Forming Soln 0.25%		TIER 1	
Timolol Maleate Ophth Gel Forming Soln 0.5%		TIER 1	
Timolol Maleate Ophth Soln 0.25%		TIER 1	
Timolol Maleate Ophth Soln 0.5%		TIER 1	
Timolol Maleate Ophth Soln 0.5% (Once-Daily)		TIER 1	
Timolol Maleate Preservative Free Ophth Soln 0.25%		TIER 1	• QL: 2 IN 1 DAYS
Timolol Maleate Preservative Free Ophth Soln 0.5%		TIER 1	• QL: 2 IN 1 DAYS • ST: TRIAL OF TIMOLOL DROPS (NON-OCUDOSE FORMULATION) IN THE PAST 120 DAYS

	TRADE NAME	TIER	NOTES
Travoprost Ophth Soln 0.004% (Benzalkonium Free) (BAK Free)		TIER 1	• QL: 2.5 IN 25 DAYS
Bimatoprost Ophth Soln 0.01%	Lumigan	TIER 2	• QL: 2.5 IN 25 DAYS
Brinzolamide-Brimonidine Tartrate Ophth Susp 1-0.2%	Simbrinza	TIER 2	
Apraclonidine HCl Ophth Soln 1% (Base Equivalent)	Iopidine	TIER 3	
Betaxolol HCl Ophth Susp 0.25%	Betoptic-S	TIER 3	
Echothiophate Iodide Ophth For Soln 0.125%	Phospholine Iodide	TIER 3	
Latanoprost Ophth Emulsion 0.005%	Xelpros	TIER 3	• QL: 2.5 IN 25 DAYS• ST: AT LEAST 3 PRIOR PRESCRIPTIONS FOR BIMATOPROST, LATANOPROST, LUMIGAN, OR TRAVOPROST WITHIN THE PAST 365 DAYS
Latanoprostene Bunod Ophth Soln 0.024%	Vyzulta	TIER 3	• QL: 2.5 IN 25 DAYS• ST: AT LEAST 3 PRIOR PRESCRIPTIONS FOR BIMATOPROST, LATANOPROST, LUMIGAN, OR TRAVOPROST WITHIN THE PAST 365 DAYS
Netarsudil Dimesylate Ophth Soln 0.02%	Rhopressa	TIER 3	• QL: 2.5 IN 18 DAYS• PA Required
Netarsudil Dimesylate-Latanoprost Ophth Soln 0.02-0.005%	Rocklatan	TIER 3	• QL: 2.5 IN 25 DAYS• ST: AT LEAST 2 PRIOR PRESCRIPTIONS FOR ALPHAGAN P, BRIMONIDINE TARTRATE/TIMOLOL, BRINZOLAMIDE, LATANOPROST, LUMIGAN, SIMBRINZA, OR TRAVOPROST WITHIN THE PAST 365 DAYS

## MYDRIATICS

Atropine Sulfate Ophth Oint 1%	Atropine Sulfate	TIER 1	
Atropine Sulfate Ophth Soln 1%		TIER 1	
Cyclopentolate HCl Ophth Soln 1%		TIER 1	
Tropicamide-Cyclopentolate-Phenylephrine Ophth Soln 1-1-2.5%	Tropicamide-Cyclopentolate-PE	TIER 1	

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
Cyclopentolate HCl Ophth Soln 0.5%	Cyclogyl	TIER 3	
Cyclopentolate HCl Ophth Soln 2%	Cyclogyl	TIER 3	
Cyclopentolate w/ Phenylephrine Ophth Soln 0.2-1%	Cyclomydril	TIER 3	
Homatropine HBr Ophth Soln 5%	Homatropaire	TIER 3	
Tropicamide w/ Phenylephrine Ophth Soln 1-2.5%	Tropicamide-Phenylephrine	TIER 3	
Tropicamide-Cyclopentolate-Phenylephrine Ophth Soln 1-1-2.5%	Tropicamide-Cyclopentolate-PE	TIER 3	

### OPHTH. VEGF-A RECEPTOR ANTAG. RCMB MC ANTIBODY

Bevacizumab Intravitreal Soln Pref Syr 2 MG/0.08ML	Bevacizumab	TIER 4	• Specialty
--	-------------	--------	-------------

### OPHTHALMIC (EYE) ANTIPARASITICS

Lotilaner Ophth Soln 0.25%	Xdemvy	TIER 6	• PA Required • Specialty
----------------------------	--------	--------	---------------------------

### OPHTHALMIC ANTIBIOTICS

Bacitracin Ophth Oint 500 Unit/GM	Bacitracin	TIER 1	
Bacitracin-Polymyxin B Ophth Oint		TIER 1	
Ciprofloxacin HCl Ophth Soln 0.3% (Base Equivalent)		TIER 1	
Erythromycin Ophth Oint 5 MG/GM		TIER 1	
Gatifloxacin Ophth Soln 0.5%		TIER 1	
Gentamicin Sulfate Ophth Soln 0.3%		TIER 1	
Levofloxacin Ophth Soln 1.5%	levoFLOXacin	TIER 1	
Moxifloxacin HCl Ophth Soln 0.5% (Base Eq) (2 Times Daily)	Moxifloxacin HCl (2X Day)	TIER 1	
Moxifloxacin HCl Ophth Soln 0.5% (Base Equiv)		TIER 1	
Neomycin-Bacitrac Zn-Polymyx 5(3.5)MG-400Unt-10000Unt Op Oin		TIER 1	
Neomycin-Polymy-Gramicid Op Sol 1.75-10000-0.025MG-UNT-MG/ML	Neomycin-Polymyxin-Gramicidin	TIER 1	
Ofloxacin Ophth Soln 0.3%		TIER 1	
Polymyxin B-Trimethoprim Ophth Soln 10000 Unit/ML-0.1%		TIER 1	
Tobramycin Ophth Soln 0.3%		TIER 1	

	TRADE NAME	TIER	NOTES
Besifloxacin HCl Ophth Susp 0.6% (Base Equiv)	Besivance	TIER 2	
Besifloxacin HCl Ophth Susp 0.6% (Base Equiv)	Besifloxacin HCl	TIER 2	
Ciprofloxacin HCl Ophth Oint 0.3%	Ciloxan	TIER 2	
Tobramycin Ophth Oint 0.3%	Tobrex	TIER 2	

### OPHTHALMIC ANTIFIBROTIC AGENTS

Mitomycin For Ophth Soln Kit 0.2 MG	Mitosol	TIER 3	
-------------------------------------	---------	--------	--

### OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE

Cyclosporine (Ophth) Emulsion 0.05%	Restasis	TIER 1	• QL: 2 IN 1 DAYS
Lifitegrast Ophth Soln 5%	Xiidra	TIER 2	• QL: 2 IN 1 DAYS
Cyclosporine (Ophth) Emulsion 0.1%	Verkazia	TIER 6	• PA Required • Specialty

### OPHTHALMIC CYSTINE DEPLETING AGENTS

Cysteamine HCl Ophth Soln 0.37% (Base Equivalent)	Cystadrops	TIER 5	• PA Required • Specialty
Cysteamine HCl Ophth Soln 0.44% (Base Equivalent)	Cystaran	TIER 5	• PA Required • Specialty

### OPHTHALMIC HUMAN NERVE GROWTH FACTOR (HNGF)

Cenegermin-bkbj Ophth Soln 0.002% (20 MCG/ML)	Oxervate	TIER 6	• PA Required • Specialty
---	----------	--------	---------------------------

### OPIOID ANALGESICS

#### OPIOID ANALGESIC AND NON-SALICYLATE ANALGESICS

Acetaminophen w/ Codeine Soln 120-12 MG/5ML	Acetaminophen-Codeine	TIER 1	• QL: 150 IN 1 DAYS• AGE_YEARS=0-11 DENY
Acetaminophen w/ Codeine Tab 300-15 MG		TIER 1	• QL: 12 IN 1 DAYS• AGE_YEARS=0-11 DENY
Acetaminophen w/ Codeine Tab 300-30 MG		TIER 1	• QL: 12 IN 1 DAYS• AGE_YEARS=0-11 DENY
Acetaminophen w/ Codeine Tab 300-60 MG		TIER 1	• QL: 6 IN 1 DAYS• AGE_YEARS=0-11 DENY
Benzhydrocodone HCl-Acetaminophen Tab 4.08-325 MG	Benzhydrocodone-Acetaminophen	TIER 1	• QL: 12 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR HYDROCODONE/ACETA MINOPHEN TABLETS WITHIN THE PAST 120 DAYS

	TRADE NAME	TIER	NOTES
Benzhydrocodone HCl-Acetaminophen Tab 6.12-325 MG	Benzhydrocodone-Acetaminophen	TIER 1	• QL: 12 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR HYDROCODONE/ACETA MINOPHEN TABLETS WITHIN THE PAST 120 DAYS
Benzhydrocodone HCl-Acetaminophen Tab 8.16-325 MG	Benzhydrocodone-Acetaminophen	TIER 1	• QL: 12 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR HYDROCODONE/ACETA MINOPHEN TABLETS WITHIN THE PAST 120 DAYS
Hydrocodone-Acetaminophen Soln 7.5-325 MG/15ML		TIER 1	• QL: 184 IN 1 DAYS
Hydrocodone-Acetaminophen Tab 10-300 MG		TIER 1	• QL: 13 IN 1 DAYS
Hydrocodone-Acetaminophen Tab 10-325 MG		TIER 1	• QL: 12 IN 1 DAYS
Hydrocodone-Acetaminophen Tab 5-300 MG		TIER 1	• QL: 13 IN 1 DAYS
Hydrocodone-Acetaminophen Tab 5-325 MG		TIER 1	• QL: 12 IN 1 DAYS
Hydrocodone-Acetaminophen Tab 7.5-300 MG		TIER 1	• QL: 13 IN 1 DAYS
Hydrocodone-Acetaminophen Tab 7.5-325 MG		TIER 1	• QL: 12 IN 1 DAYS
Oxycodone w/ Acetaminophen Soln 5-325 MG/5ML	oxyCODONE-Acetaminophen	TIER 1	• QL: 61 IN 1 DAYS
Oxycodone w/ Acetaminophen Tab 10-325 MG		TIER 1	• QL: 12 IN 1 DAYS
Oxycodone w/ Acetaminophen Tab 2.5-325 MG		TIER 1	• QL: 12 IN 1 DAYS
Oxycodone w/ Acetaminophen Tab 5-325 MG	Percocet	TIER 1	
Oxycodone w/ Acetaminophen Tab 5-325 MG	oxyCODONE-Acetaminophen	TIER 1	• QL: 12 IN 1 DAYS
Oxycodone w/ Acetaminophen Tab 5-325 MG	Endocet	TIER 1	• QL: 12 IN 1 DAYS
Oxycodone w/ Acetaminophen Tab 7.5-325 MG		TIER 1	• QL: 12 IN 1 DAYS
Tramadol-Acetaminophen Tab 37.5-325 MG		TIER 1	• QL: 10 IN 1 DAYS• AGE_YEARS=0-11 DENY
Benzhydrocodone HCl-Acetaminophen Tab 4.08-325 MG	Apadaz	TIER 3	
Benzhydrocodone HCl-Acetaminophen Tab 6.12-325 MG	Apadaz	TIER 3	

	TRADE NAME	TIER	NOTES
Benzhydrocodone HCl-Acetaminophen Tab 8.16-325 MG	Apadaz	TIER 3	
<b>OPIOID ANALGESIC AND NSAID COMBINATION</b>			
Hydrocodone-Ibuprofen Tab 10-200 MG	HYDROcodone-Ibuprofen	TIER 1	
Hydrocodone-Ibuprofen Tab 5-200 MG	HYDROcodone-Ibuprofen	TIER 1	
Hydrocodone-Ibuprofen Tab 7.5-200 MG		TIER 1	
<b>OPIOID ANALGESICS</b>			
Belladonna Alkaloids & Opium Suppos 16.2-30 MG	Belladonna Alkaloids-Opium	TIER 1	
Belladonna Alkaloids & Opium Suppos 16.2-60 MG	Belladonna Alkaloids-Opium	TIER 1	
Buprenorphine HCl Inj 0.3 MG/ML (Base Equiv)		TIER 1	
Buprenorphine TD Patch Weekly 10 MCG/HR		TIER 1	• QL: 4 IN 28 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Buprenorphine TD Patch Weekly 15 MCG/HR		TIER 1	• QL: 4 IN 28 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Buprenorphine TD Patch Weekly 20 MCG/HR		TIER 1	• QL: 4 IN 28 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Buprenorphine TD Patch Weekly 5 MCG/HR		TIER 1	• QL: 4 IN 28 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Buprenorphine TD Patch Weekly 7.5 MCG/HR		TIER 1	• QL: 4 IN 28 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION

	TRADE NAME	TIER	NOTES
Butorphanol Tartrate Inj 1 MG/ML	Butorphanol Tartrate	TIER 1	
Butorphanol Tartrate Inj 2 MG/ML	Butorphanol Tartrate	TIER 1	
Butorphanol Tartrate Nasal Soln 10 MG/ML		TIER 1	
Codeine Sulfate Tab 30 MG		TIER 1	• QL: 12 IN 1 DAYS• AGE_YEARS=0-11 DENY
Fentanyl Citrate IV Soln 1500 MCG/30ML	fentaNYL Citrate	TIER 1	
Fentanyl Citrate Lozenge on a Handle 1200 MCG		TIER 1	• PA Required
Fentanyl Citrate Lozenge on a Handle 1600 MCG		TIER 1	
Fentanyl Citrate Lozenge on a Handle 200 MCG		TIER 1	• PA Required
Fentanyl Citrate Lozenge on a Handle 400 MCG		TIER 1	
Fentanyl Citrate Lozenge on a Handle 600 MCG		TIER 1	
Fentanyl Citrate Lozenge on a Handle 800 MCG		TIER 1	
Fentanyl TD Patch 72HR 100 MCG/HR		TIER 1	• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Fentanyl TD Patch 72HR 12 MCG/HR		TIER 1	• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Fentanyl TD Patch 72HR 25 MCG/HR		TIER 1	• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Fentanyl TD Patch 72HR 37.5 MCG/HR		TIER 1	• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Fentanyl TD Patch 72HR 50 MCG/HR		TIER 1	• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION

	TRADE NAME	TIER	NOTES	
	Fentanyl TD Patch 72HR 62.5 MCG/HR	TIER 1	• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION	
	Fentanyl TD Patch 72HR 75 MCG/HR	TIER 1	• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION	
	Fentanyl TD Patch 72HR 87.5 MCG/HR	TIER 1	• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION	
	Hydrocodone Bitartrate Cap ER 12HR 10 MG	HYDROcodone Bitartrate ER	TIER 1	• QL: 2 IN 1 DAYS
	Hydrocodone Bitartrate Cap ER 12HR 15 MG	HYDROcodone Bitartrate ER	TIER 1	• QL: 2 IN 1 DAYS
	Hydrocodone Bitartrate Cap ER 12HR 20 MG	HYDROcodone Bitartrate ER	TIER 1	• QL: 2 IN 1 DAYS
	Hydrocodone Bitartrate Cap ER 12HR 30 MG	HYDROcodone Bitartrate ER	TIER 1	• QL: 2 IN 1 DAYS
	Hydrocodone Bitartrate Cap ER 12HR 40 MG	HYDROcodone Bitartrate ER	TIER 1	• QL: 2 IN 1 DAYS
	Hydrocodone Bitartrate Cap ER 12HR 50 MG	HYDROcodone Bitartrate ER	TIER 1	• QL: 2 IN 1 DAYS
	Hydrocodone Bitartrate Tab ER 24HR Deter 100 MG		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
	Hydrocodone Bitartrate Tab ER 24HR Deter 20 MG		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
	Hydrocodone Bitartrate Tab ER 24HR Deter 30 MG		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION

	TRADE NAME	TIER	NOTES
Hydrocodone Bitartrate Tab ER 24HR Deter 40 MG		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Hydrocodone Bitartrate Tab ER 24HR Deter 60 MG		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Hydrocodone Bitartrate Tab ER 24HR Deter 80 MG		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Hydromorphone HCl IV Soln 0.2 MG/ML	HYDROmorphone HCl	TIER 1	
Hydromorphone HCl IV Soln 1 MG/ML	HYDROmorphone HCl	TIER 1	
Hydromorphone HCl Liqd 1 MG/ML		TIER 1	
Hydromorphone HCl Suppos 3 MG	HYDROmorphone HCl	TIER 1	
Hydromorphone HCl Tab 2 MG		TIER 1	
Hydromorphone HCl Tab 4 MG		TIER 1	
Hydromorphone HCl Tab 8 MG		TIER 1	
Hydromorphone HCl Tab ER 24HR 12 MG		TIER 1	• PA Required
Hydromorphone HCl Tab ER 24HR 16 MG		TIER 1	• PA Required
Hydromorphone HCl Tab ER 24HR 32 MG		TIER 1	• PA Required
Hydromorphone HCl Tab ER 24HR 8 MG		TIER 1	• PA Required
Hydromorphone HCl-NaCl Inj Soln Pref Syr 30 MG/30ML-0.9%	HYDROmorphone HCl-NaCl	TIER 1	
Hydromorphone HCl-NaCl Soln Pref Syr 30 MG/30ML-0.9%	HYDROmorphone HCl-NaCl	TIER 1	
Hydromorphone HCl-Sodium Chloride 0.9% Inj 10 MG/50ML	HYDROmorphone HCl-NaCl	TIER 1	
Hydromorphone HCl-Sodium Chloride 0.9% Inj 20 MG/100ML	HYDROmorphone HCl-NaCl	TIER 1	
Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 10 MG/50ML	HYDROmorphone HCl-NaCl	TIER 1	
Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 20 MG/100ML	HYDROmorphone HCl-NaCl	TIER 1	

TRADE NAME		TIER	NOTES
Levorphanol Tartrate Tab 2 MG		TIER 1	• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Meperidine HCl Inj 25 MG/ML		TIER 1	
Meperidine HCl Inj 50 MG/ML		TIER 1	
Meperidine HCl Oral Soln 50 MG/5ML	Meperidine HCl	TIER 1	• QL: 30 IN 1 DAYS
Meperidine HCl Tab 50 MG		TIER 1	• QL: 6 IN 1 DAYS
Methadone HCl Conc 10 MG/ML		TIER 1	• QL: 4 IN 1 DAYS
Methadone HCl Soln 10 MG/5ML		TIER 1	• QL: 20 IN 1 DAYS
Methadone HCl Soln 5 MG/5ML		TIER 1	• QL: 40 IN 1 DAYS
Methadone HCl Tab 10 MG		TIER 1	• QL: 4 IN 1 DAYS
Methadone HCl Tab 5 MG		TIER 1	• QL: 8 IN 1 DAYS
Methadone HCl Tab For Oral Susp 40 MG		TIER 1	• QL: 1 IN 1 DAYS
Morphine Sulfate Beads Cap ER 24HR 120 MG	Morphine Sulfate ER Beads	TIER 1	• QL: 2 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Morphine Sulfate Beads Cap ER 24HR 30 MG	Morphine Sulfate ER Beads	TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Morphine Sulfate Beads Cap ER 24HR 45 MG	Morphine Sulfate ER Beads	TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Morphine Sulfate Beads Cap ER 24HR 60 MG	Morphine Sulfate ER Beads	TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION

	TRADE NAME	TIER	NOTES
Morphine Sulfate Beads Cap ER 24HR 75 MG	Morphine Sulfate ER Beads	TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Morphine Sulfate Beads Cap ER 24HR 90 MG	Morphine Sulfate ER Beads	TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Morphine Sulfate IV Soln 0.5 MG/ML	Morphine Sulfate	TIER 1	
Morphine Sulfate Oral Soln 100 MG/5ML (20 MG/ML)		TIER 1	• PA Required
Morphine Sulfate Oral Soln 20 MG/5ML		TIER 1	
Morphine Sulfate Suppos 10 MG	Morphine Sulfate	TIER 1	
Morphine Sulfate Suppos 20 MG	Morphine Sulfate	TIER 1	
Morphine Sulfate Suppos 30 MG	Morphine Sulfate	TIER 1	
Morphine Sulfate Suppos 5 MG	Morphine Sulfate	TIER 1	
Morphine Sulfate Tab 15 MG		TIER 1	
Morphine Sulfate Tab 30 MG		TIER 1	
Morphine Sulfate Tab ER 100 MG		TIER 1	• QL: 3 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Morphine Sulfate Tab ER 15 MG		TIER 1	• QL: 3 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Morphine Sulfate Tab ER 200 MG		TIER 1	• QL: 3 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION

TRADE NAME		TIER	NOTES
Morphine Sulfate Tab ER 30 MG		TIER 1	• QL: 3 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Morphine Sulfate Tab ER 60 MG		TIER 1	• QL: 3 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Morphine Sulfate-Sodium Chloride 0.9% IV Soln 100 MG/100ML	Morphine Sulfate-NaCl	TIER 1	
Nalbuphine HCl Inj 10 MG/ML		TIER 1	
Nalbuphine HCl Inj 20 MG/ML		TIER 1	
Oxycodone HCl Cap 5 MG		TIER 1	
Oxycodone HCl Conc 100 MG/5ML (20 MG/ML)		TIER 1	• PA Required
Oxycodone HCl Soln 5 MG/5ML		TIER 1	
Oxycodone HCl Tab 10 MG		TIER 1	
Oxycodone HCl Tab 15 MG		TIER 1	
Oxycodone HCl Tab 20 MG		TIER 1	
Oxycodone HCl Tab 30 MG		TIER 1	
Oxycodone HCl Tab 5 MG		TIER 1	
Oxycodone HCl Tab ER 12HR Deter 20 MG	oxyCODONE HCl ER	TIER 1	• QL: 2 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Oxycodone HCl Tab ER 12HR Deter 80 MG	oxyCODONE HCl ER	TIER 1	• QL: 4 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Oxymorphone HCl Tab 10 MG		TIER 1	
Oxymorphone HCl Tab 5 MG		TIER 1	

	TRADE NAME	TIER	NOTES
Oxymorphone HCl Tab ER 12HR 10 MG	oxyMORphone HCl ER	TIER 1	• QL: 2 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Oxymorphone HCl Tab ER 12HR 15 MG	oxyMORphone HCl ER	TIER 1	• QL: 2 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Oxymorphone HCl Tab ER 12HR 20 MG	oxyMORphone HCl ER	TIER 1	• QL: 2 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Oxymorphone HCl Tab ER 12HR 30 MG	oxyMORphone HCl ER	TIER 1	• QL: 4 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Oxymorphone HCl Tab ER 12HR 40 MG	oxyMORphone HCl ER	TIER 1	• QL: 4 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Oxymorphone HCl Tab ER 12HR 5 MG	oxyMORphone HCl ER	TIER 1	• QL: 2 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Oxymorphone HCl Tab ER 12HR 7.5 MG	oxyMORphone HCl ER	TIER 1	• QL: 2 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Pentazocine w/ Naloxone HCl Tab 50-0.5 MG		TIER 1	
Tramadol HCl Oral Soln 5 MG/ML	traMADol HCl	TIER 1	• PA Required
Tramadol HCl Tab 50 MG		TIER 1	• QL: 8 IN 1 DAYS• AGE_YEARS=0-11 DENY

	TRADE NAME	TIER	NOTES
Tramadol HCl Tab ER 24HR 100 MG		TIER 1	• QL: 3 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION• AGE_YEARS=0-11 DENY
Tramadol HCl Tab ER 24HR 200 MG		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION• AGE_YEARS=0-11 DENY
Tramadol HCl Tab ER 24HR 300 MG		TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION• AGE_YEARS=0-11 DENY
Tramadol HCl Tab ER 24HR Biphasic Release 100 MG	traMADol HCl (ER Biphasic)	TIER 1	• QL: 3 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION• AGE_YEARS=0-11 DENY
Tramadol HCl Tab ER 24HR Biphasic Release 200 MG	traMADol HCl (ER Biphasic)	TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION• AGE_YEARS=0-11 DENY
Tramadol HCl Tab ER 24HR Biphasic Release 300 MG	traMADol HCl (ER Biphasic)	TIER 1	• QL: 1 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION• AGE_YEARS=0-11 DENY
Oxycodone HCl Tab ER 12HR Deter 10 MG	OxyCONTIN	TIER 2	• QL: 2 IN 1 DAYS
Oxycodone HCl Tab ER 12HR Deter 15 MG	OxyCONTIN	TIER 2	• QL: 2 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Oxycodone HCl Tab ER 12HR Deter 20 MG	OxyCONTIN	TIER 2	• QL: 2 IN 1 DAYS

	TRADE NAME	TIER	NOTES
Oxycodone HCl Tab ER 12HR Deter 30 MG	OxyCONTIN	TIER 2	• QL: 2 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Oxycodone HCl Tab ER 12HR Deter 40 MG	OxyCONTIN	TIER 2	• QL: 2 IN 1 DAYS
Oxycodone HCl Tab ER 12HR Deter 60 MG	OxyCONTIN	TIER 2	• QL: 2 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Oxycodone HCl Tab ER 12HR Deter 80 MG	OxyCONTIN	TIER 2	
Buprenorphine HCl Buccal Film 150 MCG (Base Equivalent)	Belbuca	TIER 3	• QL: 2 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Buprenorphine HCl Buccal Film 300 MCG (Base Equivalent)	Belbuca	TIER 3	• QL: 2 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Buprenorphine HCl Buccal Film 450 MCG (Base Equivalent)	Belbuca	TIER 3	• QL: 2 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Buprenorphine HCl Buccal Film 600 MCG (Base Equivalent)	Belbuca	TIER 3	• QL: 2 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Buprenorphine HCl Buccal Film 75 MCG (Base Equivalent)	Belbuca	TIER 3	• QL: 2 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION

	TRADE NAME	TIER	NOTES
Buprenorphine HCl Buccal Film 750 MCG (Base Equivalent)	Belbuca	TIER 3	• QL: 2 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Buprenorphine HCl Buccal Film 900 MCG (Base Equivalent)	Belbuca	TIER 3	• QL: 2 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Fentanyl Citrate IV Soln 1500 MCG/30ML	fentaNYL Citrate	TIER 3	
Fentanyl Citrate IV Soln Prefilled Syringe 500 MCG/50ML	fentaNYL Citrate	TIER 3	
Fentanyl Citrate-NaCl Soln Pref Syr 500 MCG/50ML-0.9%	fentaNYL Citrate-NaCl	TIER 3	
Hydromorphone HCl-NaCl Soln Pref Syr 30 MG/30ML-0.9%	HYDRomorphone HCl-NaCl	TIER 3	
Meperidine HCl Inj 75 MG/ML	Demerol	TIER 3	
Morphine Sulfate-Sodium Chloride 0.9% IV Soln 100 MG/100ML	Morphine Sulfate-NaCl	TIER 3	
Morphine Sulfate-Sodium Chloride 0.9% IV Soln 50 MG/50ML	Morphine Sulfate-NaCl	TIER 3	
Morphine Sulfate-Sodium Chloride 0.9% IV Soln 500 MG/100ML	Morphine Sulfate-NaCl	TIER 3	
Oxycodone Cap ER 12HR Abuse-Deterrent 13.5 MG	Xtampza ER	TIER 3	• QL: 2 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Oxycodone Cap ER 12HR Abuse-Deterrent 18 MG	Xtampza ER	TIER 3	• QL: 2 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Oxycodone Cap ER 12HR Abuse-Deterrent 27 MG	Xtampza ER	TIER 3	• QL: 4 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION

	TRADE NAME	TIER	NOTES
Oxycodone Cap ER 12HR Abuse-Deterrent 36 MG	Xtampza ER	TIER 3	• QL: 8 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Oxycodone Cap ER 12HR Abuse-Deterrent 9 MG	Xtampza ER	TIER 3	• QL: 2 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Oxycodone HCl Tab Abuse Deter 15 MG	oxyCODONE HCl	TIER 3	
Oxycodone HCl Tab Abuse Deter 15 MG	RoxyBond	TIER 3	
Oxycodone HCl Tab Abuse Deter 30 MG	RoxyBond	TIER 3	
Oxycodone HCl Tab Abuse Deter 30 MG	oxyCODONE HCl	TIER 3	
Oxycodone HCl Tab Abuse Deter 5 MG	RoxyBond	TIER 3	
Oxycodone HCl Tab Abuse Deter 5 MG	oxyCODONE HCl	TIER 3	
Oxycodone HCl Tab ER 12HR Deter 10 MG	oxyCODONE HCl ER	TIER 3	• QL: 2 IN 1 DAYS
Oxycodone HCl Tab ER 12HR Deter 20 MG	oxyCODONE HCl ER	TIER 3	• QL: 2 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Oxycodone HCl Tab ER 12HR Deter 20 MG	oxyCODONE HCl ER	TIER 3	• QL: 2 IN 1 DAYS
Oxycodone HCl Tab ER 12HR Deter 40 MG	oxyCODONE HCl ER	TIER 3	• QL: 2 IN 1 DAYS
Sufentanil Citrate SL Tab 30 MCG (Base Equiv)	Dsuvia	TIER 3	• PA Required
Tapentadol HCl Tab 100 MG	Nucynta	TIER 3	• QL: 6 IN 1 DAYS
Tapentadol HCl Tab 50 MG	Nucynta	TIER 3	• QL: 6 IN 1 DAYS
Tapentadol HCl Tab 75 MG	Nucynta	TIER 3	• QL: 6 IN 1 DAYS
Tapentadol HCl Tab ER 12HR 100 MG	Nucynta ER	TIER 3	• QL: 2 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION

	TRADE NAME	TIER	NOTES
Tapentadol HCl Tab ER 12HR 150 MG	Nucynta ER	TIER 3	• QL: 2 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Tapentadol HCl Tab ER 12HR 200 MG	Nucynta ER	TIER 3	• QL: 2 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Tapentadol HCl Tab ER 12HR 250 MG	Nucynta ER	TIER 3	• QL: 2 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Tapentadol HCl Tab ER 12HR 50 MG	Nucynta ER	TIER 3	• QL: 2 IN 1 DAYS• ST: REQUIRES 7 CONSECUTIVE DAYS THERAPY OF CURRENT SHORT-ACTING OPIOID PRESCRIPTION
Tramadol HCl Oral Soln 5 MG/ML	Qdolo	TIER 3	• PA Required

### **OPIOID AND SALICYLATE ANALGESICS, BARBIT, XANTHINE**

Butalbital-Aspirin-Caff w/ Codeine Cap 50-325-40-30 MG		TIER 1	• QL: 6 IN 1 DAYS• AGE_YEARS=0-11 DENY
--	--	--------	--

### **OPIOID, NON-SALICYL. ANALGESIC, BARBITURATE, XANTHINE**

Butalbital-Acetaminophen-Caff w/ COD Cap 50-300-40-30 MG		TIER 1	• QL: 6 IN 1 DAYS• AGE_YEARS=0-11 DENY
Butalbital-Acetaminophen-Caff w/ COD Cap 50-325-40-30 MG		TIER 1	• QL: 6 IN 1 DAYS• AGE_YEARS=0-11 DENY

### **SKELETAL MUSCLE RELAXANT, SALICYLAT, OPIOID ANALGESC**

Carisoprodol w/ Aspirin & Codeine Tab 200-325-16 MG	Carisoprodol-Aspirin-Codeine	TIER 1	• QL: 8 IN 1 DAYS• AGE_YEARS=0-11 DENY
---	------------------------------	--------	--

### **OTHER ANTIBIOTICS**

### **ANTILEPROTICS**

Thalidomide Cap 100 MG	Thalomid	TIER 5	• PA Required • Specialty
Thalidomide Cap 150 MG	Thalomid	TIER 5	• Specialty
Thalidomide Cap 200 MG	Thalomid	TIER 5	• Specialty
Thalidomide Cap 50 MG	Thalomid	TIER 5	• PA Required • Specialty

	TRADE NAME	TIER	NOTES
<b>ANTI-MYCOBACTERIUM AGENTS</b>			
Rifabutin Cap 150 MG		TIER 1	
<b>BETALACTAMS</b>			
Aztreonam Lysine For Inhal Soln 75 MG (Base Equivalent)	Cayston	TIER 5	• PA Required • Specialty
<b>LINCOSAMIDE ANTIBIOTICS</b>			
Clindamycin HCl Cap 150 MG		TIER 1	
Clindamycin HCl Cap 300 MG		TIER 1	
Clindamycin HCl Cap 75 MG		TIER 1	
Clindamycin Palmitate HCl For Soln 75 MG/5ML (Base Equiv)		TIER 1	
<b>MACROLIDE ANTIBIOTICS</b>			
Fidaxomicin For Susp 40 MG/ML	Dificid	TIER 2	• QL: 10 IN 1 DAYS
<b>OXAZOLIDINONE ANTIBIOTICS</b>			
Linezolid For Susp 100 MG/5ML		TIER 1	
Linezolid Tab 600 MG		TIER 1	
Tedizolid Phosphate Tab 200 MG	Sivextro	TIER 2	• QL: 1 IN 1 DAYS • ST: REQUIRES PRIOR PRESCRIPTION FOR LINEZOLID (600MG TABLETS) WITHIN THE PAST 120 DAYS
<b>PLEUROMUTILIN DERIVATIVES</b>			
Lefamulin Acetate Tab 600 MG	Xenleta	TIER 3	• PA Required
<b>QUINOLONE ANTIBIOTICS</b>			
Ciprofloxacin HCl Tab 100 MG (Base Equiv)	Ciprofloxacin HCl	TIER 1	
Ciprofloxacin HCl Tab 250 MG (Base Equiv)		TIER 1	
Ciprofloxacin HCl Tab 500 MG (Base Equiv)		TIER 1	
Ciprofloxacin HCl Tab 750 MG (Base Equiv)		TIER 1	
Moxifloxacin HCl Tab 400 MG (Base Equiv)		TIER 1	
Ofloxacin Tab 300 MG	Ofloxacin	TIER 1	
Ciprofloxacin For Oral Susp 250 MG/5ML (5%) (5 GM/100ML)	Cipro	TIER 2	

	TRADE NAME	TIER	NOTES
Ciprofloxacin For Oral Susp 500 MG/5ML (10%) (10 GM/100ML)	Cipro	TIER 2	
Delafloxacin Meglumine Tab 450 MG (Base Equiv)	Baxdela	TIER 3	• PA Required

### RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS

Rifaximin Tab 550 MG	Xifaxan	TIER 2	• PA Required
Rifamycin Sodium Tab Delayed Release 194 MG (Base Equiv)	Aemcolo	TIER 3	• QL: <= 12• ST: TRIAL OF GENERIC ORAL CIPROFLOXACIN, AZITHROMYCIN, OFLOXACIN, OR LEVOFLOXACIN IN THE PAST 120 DAYS
Rifaximin Tab 200 MG	Xifaxan	TIER 3	• PA Required

### TOPICAL ANTIBIOTIC PLEUROMUTILIN DERIVATIVES

Retapamulin Oint 1%	Altabax	TIER 3	• ST: TRIAL OF MUPIROCIN OINTMENT IN THE PAST 120 DAYS
---------------------	---------	--------	--

### TOPICAL ANTIBIOTICS

Benzoyl Peroxide-Erythromycin Gel 5-3%		TIER 1	
Clindamycin Phosphate Foam 1%		TIER 1	
Clindamycin Phosphate Gel 1% (Once-Daily)		TIER 1	• ST: REQUIRES PRIOR PRESCRIPTION FOR CLINDAMYCIN 1% GEL WITHIN THE PAST 120 DAYS
Clindamycin Phosphate Gel 1% (Twice-Daily)		TIER 1	
Clindamycin Phosphate Lotion 1%		TIER 1	
Clindamycin Phosphate Soln 1%		TIER 1	• QL: <= 180
Clindamycin Phosphate Swab 1%		TIER 1	
Erythromycin Gel 2%		TIER 1	
Erythromycin Soln 2%		TIER 1	• QL: <= 180
Gentamicin Sulfate Cream 0.1%		TIER 1	• QL: <= 90
Gentamicin Sulfate Oint 0.1%		TIER 1	• QL: <= 90
Mupirocin Calcium Cream 2%		TIER 1	• QL: <= 90
Mupirocin Oint 2%		TIER 1	• QL: <= 90
Erythromycin Pads 2%	Ery	TIER 3	

	TRADE NAME	TIER	NOTES
Mupirocin Oint 2%	Centany	TIER 3	• QL: <= 90
Mupirocin Oint Kit 2%	Centany AT	TIER 3	
Mupirocin-Lidocaine Ointment 2-2%	Nanran	TIER 3	
Mupirocin-Lidocaine Ointment 2-2%	Batizia	TIER 3	
Ozenoxacin Cream 1%	Xepi	TIER 3	• ST: TRIAL OF MUPIROCIN OINTMENT IN THE PAST 120 DAYS

### TOPICAL ANTIFUNGAL-ANTIBIOTIC-ANTI-INFLAMM STEROID

Iodoquinol-Hydrocortisone-Ketoconazole Cream 1-2.5-2%	Dazinia	TIER 3	
Iodoquinol-Hydrocortisone-Ketoconazole Cream 1-2.5-2%	Pheodoyo	TIER 3	

### VAGINAL ANTIBIOTICS

Clindamycin Phosphate Vaginal Cream 2%		TIER 1	
Metronidazole Vaginal Gel 0.75%		TIER 1	
Clindamycin Phosphate (One Dose) Vaginal Cream 2%	Clindesse	TIER 3	• ST: TRIAL OF GENERIC CLINDAMYCIN VAGINAL CREAM IN THE PAST 120 DAYS
Clindamycin Phosphate Vaginal Suppos 100 MG	Cleocin	TIER 3	• QL: 3 IN 30 DAYS• ST: AT LEAST 2 PRIOR PRESCRIPTIONS FOR CLINDAMYCIN VAGINAL CREAM, METRONIDAZOLE VAGINAL GEL, TINIDAZOLE, OR VANDAZOLE GEL WITHIN THE PAST 365 DAYS
Metronidazole Vaginal Gel 0.75%	Vandazole	TIER 3	
Metronidazole Vaginal Gel 1.3%	Nuessa	TIER 3	

### OTHER ANTIHYPERTENSIVES

#### ACE INHIBITOR-CALCIUM CHANNEL BLOCKER COMBINATION

Amlodipine Besylate-Benazepril HCl Cap 10-20 MG		TIER 1	
Amlodipine Besylate-Benazepril HCl Cap 10-40 MG		TIER 1	

	TRADE NAME	TIER	NOTES
Amlodipine Besylate-Benazepril HCl Cap 2.5-10 MG		TIER 1	
Amlodipine Besylate-Benazepril HCl Cap 5-10 MG		TIER 1	
Amlodipine Besylate-Benazepril HCl Cap 5-20 MG		TIER 1	
Amlodipine Besylate-Benazepril HCl Cap 5-40 MG		TIER 1	
Trandolapril-Verapamil HCl Tab ER 1-240 MG	Trandolapril-Verapamil HCl ER	TIER 1	
Trandolapril-Verapamil HCl Tab ER 2-180 MG	Trandolapril-Verapamil HCl ER	TIER 1	
Trandolapril-Verapamil HCl Tab ER 2-240 MG	Trandolapril-Verapamil HCl ER	TIER 1	
Trandolapril-Verapamil HCl Tab ER 4-240 MG	Trandolapril-Verapamil HCl ER	TIER 1	
<b>ACE INHIBITOR-THIAZIDE OR THIAZIDE-LIKE DIURETIC</b>			
Benazepril & Hydrochlorothiazide Tab 10-12.5 MG		TIER 1	
Benazepril & Hydrochlorothiazide Tab 20-12.5 MG		TIER 1	
Benazepril & Hydrochlorothiazide Tab 20-25 MG		TIER 1	
Benazepril & Hydrochlorothiazide Tab 5-6.25 MG		TIER 1	
Captopril & Hydrochlorothiazide Tab 25-15 MG	Captopril-hydroCHLOROthiazide	TIER 1	
Captopril & Hydrochlorothiazide Tab 25-25 MG	Captopril-hydroCHLOROthiazide	TIER 1	
Captopril & Hydrochlorothiazide Tab 50-15 MG	Captopril-hydroCHLOROthiazide	TIER 1	
Captopril & Hydrochlorothiazide Tab 50-25 MG	Captopril-hydroCHLOROthiazide	TIER 1	
Enalapril Maleate & Hydrochlorothiazide Tab 10-25 MG		TIER 1	
Enalapril Maleate & Hydrochlorothiazide Tab 5-12.5 MG		TIER 1	
Fosinopril Sodium & Hydrochlorothiazide Tab 10-12.5 MG		TIER 1	
Fosinopril Sodium & Hydrochlorothiazide Tab 20-12.5 MG		TIER 1	

	TRADE NAME	TIER	NOTES
Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG		TIER 1	
Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG		TIER 1	
Lisinopril & Hydrochlorothiazide Tab 20-25 MG		TIER 1	
Quinapril-Hydrochlorothiazide Tab 10-12.5 MG		TIER 1	
Quinapril-Hydrochlorothiazide Tab 20-12.5 MG		TIER 1	
Quinapril-Hydrochlorothiazide Tab 20-25 MG		TIER 1	
Quinapril-Hydrochlorothiazide Tab 20-25 MG	Accuretic	TIER 3	

### ALPHA-ADRENERGIC BLOCKING AGENTS

Doxazosin Mesylate Tab 1 MG		TIER 1	
Doxazosin Mesylate Tab 2 MG		TIER 1	
Doxazosin Mesylate Tab 4 MG		TIER 1	
Doxazosin Mesylate Tab 8 MG		TIER 1	
Prazosin HCl Cap 1 MG		TIER 1	
Prazosin HCl Cap 2 MG		TIER 1	
Prazosin HCl Cap 5 MG		TIER 1	
Terazosin HCl Cap 1 MG (Base Equivalent)		TIER 1	
Terazosin HCl Cap 10 MG (Base Equivalent)		TIER 1	
Terazosin HCl Cap 2 MG (Base Equivalent)		TIER 1	
Terazosin HCl Cap 5 MG (Base Equivalent)		TIER 1	
Doxazosin Mesylate Tab ER 24 HR 4 MG (Base Equiv)	Cardura XL	TIER 3	
Doxazosin Mesylate Tab ER 24 HR 8 MG (Base Equiv)	Cardura XL	TIER 3	

### ANGIOTEN.RECEPTR ANTAG-CALCIUM CHANL BLKR-THIAZIDE

Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-12.5 MG		TIER 1	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-25 MG		TIER 1	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-320-25 MG		TIER 1	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-12.5 MG		TIER 1	

	TRADE NAME	TIER	NOTES
	Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-25 MG	TIER 1	
	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 20-5-12.5 MG	TIER 1	
	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-12.5 MG	TIER 1	
	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-25 MG	TIER 1	
	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-12.5 MG	TIER 1	
	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-25 MG	TIER 1	
<b>ANGIOTENSIN RECEPTOR ANTAG.-THIAZIDE DIURETIC COMB</b>			
	Candesartan Cilexetil-Hydrochlorothiazide Tab 16-12.5 MG	TIER 1	
	Candesartan Cilexetil-Hydrochlorothiazide Tab 32-12.5 MG	TIER 1	
	Candesartan Cilexetil-Hydrochlorothiazide Tab 32-25 MG	TIER 1	
	Irbesartan-Hydrochlorothiazide Tab 150-12.5 MG	TIER 1	
	Irbesartan-Hydrochlorothiazide Tab 300-12.5 MG	TIER 1	
	Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG	TIER 1	
	Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG	TIER 1	
	Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG	TIER 1	
	Olmesartan Medoxomil-Hydrochlorothiazide Tab 20-12.5 MG	TIER 1	
	Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-12.5 MG	TIER 1	
	Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-25 MG	TIER 1	
	Telmisartan-Hydrochlorothiazide Tab 40-12.5 MG	TIER 1	
	Telmisartan-Hydrochlorothiazide Tab 80-12.5 MG	TIER 1	
	Telmisartan-Hydrochlorothiazide Tab 80-25 MG	TIER 1	

	TRADE NAME	TIER	NOTES
	Valsartan-Hydrochlorothiazide Tab 160-12.5 MG	TIER 1	
	Valsartan-Hydrochlorothiazide Tab 160-25 MG	TIER 1	
	Valsartan-Hydrochlorothiazide Tab 320-12.5 MG	TIER 1	
	Valsartan-Hydrochlorothiazide Tab 320-25 MG	TIER 1	
	Valsartan-Hydrochlorothiazide Tab 80-12.5 MG	TIER 1	

### ANGIOTENSIN RECEPTOR BLOCKR-CALCIUM CHANNEL BLOCKR

	Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG	TIER 1	
	Amlodipine Besylate-Olmesartan Medoxomil Tab 10-40 MG	TIER 1	
	Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 MG	TIER 1	
	Amlodipine Besylate-Olmesartan Medoxomil Tab 5-40 MG	TIER 1	
	Amlodipine Besylate-Valsartan Tab 10-160 MG	TIER 1	
	Amlodipine Besylate-Valsartan Tab 10-320 MG	TIER 1	
	Amlodipine Besylate-Valsartan Tab 5-160 MG	TIER 1	
	Amlodipine Besylate-Valsartan Tab 5-320 MG	TIER 1	
	Telmisartan-Amlodipine Tab 40-10 MG	Telmisartan-amLODIPine	TIER 1
	Telmisartan-Amlodipine Tab 40-5 MG	Telmisartan-amLODIPine	TIER 1
	Telmisartan-Amlodipine Tab 80-10 MG	Telmisartan-amLODIPine	TIER 1
	Telmisartan-Amlodipine Tab 80-5 MG	Telmisartan-amLODIPine	TIER 1

### ANTIHYPERTENSIVES, ACE INHIBITORS

	Benazepril HCl Tab 10 MG	TIER 1	
	Benazepril HCl Tab 20 MG	TIER 1	
	Benazepril HCl Tab 40 MG	TIER 1	
	Benazepril HCl Tab 5 MG	TIER 1	
	Captopril Tab 100 MG	TIER 1	

TRADE NAME	TIER	NOTES
Captopril Tab 12.5 MG	TIER 1	
Captopril Tab 25 MG	TIER 1	
Captopril Tab 50 MG	TIER 1	
Enalapril Maleate Oral Soln 1 MG/ML	TIER 1	• QL: 1200 IN 30 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR ENALAPRIL TABLETS IF 12 YEARS OF AGE OR OLDER WITHIN THE PAST 120 DAYS• AGE_YEARS=0-11 DENY
Enalapril Maleate Tab 10 MG	TIER 1	
Enalapril Maleate Tab 2.5 MG	TIER 1	
Enalapril Maleate Tab 20 MG	TIER 1	
Enalapril Maleate Tab 5 MG	TIER 1	
Fosinopril Sodium Tab 10 MG	TIER 1	
Fosinopril Sodium Tab 20 MG	TIER 1	
Fosinopril Sodium Tab 40 MG	TIER 1	
Lisinopril Tab 10 MG	TIER 1	
Lisinopril Tab 2.5 MG	TIER 1	
Lisinopril Tab 20 MG	TIER 1	
Lisinopril Tab 30 MG	TIER 1	
Lisinopril Tab 40 MG	TIER 1	
Lisinopril Tab 5 MG	TIER 1	
Moexipril HCl Tab 15 MG	TIER 1	
Moexipril HCl Tab 7.5 MG	TIER 1	
Perindopril Erbumine Tab 2 MG	Perindopril Erbumine	TIER 1
Perindopril Erbumine Tab 4 MG		TIER 1
Perindopril Erbumine Tab 8 MG	Perindopril Erbumine	TIER 1
Quinapril HCl Tab 10 MG		TIER 1
Quinapril HCl Tab 20 MG		TIER 1
Quinapril HCl Tab 40 MG		TIER 1
Quinapril HCl Tab 5 MG		TIER 1
Ramipril Cap 1.25 MG		TIER 1

	TRADE NAME	TIER	NOTES
Ramipril Cap 10 MG		TIER 1	
Ramipril Cap 2.5 MG		TIER 1	
Ramipril Cap 5 MG		TIER 1	
Trandolapril Tab 1 MG		TIER 1	
Trandolapril Tab 2 MG		TIER 1	
Trandolapril Tab 4 MG		TIER 1	
Lisinopril Oral Soln 1 MG/ML	Qbrelis	TIER 3	• QL: 1200 IN 30 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR LISINOPRIL TABLETS WITHIN THE PAST 120 DAYS IF 12 YEARS OF AGE AND OLDER• AGE_YEARS=0-11 DENY

### ANTIHYPERTENSIVES, ANGIOTENSIN RECEPTOR ANTAGONIST

Candesartan Cilexetil Tab 16 MG		TIER 1	
Candesartan Cilexetil Tab 32 MG		TIER 1	
Candesartan Cilexetil Tab 4 MG		TIER 1	
Candesartan Cilexetil Tab 8 MG		TIER 1	
Irbesartan Tab 150 MG		TIER 1	
Irbesartan Tab 300 MG		TIER 1	
Irbesartan Tab 75 MG		TIER 1	
Losartan Potassium Tab 100 MG		TIER 1	
Losartan Potassium Tab 25 MG		TIER 1	
Losartan Potassium Tab 50 MG		TIER 1	
Olmesartan Medoxomil Tab 20 MG		TIER 1	
Olmesartan Medoxomil Tab 40 MG		TIER 1	
Olmesartan Medoxomil Tab 5 MG		TIER 1	
Telmisartan Tab 20 MG		TIER 1	
Telmisartan Tab 40 MG		TIER 1	
Telmisartan Tab 80 MG		TIER 1	
Valsartan Tab 160 MG		TIER 1	
Valsartan Tab 320 MG		TIER 1	

	TRADE NAME	TIER	NOTES
	Valsartan Tab 40 MG	TIER 1	
	Valsartan Tab 80 MG	TIER 1	

### ANTIHYPERTENSIVES, MISCELLANEOUS

	Metyrosine Cap 250 MG	TIER 1	
--	-----------------------	--------	--

### ANTIHYPERTENSIVES, SYMPATHOLYTIC

	Clonidine HCl Tab 0.1 MG	TIER 1	
	Clonidine HCl Tab 0.2 MG	TIER 1	
	Clonidine HCl Tab 0.3 MG	TIER 1	
	Clonidine TD Patch Weekly 0.1 MG/24HR	TIER 1	
	Clonidine TD Patch Weekly 0.2 MG/24HR	TIER 1	
	Clonidine TD Patch Weekly 0.3 MG/24HR	TIER 1	
	Guanfacine HCl Tab 1 MG	TIER 1	
	Guanfacine HCl Tab 2 MG	TIER 1	

### ANTIHYPERTENSIVES, VASODILATORS

	Hydralazine HCl Tab 10 MG	TIER 1	
	Hydralazine HCl Tab 100 MG	TIER 1	
	Hydralazine HCl Tab 25 MG	TIER 1	
	Hydralazine HCl Tab 50 MG	TIER 1	
	Minoxidil Tab 10 MG	TIER 1	
	Minoxidil Tab 2.5 MG	TIER 1	

### PULM ANTI-HTN, SOLUBLE GUANYLATE CYCLASE STIMULATOR

	Riociguat Tab 0.5 MG	Adempas	TIER 5	• PA Required • Specialty
	Riociguat Tab 1 MG	Adempas	TIER 5	• PA Required • Specialty
	Riociguat Tab 1.5 MG	Adempas	TIER 5	• PA Required • Specialty
	Riociguat Tab 2 MG	Adempas	TIER 5	• PA Required • Specialty
	Riociguat Tab 2.5 MG	Adempas	TIER 5	• PA Required • Specialty

### PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST

	Ambrisentan Tab 10 MG		TIER 4	• PA Required • Specialty
	Ambrisentan Tab 5 MG		TIER 4	• PA Required • Specialty
	Bosentan Tab 125 MG		TIER 4	• PA Required • Specialty

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
	Bosentan Tab 62.5 MG	TIER 4	• PA Required • Specialty
<b>PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE</b>			
	Epoprostenol Sodium For Inj 0.5 MG	TIER 4	• PA Required • Specialty
	Epoprostenol Sodium For Inj 1.5 MG	TIER 4	• PA Required • Specialty
	Treprostinil Inj Soln 100 MG/20ML (5 MG/ML)	TIER 4	• PA Required • Specialty
	Treprostinil Inj Soln 20 MG/20ML (1 MG/ML)	TIER 4	• PA Required • Specialty
	Treprostinil Inj Soln 200 MG/20ML (10 MG/ML)	TIER 4	• PA Required • Specialty
	Treprostinil Inj Soln 50 MG/20ML (2.5 MG/ML)	TIER 4	• PA Required • Specialty
<b>RENIN INHIBITOR, DIRECT</b>			
	Aliskiren Fumarate Tab 150 MG (Base Equivalent)	TIER 1	
	Aliskiren Fumarate Tab 300 MG (Base Equivalent)	TIER 1	
<b>VASODILATORS, COMBINATION</b>			
	Isosorbide Dinitrate-Hydralazine HCl Tab 20-37.5 MG	TIER 1	
<b>OTHER CARDIOVASCULAR PREPS</b>			
<b>ALPHA/BETA-ADRENERGIC BLOCKING AGENTS</b>			
	Carvedilol Phosphate Cap ER 24HR 10 MG	TIER 1	
	Carvedilol Phosphate Cap ER 24HR 20 MG	TIER 1	
	Carvedilol Phosphate Cap ER 24HR 40 MG	TIER 1	
	Carvedilol Phosphate Cap ER 24HR 80 MG	TIER 1	
	Carvedilol Tab 12.5 MG	TIER 1	
	Carvedilol Tab 25 MG	TIER 1	
	Carvedilol Tab 3.125 MG	TIER 1	
	Carvedilol Tab 6.25 MG	TIER 1	
	Labetalol HCl Tab 100 MG	TIER 1	
	Labetalol HCl Tab 200 MG	TIER 1	
	Labetalol HCl Tab 300 MG	TIER 1	
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>			
	Phenoxybenzamine HCl Cap 10 MG	TIER 4	• PA Required • Specialty

TRADE NAME	TIER	NOTES
<b>ANTIANGINAL, ANTI-ISCHEMIC AGENTS, NON-HEMODYNAMIC</b>		
Ranolazine Tab ER 12HR 1000 MG	TIER 1	• QL: 2 IN 1 DAYS
Ranolazine Tab ER 12HR 500 MG	TIER 1	• QL: 4 IN 1 DAYS
<b>ANTIARRHYTHMICS</b>		
Amiodarone HCl Tab 100 MG	TIER 1	
Amiodarone HCl Tab 200 MG	TIER 1	
Amiodarone HCl Tab 400 MG	TIER 1	
Disopyramide Phosphate Cap 100 MG	TIER 1	
Disopyramide Phosphate Cap 150 MG	TIER 1	
Dofetilide Cap 125 MCG (0.125 MG)	TIER 1	
Dofetilide Cap 250 MCG (0.25 MG)	TIER 1	
Dofetilide Cap 500 MCG (0.5 MG)	TIER 1	
Flecainide Acetate Tab 100 MG	TIER 1	
Flecainide Acetate Tab 150 MG	TIER 1	
Flecainide Acetate Tab 50 MG	TIER 1	
Mexiletine HCl Cap 150 MG	TIER 1	
Mexiletine HCl Cap 200 MG	TIER 1	
Mexiletine HCl Cap 250 MG	TIER 1	
Propafenone HCl Cap ER 12HR 225 MG	TIER 1	
Propafenone HCl Cap ER 12HR 325 MG	TIER 1	
Propafenone HCl Cap ER 12HR 425 MG	TIER 1	
Propafenone HCl Tab 150 MG	TIER 1	
Propafenone HCl Tab 225 MG	TIER 1	
Propafenone HCl Tab 300 MG	TIER 1	
Quinidine Gluconate Tab ER 324 MG	TIER 1	
Quinidine Sulfate Tab 200 MG	quiNIDine Sulfate	TIER 1
Quinidine Sulfate Tab 300 MG	quiNIDine Sulfate	TIER 1
Disopyramide Phosphate Cap ER 12HR 100 MG	Norpace CR	TIER 2
Disopyramide Phosphate Cap ER 12HR 150 MG	Norpace CR	TIER 2

	TRADE NAME	TIER	NOTES
Dronedaronone HCl Tab 400 MG (Base Equivalent)	Multaq	TIER 2	

### ANTHYPERLIPID- HMG-COA RI-CALCIUM CHANNEL BLOCKER

Amlodipine Besylate-Atorvastatin Calcium Tab 10-10 MG		TIER 1	• QL: 1 IN 1 DAYS
Amlodipine Besylate-Atorvastatin Calcium Tab 10-20 MG		TIER 1	• QL: 1 IN 1 DAYS
Amlodipine Besylate-Atorvastatin Calcium Tab 10-40 MG		TIER 1	• QL: 1 IN 1 DAYS
Amlodipine Besylate-Atorvastatin Calcium Tab 10-80 MG		TIER 1	• QL: 1 IN 1 DAYS
Amlodipine Besylate-Atorvastatin Calcium Tab 2.5-10 MG		TIER 1	• QL: 1 IN 1 DAYS
Amlodipine Besylate-Atorvastatin Calcium Tab 2.5-20 MG		TIER 1	• QL: 1 IN 1 DAYS
Amlodipine Besylate-Atorvastatin Calcium Tab 2.5-40 MG		TIER 1	• QL: 1 IN 1 DAYS
Amlodipine Besylate-Atorvastatin Calcium Tab 5-10 MG		TIER 1	• QL: 1 IN 1 DAYS
Amlodipine Besylate-Atorvastatin Calcium Tab 5-20 MG		TIER 1	• QL: 1 IN 1 DAYS
Amlodipine Besylate-Atorvastatin Calcium Tab 5-40 MG		TIER 1	• QL: 1 IN 1 DAYS
Amlodipine Besylate-Atorvastatin Calcium Tab 5-80 MG		TIER 1	• QL: 1 IN 1 DAYS

### BETA-ADRENERGIC BLOCKING AGENTS

Acebutolol HCl Cap 200 MG		TIER 1	
Acebutolol HCl Cap 400 MG		TIER 1	
Atenolol Tab 100 MG		TIER 1	
Atenolol Tab 25 MG		TIER 1	
Atenolol Tab 50 MG		TIER 1	
Betaxolol HCl Tab 10 MG		TIER 1	
Betaxolol HCl Tab 20 MG		TIER 1	
Bisoprolol Fumarate Tab 10 MG		TIER 1	
Bisoprolol Fumarate Tab 5 MG		TIER 1	
Metoprolol Succinate Tab ER 24HR 100 MG (Tartrate Equiv)		TIER 1	

	TRADE NAME	TIER	NOTES
Metoprolol Succinate Tab ER 24HR 200 MG (Tartrate Equiv)		TIER 1	
Metoprolol Succinate Tab ER 24HR 25 MG (Tartrate Equiv)		TIER 1	
Metoprolol Succinate Tab ER 24HR 50 MG (Tartrate Equiv)		TIER 1	
Metoprolol Tartrate Tab 100 MG		TIER 1	
Metoprolol Tartrate Tab 25 MG		TIER 1	
Metoprolol Tartrate Tab 37.5 MG		TIER 1	
Metoprolol Tartrate Tab 50 MG		TIER 1	
Metoprolol Tartrate Tab 75 MG		TIER 1	
Nadolol Tab 20 MG		TIER 1	
Nadolol Tab 40 MG		TIER 1	
Nadolol Tab 80 MG		TIER 1	
Nebivolol HCl Tab 10 MG (Base Equivalent)		TIER 1	
Nebivolol HCl Tab 2.5 MG (Base Equivalent)		TIER 1	
Nebivolol HCl Tab 20 MG (Base Equivalent)		TIER 1	
Nebivolol HCl Tab 5 MG (Base Equivalent)		TIER 1	
Pindolol Tab 10 MG		TIER 1	
Pindolol Tab 5 MG		TIER 1	
Propranolol HCl Cap ER 24HR 120 MG		TIER 1	
Propranolol HCl Cap ER 24HR 160 MG		TIER 1	
Propranolol HCl Cap ER 24HR 60 MG		TIER 1	
Propranolol HCl Cap ER 24HR 80 MG		TIER 1	
Propranolol HCl Oral Soln 40 MG/5ML	Propranolol HCl	TIER 1	
Propranolol HCl Tab 10 MG		TIER 1	
Propranolol HCl Tab 20 MG		TIER 1	
Propranolol HCl Tab 40 MG		TIER 1	
Propranolol HCl Tab 60 MG		TIER 1	
Propranolol HCl Tab 80 MG		TIER 1	
Sotalol HCl (AFIB/AFL) Tab 120 MG		TIER 1	
Sotalol HCl (AFIB/AFL) Tab 160 MG		TIER 1	

	TRADE NAME	TIER	NOTES
Sotalol HCl (AFIB/AFL) Tab 80 MG		TIER 1	
Sotalol HCl Tab 120 MG		TIER 1	
Sotalol HCl Tab 160 MG		TIER 1	
Sotalol HCl Tab 240 MG		TIER 1	
Sotalol HCl Tab 80 MG		TIER 1	
Timolol Maleate Tab 10 MG		TIER 1	
Timolol Maleate Tab 20 MG		TIER 1	
Timolol Maleate Tab 5 MG		TIER 1	
Metoprolol Succ Cap ER 24HR Sprinkle 100 MG (Tartrate Equiv)	Kaspargo Sprinkle	TIER 3	
Metoprolol Succ Cap ER 24HR Sprinkle 200 MG (Tartrate Equiv)	Kaspargo Sprinkle	TIER 3	
Metoprolol Succ Cap ER 24HR Sprinkle 25 MG (Tartrate Equiv)	Kaspargo Sprinkle	TIER 3	
Metoprolol Succ Cap ER 24HR Sprinkle 50 MG (Tartrate Equiv)	Kaspargo Sprinkle	TIER 3	
Propranolol HCl Oral Soln 4.28 MG/ML (3.75 MG/ML Base Equiv)	Hemangeol	TIER 3	• QL: 360 IN 30 DAYS• ST: TRIAL OF GENERIC PROPRANOLOL ORAL SOLUTION IN THE PAST 120 DAYS
Sotalol HCl Oral Solution 5 MG/ML	Sotylize	TIER 3	• QL: 3840 IN 30 DAYS• ST: TRIAL OF SOTALOL TABLETS IN THE PAST 120 DAYS

### **BETA-BLOCKERS AND THIAZIDE,THIAZIDE-LIKE DIURETICS**

Atenolol & Chlorthalidone Tab 100-25 MG		TIER 1	
Atenolol & Chlorthalidone Tab 50-25 MG		TIER 1	
Bisoprolol & Hydrochlorothiazide Tab 10-6.25 MG		TIER 1	
Bisoprolol & Hydrochlorothiazide Tab 2.5-6.25 MG		TIER 1	
Bisoprolol & Hydrochlorothiazide Tab 5-6.25 MG		TIER 1	
Metoprolol & Hydrochlorothiazide Tab 100-25 MG		TIER 1	
Metoprolol & Hydrochlorothiazide Tab 100-50 MG		TIER 1	

	TRADE NAME	TIER	NOTES
	Metoprolol & Hydrochlorothiazide Tab 50-25 MG	TIER 1	
<b>CALCIUM CHANNEL BLOCKING AGENTS</b>			
	Amlodipine Besylate Tab 10 MG (Base Equivalent)	TIER 1	
	Amlodipine Besylate Tab 2.5 MG (Base Equivalent)	TIER 1	
	Amlodipine Besylate Tab 5 MG (Base Equivalent)	TIER 1	
	Diltiazem HCl Cap ER 12HR 120 MG	TIER 1	
	Diltiazem HCl Cap ER 12HR 60 MG	TIER 1	
	Diltiazem HCl Cap ER 12HR 90 MG	TIER 1	
	Diltiazem HCl Cap ER 24HR 120 MG	TIER 1	
	Diltiazem HCl Cap ER 24HR 180 MG	TIER 1	
	Diltiazem HCl Cap ER 24HR 240 MG	TIER 1	
	Diltiazem HCl Coated Beads Cap ER 24HR 120 MG	TIER 1	
	Diltiazem HCl Coated Beads Cap ER 24HR 180 MG	TIER 1	
	Diltiazem HCl Coated Beads Cap ER 24HR 240 MG	TIER 1	
	Diltiazem HCl Coated Beads Cap ER 24HR 300 MG	TIER 1	
	Diltiazem HCl Coated Beads Cap ER 24HR 360 MG	TIER 1	
	Diltiazem HCl Extended Release Beads Cap ER 24HR 120 MG	TIER 1	
	Diltiazem HCl Extended Release Beads Cap ER 24HR 180 MG	TIER 1	
	Diltiazem HCl Extended Release Beads Cap ER 24HR 240 MG	TIER 1	
	Diltiazem HCl Extended Release Beads Cap ER 24HR 300 MG	TIER 1	
	Diltiazem HCl Extended Release Beads Cap ER 24HR 360 MG	TIER 1	
	Diltiazem HCl Extended Release Beads Cap ER 24HR 420 MG	TIER 1	
	Diltiazem HCl Tab 120 MG	TIER 1	

	TRADE NAME	TIER	NOTES
Diltiazem HCl Tab 30 MG		TIER 1	
Diltiazem HCl Tab 60 MG		TIER 1	
Diltiazem HCl Tab 90 MG		TIER 1	
Diltiazem HCl Tab ER 24HR 120 MG		TIER 1	
Diltiazem HCl Tab ER 24HR 180 MG		TIER 1	
Diltiazem HCl Tab ER 24HR 240 MG		TIER 1	
Diltiazem HCl Tab ER 24HR 300 MG		TIER 1	
Diltiazem HCl Tab ER 24HR 360 MG		TIER 1	
Diltiazem HCl Tab ER 24HR 420 MG		TIER 1	
Felodipine Tab ER 24HR 10 MG		TIER 1	
Felodipine Tab ER 24HR 2.5 MG		TIER 1	
Felodipine Tab ER 24HR 5 MG		TIER 1	
Isradipine Cap 2.5 MG		TIER 1	
Isradipine Cap 5 MG		TIER 1	
Levamlodipine Maleate Tab 2.5 MG	Conjupri	TIER 1	• PA Required
Levamlodipine Maleate Tab 2.5 MG	Levamlodipine Maleate	TIER 1	• PA Required
Levamlodipine Maleate Tab 5 MG	Levamlodipine Maleate	TIER 1	• PA Required
Nicardipine HCl Cap 20 MG		TIER 1	
Nicardipine HCl Cap 30 MG		TIER 1	
Nifedipine Cap 10 MG		TIER 1	
Nifedipine Cap 20 MG		TIER 1	
Nifedipine Tab ER 24HR 30 MG		TIER 1	
Nifedipine Tab ER 24HR 60 MG		TIER 1	
Nifedipine Tab ER 24HR 90 MG		TIER 1	
Nifedipine Tab ER 24HR Osmotic Release 30 MG		TIER 1	
Nifedipine Tab ER 24HR Osmotic Release 60 MG		TIER 1	
Nifedipine Tab ER 24HR Osmotic Release 90 MG		TIER 1	
Nimodipine Cap 30 MG		TIER 1	
Nisoldipine Tab ER 24HR 17 MG		TIER 1	

	TRADE NAME	TIER	NOTES
Nisoldipine Tab ER 24HR 20 MG	Nisoldipine ER	TIER 1	
Nisoldipine Tab ER 24HR 25.5 MG	Nisoldipine ER	TIER 1	
Nisoldipine Tab ER 24HR 30 MG	Nisoldipine ER	TIER 1	
Nisoldipine Tab ER 24HR 34 MG		TIER 1	
Nisoldipine Tab ER 24HR 40 MG	Nisoldipine ER	TIER 1	
Nisoldipine Tab ER 24HR 8.5 MG		TIER 1	
Verapamil HCl Cap ER 24HR 120 MG		TIER 1	
Verapamil HCl Cap ER 24HR 180 MG		TIER 1	
Verapamil HCl Cap ER 24HR 240 MG		TIER 1	
Verapamil HCl Cap ER 24HR 360 MG	Verapamil HCl ER	TIER 1	
Verapamil HCl Tab 120 MG		TIER 1	
Verapamil HCl Tab 40 MG		TIER 1	
Verapamil HCl Tab 80 MG		TIER 1	
Verapamil HCl Tab ER 120 MG		TIER 1	
Verapamil HCl Tab ER 180 MG		TIER 1	
Verapamil HCl Tab ER 240 MG		TIER 1	
Levamlodipine Maleate Tab 5 MG	Conjupri	TIER 3	• PA Required
Verapamil HCl Cap ER 24HR 100 MG	Verelan PM	TIER 3	
Verapamil HCl Cap ER 24HR 100 MG	Verapamil HCl ER	TIER 3	
Verapamil HCl Cap ER 24HR 200 MG	Verelan PM	TIER 3	
Verapamil HCl Cap ER 24HR 200 MG	Verapamil HCl ER	TIER 3	
Verapamil HCl Cap ER 24HR 300 MG	Verapamil HCl ER	TIER 3	
Verapamil HCl Cap ER 24HR 300 MG	Verelan PM	TIER 3	
Nimodipine Oral Soln 6 MG/ML	Nymalize	TIER 6	• PA Required • Specialty
<b>CARDIAC MYOSIN INHIBITOR</b>			
Mavacamten Cap 10 MG	Camzyos	TIER 6	• PA Required • Specialty
Mavacamten Cap 15 MG	Camzyos	TIER 6	• PA Required • Specialty
Mavacamten Cap 2.5 MG	Camzyos	TIER 6	• PA Required • Specialty
Mavacamten Cap 5 MG	Camzyos	TIER 6	• PA Required • Specialty
<b>HEART RATE REDUCING, SA SELECTIVE I(F) CURRENT INH.</b>			

	TRADE NAME	TIER	NOTES
Ivabradine HCl Oral Soln 5 MG/5ML (Base Equiv)	Corlanor	TIER 2	• QL: 20 IN 1 DAYS

### HEMORRHOLOGIC AGENTS

Pentoxifylline Tab ER 400 MG		TIER 1	
------------------------------	--	--------	--

### OTHER HORMONES

### ADRENAL STEROID INHIBITORS

Levoketoconazole Tab 150 MG	Recorlev	TIER 3	• PA Required
Osilodrostat Phosphate Tab 1 MG	Isturisa	TIER 6	• PA Required • Specialty
Osilodrostat Phosphate Tab 5 MG	Isturisa	TIER 6	• PA Required • Specialty

### ANTIDIURETIC AND VASOPRESSOR HORMONES

Desmopressin Acetate Inj 4 MCG/ML		TIER 1	
Desmopressin Acetate Nasal Spray Soln 0.01%		TIER 1	
Desmopressin Acetate Nasal Spray Soln 0.01% (Refrigerated)		TIER 1	
Desmopressin Acetate Preservative Free (PF) Inj 4 MCG/ML		TIER 1	
Desmopressin Acetate Tab 0.1 MG		TIER 1	
Desmopressin Acetate Tab 0.2 MG		TIER 1	
Desmopressin Acetate Nasal Soln 1.5 MG/ML	Desmopressin Acetate	TIER 3	
Desmopressin Acetate Sublingual Tab 27.7 MCG	Nocdurna	TIER 3	• QL: 1 IN 1 DAYS
Desmopressin Acetate Sublingual Tab 55.3 MCG	Nocdurna	TIER 3	• QL: 1 IN 1 DAYS

### BONE FORMATION STIMULATING AGTS - PTH REL PEPTIDES

Abaloparatide Subcutaneous Soln Pen-injector 3120 MCG/1.56ML	Tymlos	TIER 5	• PA Required • Specialty
--	--------	--------	---------------------------

### BONE RESORPTION INHIBITORS

Calcitonin (Salmon) Inj 200 Unit/ML		TIER 1	
Calcitonin (Salmon) Nasal Soln 200 Unit/ACT		TIER 1	

### FERTILITY STIMULATING PREPARATIONS, NON-FSH

Clomiphene Citrate Tab 50 MG	Clomid	TIER 3	
------------------------------	--------	--------	--

### FOLLICLE-STIMULATING AND LUTEINIZING HORMONES

	TRADE NAME	TIER	NOTES
Menotropins For Subcutaneous Inj 75 Unit	Menopur	TIER 5	• Specialty
<b>FOLLICLE-STIMULATING HORMONE (FSH)</b>			
Follitropin Alfa For Inj 1050 Unit	Gonal-f	TIER 5	• Specialty
Follitropin Alfa For Inj 450 Unit	Gonal-f	TIER 5	• Specialty
Follitropin Alfa For Subcutaneous Inj 75 Unit	Gonal-f RFF	TIER 5	• Specialty
Follitropin Beta Inj 300 Unit/0.36ML	Follistim AQ	TIER 6	• ST: TRIAL OF GONAL-F OR GONAL-F-RFF IN THE PAST 120 DAYS • Specialty
Follitropin Beta Inj 600 Unit/0.72ML	Follistim AQ	TIER 6	• ST: TRIAL OF GONAL-F OR GONAL-F-RFF IN THE PAST 120 DAYS • Specialty
Follitropin Beta Inj 900 Unit/1.08ML	Follistim AQ	TIER 6	• ST: TRIAL OF GONAL-F OR GONAL-F-RFF IN THE PAST 120 DAYS • Specialty
<b>GROWTH HORMONE RELEASING HORMONE(GHRH) AND ANALOGS</b>			
Tesamorelin Acetate For Inj 2 MG (Base Equiv)	Egrifta SV	TIER 6	• PA Required • Specialty
<b>GROWTH HORMONES</b>			
Somapacitan-beco Solution Pen-Injector 10 MG/1.5ML	Sogroya	TIER 5	• PA Required • Specialty
Somapacitan-beco Solution Pen-Injector 15 MG/1.5ML	Sogroya	TIER 5	• PA Required • Specialty
Somapacitan-beco Solution Pen-Injector 5 MG/1.5ML	Sogroya	TIER 5	• PA Required • Specialty
Somatropin For Subcutaneous Inj Cartridge 12 MG (36 Unit)	Genotropin	TIER 5	• PA Required • Specialty
Somatropin For Subcutaneous Inj Cartridge 5 MG	Genotropin	TIER 5	• PA Required • Specialty
Somatropin For Subcutaneous Inj Prefilled Syr 0.2 MG	Genotropin MiniQuick	TIER 5	• PA Required • Specialty
Somatropin For Subcutaneous Inj Prefilled Syr 0.4 MG	Genotropin MiniQuick	TIER 5	• PA Required • Specialty
Somatropin For Subcutaneous Inj Prefilled Syr 0.6 MG	Genotropin MiniQuick	TIER 5	• PA Required • Specialty
Somatropin For Subcutaneous Inj Prefilled Syr 0.8 MG	Genotropin MiniQuick	TIER 5	• PA Required • Specialty

	TRADE NAME	TIER	NOTES
Somatropin For Subcutaneous Inj Prefilled Syr 1 MG	Genotropin MiniQuick	TIER 5	• PA Required • Specialty
Somatropin For Subcutaneous Inj Prefilled Syr 1.2 MG	Genotropin MiniQuick	TIER 5	• PA Required • Specialty
Somatropin For Subcutaneous Inj Prefilled Syr 1.4 MG	Genotropin MiniQuick	TIER 5	• PA Required • Specialty
Somatropin For Subcutaneous Inj Prefilled Syr 1.6 MG	Genotropin MiniQuick	TIER 5	• PA Required • Specialty
Somatropin For Subcutaneous Inj Prefilled Syr 1.8 MG	Genotropin MiniQuick	TIER 5	• PA Required • Specialty
Somatropin For Subcutaneous Inj Prefilled Syr 2 MG	Genotropin MiniQuick	TIER 5	• PA Required • Specialty
Somatropin Solution Pen-Injector 10 MG/1.5ML	Norditropin FlexPro	TIER 5	• PA Required • Specialty
Somatropin Solution Pen-Injector 15 MG/1.5ML	Norditropin FlexPro	TIER 5	• PA Required • Specialty
Somatropin Solution Pen-Injector 30 MG/3ML	Norditropin FlexPro	TIER 5	• Specialty
Somatropin Solution Pen-Injector 5 MG/1.5ML	Norditropin FlexPro	TIER 5	• PA Required • Specialty
Somatropin (Non-Refrigerated) For Subcutaneous Inj 4 MG	Serostim	TIER 6	• PA Required • Specialty
Somatropin (Non-Refrigerated) For Subcutaneous Inj 5 MG	Serostim	TIER 6	• PA Required • Specialty
Somatropin (Non-Refrigerated) For Subcutaneous Inj 6 MG	Serostim	TIER 6	• PA Required • Specialty
Somatropin For Inj 5.8 MG	Omnitrope	TIER 6	• PA Required • Specialty
Somatropin For Subcutaneous Inj 5 MG	Zomacton	TIER 6	• PA Required • Specialty
Somatropin Solution Cartridge 10 MG/1.5ML	Omnitrope	TIER 6	• PA Required • Specialty
Somatropin Solution Cartridge 5 MG/1.5ML	Omnitrope	TIER 6	• PA Required • Specialty

### **HUMAN CHORIONIC GONADOTROPIN (HCG)**

Choriogonadotropin Alfa Soln Prefilled Syr 250 MCG/0.5ML	Ovidrel	TIER 2	
Chorionic Gonadotropin For IM Inj 10000 Unit	Novarel	TIER 2	
Chorionic Gonadotropin For IM Inj 5000 Unit	Novarel	TIER 2	
Chorionic Gonadotropin For IM Inj 10000 Unit	Pregnyl	TIER 3	• ST: TRIAL OF NOVAREL OR OVIDREL IN THE PAST 120 DAYS
Chorionic Gonadotropin For IM Inj 10000 Unit	Chorionic Gonadotropin	TIER 3	• ST: TRIAL OF NOVAREL OR OVIDREL IN THE PAST 120 DAYS

	TRADE NAME	TIER	NOTES
<b>INSULIN-LIKE GROWTH FACTOR-1 (IGF-1) HORMONES</b>			
Mecasermin Inj 40 MG/4ML (10 MG/ML)	Increlex	TIER 6	• PA Required • Specialty
<b>LEPTIN HORMONE ANALOGS</b>			
Metreleptin For Subcutaneous Inj 11.3 MG	Myalept	TIER 6	• QL: 1 IN 1 DAYS • Specialty
<b>LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS</b>			
Nafarelin Acetate Nasal Soln 2 MG/ML (200 MCG/ACT) (Base Eq)	Synarel	TIER 6	• PA Required • Specialty
<b>LHRH (GNRH) ANTAGONIST,ESTROGEN AND PROGESTIN COMB</b>			
Elagolix-Estrad-Noreth 300-1-0.5MG & Elagolix 300MG Cap Pack	Oriahnn	TIER 2	• PA Required
Relugolix-Estradiol-Norethindrone Acetate Tab 40-1-0.5 MG	Myfembree	TIER 2	• PA Required
<b>LHRH(GNRH) ANTAGONIST,PITUITARY SUPPRESSANT AGENTS</b>			
Elagolix Sodium Tab 150 MG (Base Equiv)	Orilissa	TIER 2	• PA Required
Elagolix Sodium Tab 200 MG (Base Equiv)	Orilissa	TIER 2	• PA Required
Cetrorelix Acetate For Inj Kit 0.25 MG		TIER 4	• Specialty
Ganirelix Acetate Soln Prefilled Syringe 250 MCG/0.5ML		TIER 4	• Specialty
Ganirelix Acetate Soln Prefilled Syringe 250 MCG/0.5ML		TIER 4	• ST: REQUIRES PRIOR PRESCRIPTION FOR CETROTIDE WITHIN THE PAST 120 DAYS • Specialty
<b>PITUITARY SUPPRESSIVE AGENTS</b>			
Cabergoline Tab 0.5 MG		TIER 1	
Danazol Cap 100 MG		TIER 1	
Danazol Cap 200 MG		TIER 1	
Danazol Cap 50 MG		TIER 1	
<b>SOMATOSTATIC AGENTS</b>			
Octreotide Acetate Inj 100 MCG/ML (0.1 MG/ML)		TIER 4	• Specialty
Octreotide Acetate Inj 1000 MCG/ML (1 MG/ML)		TIER 4	• Specialty
Octreotide Acetate Inj 200 MCG/ML (0.2 MG/ML)		TIER 4	• Specialty

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
Octreotide Acetate Inj 50 MCG/ML (0.05 MG/ML)		TIER 4	• Specialty
Octreotide Acetate Inj 500 MCG/ML (0.5 MG/ML)		TIER 4	• Specialty
Octreotide Acetate Subcutaneous Soln Pref Syr 100 MCG/ML	Octreotide Acetate	TIER 4	• Specialty
Octreotide Acetate Subcutaneous Soln Pref Syr 50 MCG/ML	Octreotide Acetate	TIER 4	• Specialty
Octreotide Acetate Subcutaneous Soln Pref Syr 500 MCG/ML	Octreotide Acetate	TIER 4	• Specialty
Octreotide Acetate Cap Delayed Release 20 MG	Mycapssa	TIER 6	• PA Required • Specialty
Pasireotide Diaspartate Inj 0.3 MG/ML (Base Equiv)	Signifor	TIER 6	• PA Required • Specialty
Pasireotide Diaspartate Inj 0.6 MG/ML (Base Equiv)	Signifor	TIER 6	• PA Required • Specialty
Pasireotide Diaspartate Inj 0.9 MG/ML (Base Equiv)	Signifor	TIER 6	• PA Required • Specialty

## **OXYTOCICS**

### **OXYTOCICS**

Methylergonovine Maleate Tab 0.2 MG		TIER 1	• QL: 28 IN 30 DAYS
Dinoprostone Cervical Gel 0.5 MG/3GM	Prepidil	TIER 3	
Dinoprostone Vaginal Inserts 10 MG	Cervidil	TIER 3	

## **PARASYMPATHETIC AGENTS**

### **CHOLINESTERASE INHIBITORS**

Donepezil Hydrochloride Orally Disintegrating Tab 10 MG		TIER 1	
Donepezil Hydrochloride Orally Disintegrating Tab 5 MG		TIER 1	
Donepezil Hydrochloride Tab 10 MG		TIER 1	
Donepezil Hydrochloride Tab 23 MG		TIER 1	
Donepezil Hydrochloride Tab 5 MG		TIER 1	
Galantamine Hydrobromide Cap ER 24HR 16 MG		TIER 1	• QL: 1 IN 1 DAYS
Galantamine Hydrobromide Cap ER 24HR 24 MG		TIER 1	• QL: 1 IN 1 DAYS
Galantamine Hydrobromide Cap ER 24HR 8 MG		TIER 1	• QL: 1 IN 1 DAYS

	TRADE NAME	TIER	NOTES
Galantamine Hydrobromide Oral Soln 4 MG/ML	Galantamine Hydrobromide	TIER 1	• QL: 200 IN 30 DAYS
Galantamine Hydrobromide Tab 12 MG		TIER 1	• QL: 2 IN 1 DAYS
Galantamine Hydrobromide Tab 4 MG		TIER 1	• QL: 2 IN 1 DAYS
Galantamine Hydrobromide Tab 8 MG		TIER 1	• QL: 2 IN 1 DAYS
Pyridostigmine Bromide Oral Soln 60 MG/5ML		TIER 1	
Pyridostigmine Bromide Tab 30 MG	pyRIDostigmine Bromide	TIER 1	
Pyridostigmine Bromide Tab 60 MG		TIER 1	
Pyridostigmine Bromide Tab ER 180 MG		TIER 1	
Rivastigmine Tartrate Cap 1.5 MG (Base Equivalent)		TIER 1	
Rivastigmine Tartrate Cap 3 MG (Base Equivalent)		TIER 1	
Rivastigmine Tartrate Cap 4.5 MG (Base Equivalent)		TIER 1	
Rivastigmine Tartrate Cap 6 MG (Base Equivalent)		TIER 1	
Rivastigmine TD Patch 24HR 13.3 MG/24HR		TIER 1	• QL: 1 IN 1 DAYS
Rivastigmine TD Patch 24HR 4.6 MG/24HR		TIER 1	• QL: 1 IN 1 DAYS
Rivastigmine TD Patch 24HR 9.5 MG/24HR		TIER 1	• QL: 1 IN 1 DAYS

## PARASYMPATHETIC AGENTS

Bethanechol Chloride Tab 10 MG		TIER 1	
Bethanechol Chloride Tab 25 MG		TIER 1	
Bethanechol Chloride Tab 5 MG		TIER 1	
Bethanechol Chloride Tab 50 MG		TIER 1	
Cevimeline HCl Cap 30 MG		TIER 1	
Pilocarpine HCl Tab 5 MG		TIER 1	
Pilocarpine HCl Tab 7.5 MG		TIER 1	

## PENICILLINS

### PENICILLIN ANTIBIOTICS

Amoxicillin & K Clavulanate Chew Tab 200-28.5 MG	Amoxicillin-Pot Clavulanate	TIER 1	
Amoxicillin & K Clavulanate Chew Tab 400-57 MG	Amoxicillin-Pot Clavulanate	TIER 1	

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
Amoxicillin & K Clavulanate For Susp 200-28.5 MG/5ML		TIER 1	
Amoxicillin & K Clavulanate For Susp 250-62.5 MG/5ML		TIER 1	
Amoxicillin & K Clavulanate For Susp 400-57 MG/5ML		TIER 1	
Amoxicillin & K Clavulanate For Susp 600-42.9 MG/5ML		TIER 1	
Amoxicillin & K Clavulanate Tab 250-125 MG		TIER 1	
Amoxicillin & K Clavulanate Tab 500-125 MG		TIER 1	
Amoxicillin & K Clavulanate Tab 875-125 MG		TIER 1	
Amoxicillin (Trihydrate) Cap 250 MG		TIER 1	
Amoxicillin (Trihydrate) Cap 500 MG		TIER 1	
Amoxicillin (Trihydrate) Chew Tab 125 MG	Amoxicillin	TIER 1	
Amoxicillin (Trihydrate) Chew Tab 250 MG	Amoxicillin	TIER 1	
Amoxicillin (Trihydrate) For Susp 125 MG/5ML		TIER 1	
Amoxicillin (Trihydrate) For Susp 200 MG/5ML		TIER 1	
Amoxicillin (Trihydrate) For Susp 250 MG/5ML		TIER 1	
Amoxicillin (Trihydrate) For Susp 400 MG/5ML		TIER 1	
Amoxicillin (Trihydrate) Tab 500 MG		TIER 1	
Amoxicillin (Trihydrate) Tab 875 MG		TIER 1	
Ampicillin Cap 500 MG		TIER 1	
Dicloxacillin Sodium Cap 250 MG		TIER 1	
Dicloxacillin Sodium Cap 500 MG		TIER 1	
Penicillin V Potassium For Soln 125 MG/5ML	Penicillin V Potassium	TIER 1	
Penicillin V Potassium For Soln 250 MG/5ML	Penicillin V Potassium	TIER 1	
Penicillin V Potassium Tab 250 MG		TIER 1	
Penicillin V Potassium Tab 500 MG		TIER 1	

## **PROGESTERONE**

### **PROGESTATIONAL AGENTS**

Medroxyprogesterone Acetate Tab 10 MG		TIER 1	
Medroxyprogesterone Acetate Tab 2.5 MG		TIER 1	
Medroxyprogesterone Acetate Tab 5 MG		TIER 1	

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
Norethindrone Acetate Tab 5 MG		TIER 1	
Progesterone Cap 100 MG		TIER 1	
Progesterone Cap 200 MG		TIER 1	
Progesterone IM in Oil 50 MG/ML		TIER 1	

### **PROTEIN LYSATES**

#### **PROTEIN REPLACEMENT**

Acetylcarnitine Oral Powder	Cyto Carn	TIER 3	
Acetylcarnitine Oral Powder	NeoKe Alcar	TIER 3	

### **PSYCHOSTIMULANTS-ANTIDEPRESSANTS**

#### **ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS**

Mirtazapine Orally Disintegrating Tab 15 MG		TIER 1	
Mirtazapine Orally Disintegrating Tab 30 MG		TIER 1	
Mirtazapine Orally Disintegrating Tab 45 MG		TIER 1	
Mirtazapine Tab 15 MG		TIER 1	
Mirtazapine Tab 30 MG		TIER 1	
Mirtazapine Tab 45 MG		TIER 1	
Mirtazapine Tab 7.5 MG		TIER 1	

#### **ANTIDEPRESSANT - NMDA RECEPTOR ANTAGONIST**

Esketamine HCl Nasal Soln 28 MG/Device x 2 (56 MG Dose Pack)	Spravato (56 MG Dose)	TIER 6	• PA Required • Specialty
Esketamine HCl Nasal Soln 28 MG/Device x 3 (84 MG Dose Pack)	Spravato (84 MG Dose)	TIER 6	• PA Required • Specialty

#### **ANTIDEPRESSANT - POSTPARTUM DEPRESSION (PPD)**

Zuranolone Cap 20 MG	Zurzuvae	TIER 2	• PA Required
Zuranolone Cap 25 MG	Zurzuvae	TIER 2	• PA Required
Zuranolone Cap 30 MG	Zurzuvae	TIER 2	• PA Required

#### **BIPOLAR DISORDER DRUGS**

Lithium Carbonate Cap 150 MG		TIER 1	
Lithium Carbonate Cap 300 MG		TIER 1	
Lithium Carbonate Cap 600 MG		TIER 1	
Lithium Carbonate Tab 300 MG		TIER 1	

	TRADE NAME	TIER	NOTES
Lithium Carbonate Tab ER 300 MG		TIER 1	
Lithium Carbonate Tab ER 450 MG		TIER 1	
Lithium Oral Solution 8 mEq/5ML	Lithium	TIER 1	
Carbamazepine (Mood) Cap ER 12HR 100 MG	Equetro	TIER 3	
Carbamazepine (Mood) Cap ER 12HR 200 MG	Equetro	TIER 3	
Carbamazepine (Mood) Cap ER 12HR 300 MG	Equetro	TIER 3	

### MAOIS -NON-SELECTIVE,IRREVERSIBLE ANTIDEPRESSANTS

Phenelzine Sulfate Tab 15 MG	Phenelzine Sulfate	TIER 1	
Tranylcypromine Sulfate Tab 10 MG		TIER 1	
Isocarboxazid Tab 10 MG	Marplan	TIER 3	
Phenelzine Sulfate Tab 15 MG	Nardil	TIER 3	

### MONOAMINE OXIDASE (MAO) INHIBITOR ANTIDEPRESSANTS

Selegiline TD Patch 24HR 12 MG/24HR	Emsam	TIER 3	• QL: 1 IN 1 DAYS
Selegiline TD Patch 24HR 6 MG/24HR	Emsam	TIER 3	• QL: 1 IN 1 DAYS
Selegiline TD Patch 24HR 9 MG/24HR	Emsam	TIER 3	• QL: 1 IN 1 DAYS

### NARCOLEPSY AND SLEEP DISORDER THERAPY AGENTS

Armodafinil Tab 150 MG		TIER 1	• QL: 1 IN 1 DAYS
Armodafinil Tab 200 MG		TIER 1	• QL: 1 IN 1 DAYS
Armodafinil Tab 250 MG		TIER 1	• QL: 1 IN 1 DAYS
Armodafinil Tab 50 MG		TIER 1	• QL: 3 IN 1 DAYS
Modafinil Tab 100 MG		TIER 1	• QL: 2 IN 1 DAYS
Modafinil Tab 200 MG		TIER 1	• QL: 2 IN 1 DAYS
Solriamfetol HCl Tab 150 MG (Base Equiv)	Sunosi	TIER 3	• PA Required
Solriamfetol HCl Tab 75 MG (Base Equiv)	Sunosi	TIER 3	• PA Required

### NDMA RECEPTOR ANTAGONIST AND NDRI COMB

Dextromethorphan HBr-Bupropion HCl Tab ER 45-105 MG	Auvelity	TIER 3	
---	----------	--------	--

### NEUROACTIVE STEROID GABA-A RECEPTOR MODULATOR

Ganaxolone Susp 50 MG/ML	Ztalmy	TIER 6	• PA Required • Specialty
--------------------------	--------	--------	---------------------------

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

TRADE NAME	TIER	NOTES
<b>NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)</b>		
Bupropion HCl Tab 100 MG	TIER 1	
Bupropion HCl Tab 75 MG	TIER 1	
Bupropion HCl Tab ER 12HR 100 MG	TIER 1	
Bupropion HCl Tab ER 12HR 150 MG	TIER 1	
Bupropion HCl Tab ER 12HR 200 MG	TIER 1	
Bupropion HCl Tab ER 24HR 150 MG	TIER 1	
Bupropion HCl Tab ER 24HR 300 MG	TIER 1	
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)</b>		
Citalopram Hydrobromide Oral Soln 10 MG/5ML	TIER 1	
Citalopram Hydrobromide Tab 10 MG (Base Equiv)	TIER 1	
Citalopram Hydrobromide Tab 20 MG (Base Equiv)	TIER 1	
Citalopram Hydrobromide Tab 40 MG (Base Equiv)	TIER 1	
Escitalopram Oxalate Soln 5 MG/5ML (Base Equiv)	TIER 1	
Escitalopram Oxalate Tab 10 MG (Base Equiv)	TIER 1	
Escitalopram Oxalate Tab 20 MG (Base Equiv)	TIER 1	
Escitalopram Oxalate Tab 5 MG (Base Equiv)	TIER 1	
Fluoxetine HCl (PMDD) Tab 10 MG	FLUoxetine HCl (PMDD)	TIER 1
Fluoxetine HCl (PMDD) Tab 20 MG	FLUoxetine HCl (PMDD)	TIER 1
Fluoxetine HCl Cap 10 MG		TIER 1
Fluoxetine HCl Cap 20 MG		TIER 1
Fluoxetine HCl Cap 40 MG		TIER 1
Fluoxetine HCl Cap Delayed Release 90 MG	FLUoxetine HCl	TIER 1
Fluoxetine HCl Solution 20 MG/5ML		TIER 1
Fluoxetine HCl Tab 10 MG	FLUoxetine HCl	TIER 1
Fluoxetine HCl Tab 20 MG	FLUoxetine HCl	TIER 1
Fluoxetine HCl Tab 60 MG		TIER 1

	TRADE NAME	TIER	NOTES
	Fluvoxamine Maleate Cap ER 24HR 100 MG	TIER 1	• QL: 2 IN 1 DAYS
	Fluvoxamine Maleate Cap ER 24HR 150 MG	TIER 1	• QL: 2 IN 1 DAYS
	Fluvoxamine Maleate Tab 100 MG	TIER 1	
	Fluvoxamine Maleate Tab 25 MG	TIER 1	
	Fluvoxamine Maleate Tab 50 MG	TIER 1	
	Paroxetine HCl Tab 10 MG	TIER 1	
	Paroxetine HCl Tab 20 MG	TIER 1	
	Paroxetine HCl Tab 30 MG	TIER 1	
	Paroxetine HCl Tab 40 MG	TIER 1	
	Paroxetine HCl Tab ER 24HR 12.5 MG	TIER 1	
	Paroxetine HCl Tab ER 24HR 25 MG	TIER 1	
	Paroxetine HCl Tab ER 24HR 37.5 MG	TIER 1	
	Sertraline HCl Oral Concentrate for Solution 20 MG/ML	TIER 1	
	Sertraline HCl Tab 100 MG	TIER 1	
	Sertraline HCl Tab 25 MG	TIER 1	
	Sertraline HCl Tab 50 MG	TIER 1	

### **SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)**

	Nefazodone HCl Tab 100 MG	Nefazodone HCl	TIER 1
	Nefazodone HCl Tab 150 MG	Nefazodone HCl	TIER 1
	Nefazodone HCl Tab 200 MG	Nefazodone HCl	TIER 1
	Nefazodone HCl Tab 250 MG	Nefazodone HCl	TIER 1
	Nefazodone HCl Tab 50 MG	Nefazodone HCl	TIER 1
	Trazodone HCl Tab 100 MG		TIER 1
	Trazodone HCl Tab 150 MG		TIER 1
	Trazodone HCl Tab 300 MG		TIER 1
	Trazodone HCl Tab 50 MG		TIER 1

### **SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)**

	Desvenlafaxine Succinate Tab ER 24HR 100 MG (Base Equiv)		TIER 1
	Desvenlafaxine Succinate Tab ER 24HR 25 MG (Base Equiv)		TIER 1

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
	Desvenlafaxine Succinate Tab ER 24HR 50 MG (Base Equiv)	TIER 1	
	Duloxetine HCl Enteric Coated Pellets Cap 20 MG (Base Eq)	TIER 1	
	Duloxetine HCl Enteric Coated Pellets Cap 30 MG (Base Eq)	TIER 1	
	Duloxetine HCl Enteric Coated Pellets Cap 60 MG (Base Eq)	TIER 1	
	Venlafaxine HCl Cap ER 24HR 150 MG (Base Equivalent)	TIER 1	
	Venlafaxine HCl Cap ER 24HR 37.5 MG (Base Equivalent)	TIER 1	
	Venlafaxine HCl Cap ER 24HR 75 MG (Base Equivalent)	TIER 1	
	Venlafaxine HCl Tab 100 MG (Base Equivalent)	TIER 1	
	Venlafaxine HCl Tab 25 MG (Base Equivalent)	TIER 1	
	Venlafaxine HCl Tab 37.5 MG (Base Equivalent)	TIER 1	
	Venlafaxine HCl Tab 50 MG (Base Equivalent)	TIER 1	
	Venlafaxine HCl Tab 75 MG (Base Equivalent)	TIER 1	
	Venlafaxine HCl Tab ER 24HR 150 MG (Base Equivalent)	TIER 1	
	Venlafaxine HCl Tab ER 24HR 225 MG (Base Equivalent)	TIER 1	
	Venlafaxine HCl Tab ER 24HR 37.5 MG (Base Equivalent)	TIER 1	
	Venlafaxine HCl Tab ER 24HR 75 MG (Base Equivalent)	TIER 1	
	Levomilnacipran HCl Cap ER 24HR 120 MG (Base Equivalent)	Fetzima TIER 2	• QL: 1 IN 1 DAYS • ST: TRIAL OF PAROXETINE HCL, VENLAFAXINE, FLUOXETINE, CITALOPRAM, SERTRALINE, ESCITALOPRAM, MIRTAZAPINE, OR BUPROPRION IN THE PAST 365 DAYS

	TRADE NAME	TIER	NOTES
Levomilnacipran HCl Cap ER 24HR 20 & 40 MG Therapy Pack	Fetzima Titration	TIER 2	• QL: 1 IN 1 DAYS • ST: TRIAL OF PAROXETINE HCL, VENLAFAXINE, FLUOXETINE, CITALOPRAM, SERTRALINE, ESCITALOPRAM, MIRTAZAPINE, OR BUPROPRION IN THE PAST 365 DAYS
Levomilnacipran HCl Cap ER 24HR 20 MG (Base Equivalent)	Fetzima	TIER 2	• QL: 1 IN 1 DAYS • ST: TRIAL OF PAROXETINE HCL, VENLAFAXINE, FLUOXETINE, CITALOPRAM, SERTRALINE, ESCITALOPRAM, MIRTAZAPINE, OR BUPROPRION IN THE PAST 365 DAYS
Levomilnacipran HCl Cap ER 24HR 40 MG (Base Equivalent)	Fetzima	TIER 2	• QL: 1 IN 1 DAYS • ST: TRIAL OF PAROXETINE HCL, VENLAFAXINE, FLUOXETINE, CITALOPRAM, SERTRALINE, ESCITALOPRAM, MIRTAZAPINE, OR BUPROPRION IN THE PAST 365 DAYS
Levomilnacipran HCl Cap ER 24HR 80 MG (Base Equivalent)	Fetzima	TIER 2	• QL: 1 IN 1 DAYS • ST: TRIAL OF PAROXETINE HCL, VENLAFAXINE, FLUOXETINE, CITALOPRAM, SERTRALINE, ESCITALOPRAM, MIRTAZAPINE, OR BUPROPRION IN THE PAST 365 DAYS

### SSRI AND 5HT1A PARTIAL AGONIST ANTIDEPRESSANTS

Vilazodone HCl Tab 10 MG		TIER 1	
Vilazodone HCl Tab 20 MG		TIER 1	
Vilazodone HCl Tab 40 MG		TIER 1	

### SSRI, SEROTONIN RECEPTOR MODULATOR ANTIDEPRESSANTS

Vortioxetine HBr Tab 10 MG (Base Equiv)	Trintellix	TIER 2	• QL: 1 IN 1 DAYS
Vortioxetine HBr Tab 20 MG (Base Equiv)	Trintellix	TIER 2	• QL: 1 IN 1 DAYS

	TRADE NAME	TIER	NOTES
Vortioxetine HBr Tab 5 MG (Base Equiv)	Trintellix	TIER 2	• QL: 1 IN 1 DAYS
<b>SSRI-ANTIPSYCH, ATYPICAL, DOPAMINE, SEROTONIN ANTAG</b>			
Olanzapine-Fluoxetine HCl Cap 12-25 MG		TIER 1	• QL: 1 IN 1 DAYS
Olanzapine-Fluoxetine HCl Cap 12-50 MG		TIER 1	• QL: 1 IN 1 DAYS
Olanzapine-Fluoxetine HCl Cap 3-25 MG		TIER 1	• QL: 1 IN 1 DAYS
Olanzapine-Fluoxetine HCl Cap 6-25 MG		TIER 1	• QL: 1 IN 1 DAYS
Olanzapine-Fluoxetine HCl Cap 6-50 MG		TIER 1	• QL: 1 IN 1 DAYS
<b>TRICYCLIC ANTIDEPRESSANT-BENZODIAZEPINE COMBINATNS</b>			
Chlordiazepoxide-Amitriptyline Tab 10-25 MG	chlordiazePOXIDE-Amitriptyline	TIER 1	
Chlordiazepoxide-Amitriptyline Tab 5-12.5 MG	chlordiazePOXIDE-Amitriptyline	TIER 1	
<b>TRICYCLIC ANTIDEPRESSANT-PHENOTHIAZINE COMBINATNS</b>			
Perphenazine-Amitriptyline Tab 2-10 MG	Perphenazine-Amitriptyline	TIER 1	
Perphenazine-Amitriptyline Tab 2-25 MG	Perphenazine-Amitriptyline	TIER 1	
Perphenazine-Amitriptyline Tab 4-10 MG	Perphenazine-Amitriptyline	TIER 1	
Perphenazine-Amitriptyline Tab 4-25 MG	Perphenazine-Amitriptyline	TIER 1	
Perphenazine-Amitriptyline Tab 4-50 MG	Perphenazine-Amitriptyline	TIER 1	
<b>TRICYCLIC ANTIDEPRESSANTS, REL. NON-SEL. REUPT-INHIB</b>			
Amitriptyline HCl Tab 10 MG		TIER 1	
Amitriptyline HCl Tab 100 MG		TIER 1	
Amitriptyline HCl Tab 150 MG		TIER 1	
Amitriptyline HCl Tab 25 MG		TIER 1	
Amitriptyline HCl Tab 50 MG		TIER 1	
Amitriptyline HCl Tab 75 MG		TIER 1	
Amoxapine Tab 100 MG		TIER 1	
Amoxapine Tab 150 MG		TIER 1	
Amoxapine Tab 25 MG		TIER 1	
Amoxapine Tab 50 MG		TIER 1	

TRADE NAME	TIER	NOTES
Clomipramine HCl Cap 25 MG	TIER 1	
Clomipramine HCl Cap 50 MG	TIER 1	
Clomipramine HCl Cap 75 MG	TIER 1	
Desipramine HCl Tab 10 MG	TIER 1	
Desipramine HCl Tab 100 MG	TIER 1	
Desipramine HCl Tab 150 MG	TIER 1	
Desipramine HCl Tab 25 MG	TIER 1	
Desipramine HCl Tab 50 MG	TIER 1	
Desipramine HCl Tab 75 MG	TIER 1	
Doxepin HCl Cap 10 MG	TIER 1	
Doxepin HCl Cap 100 MG	TIER 1	
Doxepin HCl Cap 150 MG	TIER 1	
Doxepin HCl Cap 25 MG	TIER 1	
Doxepin HCl Cap 50 MG	TIER 1	
Doxepin HCl Cap 75 MG	TIER 1	
Imipramine HCl Tab 10 MG	TIER 1	
Imipramine HCl Tab 25 MG	TIER 1	
Imipramine HCl Tab 50 MG	TIER 1	
Imipramine Pamoate Cap 100 MG	TIER 1	
Imipramine Pamoate Cap 125 MG	TIER 1	
Imipramine Pamoate Cap 150 MG	TIER 1	
Imipramine Pamoate Cap 75 MG	TIER 1	
Nortriptyline HCl Cap 10 MG	TIER 1	
Nortriptyline HCl Cap 25 MG	TIER 1	
Nortriptyline HCl Cap 50 MG	TIER 1	
Nortriptyline HCl Cap 75 MG	TIER 1	
Nortriptyline HCl Soln 10 MG/5ML	TIER 1	
Protriptyline HCl Tab 10 MG	TIER 1	
Protriptyline HCl Tab 5 MG	TIER 1	
Trimipramine Maleate Cap 100 MG	TIER 1	

	TRADE NAME	TIER	NOTES
	Trimipramine Maleate Cap 25 MG	TIER 1	
	Trimipramine Maleate Cap 50 MG	TIER 1	
<b>TX FOR ADHD - SELECTIVE ALPHA-2 RECEPTOR AGONIST</b>			
	Clonidine HCl Tab ER 12HR 0.1 MG	TIER 1	
	Guanfacine HCl Tab ER 24HR 1 MG (Base Equiv)	TIER 1	
	Guanfacine HCl Tab ER 24HR 2 MG (Base Equiv)	TIER 1	
	Guanfacine HCl Tab ER 24HR 3 MG (Base Equiv)	TIER 1	
	Guanfacine HCl Tab ER 24HR 4 MG (Base Equiv)	TIER 1	
<b>TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE</b>			
	Atomoxetine HCl Cap 10 MG (Base Equiv)	TIER 1	
	Atomoxetine HCl Cap 100 MG (Base Equiv)	TIER 1	
	Atomoxetine HCl Cap 18 MG (Base Equiv)	TIER 1	
	Atomoxetine HCl Cap 25 MG (Base Equiv)	TIER 1	
	Atomoxetine HCl Cap 40 MG (Base Equiv)	TIER 1	
	Atomoxetine HCl Cap 60 MG (Base Equiv)	TIER 1	
	Atomoxetine HCl Cap 80 MG (Base Equiv)	TIER 1	
	Viloxazine HCl Cap ER 24HR 100 MG	Qelbree	TIER 3
			• QL: 1 IN 1 DAYS• ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE-AMPHETAMINE IN THE PAST 120 DAYS• AGE_YEARS=0-5 DENY

	TRADE NAME	TIER	NOTES
Viloxazine HCl Cap ER 24HR 150 MG	Qelbree	TIER 3	• QL: 2 IN 1 DAYS• ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE-AMPHETAMINE IN THE PAST 120 DAYS• AGE_YEARS=0-5 DENY
Viloxazine HCl Cap ER 24HR 200 MG	Qelbree	TIER 3	• QL: 3 IN 1 DAYS• ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE-AMPHETAMINE IN THE PAST 120 DAYS• AGE_YEARS=0-5 DENY

**SEDATIVE BARBITURATE**

**BARBITURATES**

Phenobarbital Elixir 20 MG/5ML		TIER 1	
Phenobarbital Tab 100 MG		TIER 1	
Phenobarbital Tab 15 MG		TIER 1	
Phenobarbital Tab 16.2 MG		TIER 1	
Phenobarbital Tab 30 MG		TIER 1	
Phenobarbital Tab 32.4 MG		TIER 1	
Phenobarbital Tab 60 MG		TIER 1	
Phenobarbital Tab 64.8 MG		TIER 1	
Phenobarbital Tab 97.2 MG		TIER 1	

**SEDATIVE NON-BARBITURATE**

**ANTI-NARCOLEPSY,ANTI-CATAPLEXY,SEDATIVE-TYPE AGENT**

Sodium Oxybate Oral Solution 500 MG/ML	Sodium Oxybate	TIER 4	• PA Required • Specialty
--	----------------	--------	---------------------------

	TRADE NAME	TIER	NOTES
Calcium, Mag, Potassium, & Sod Oxybates Oral Soln 500 MG/ML	Xywav	TIER 5	• PA Required • Specialty
Sodium Oxybate Oral Solution 500 MG/ML	Xyrem	TIER 5	• PA Required • Specialty
Sodium Oxybate Pack For Oral ER Susp 4.5 GM	Lumryz	TIER 6	• PA Required • Specialty
Sodium Oxybate Pack For Oral ER Susp 6 GM	Lumryz	TIER 6	• PA Required • Specialty
Sodium Oxybate Pack For Oral ER Susp 7.5 GM	Lumryz	TIER 6	• PA Required • Specialty
Sodium Oxybate Pack For Oral ER Susp 9 GM	Lumryz	TIER 6	• PA Required • Specialty

### **HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS**

Tasimelteon Capsule 20 MG		TIER 4	• PA Required • Specialty
Tasimelteon Oral Susp 4 MG/ML	Hetlioz LQ	TIER 6	• PA Required • Specialty

### **SEDATIVE-HYPNOTICS - BENZODIAZEPINES**

Estazolam Tab 1 MG		TIER 1	
Estazolam Tab 2 MG		TIER 1	
Flurazepam HCl Cap 15 MG	Flurazepam HCl	TIER 1	
Flurazepam HCl Cap 30 MG	Flurazepam HCl	TIER 1	
Midazolam HCl Syrup 2 MG/ML (Base Equivalent)		TIER 1	
Temazepam Cap 15 MG		TIER 1	
Temazepam Cap 22.5 MG		TIER 1	
Temazepam Cap 30 MG		TIER 1	
Temazepam Cap 7.5 MG		TIER 1	
Triazolam Tab 0.125 MG		TIER 1	
Triazolam Tab 0.25 MG		TIER 1	
Quazepam Tab 15 MG	Doral	TIER 3	
Quazepam Tab 15 MG	Quazepam	TIER 3	

### **SEDATIVE-HYPNOTICS, NON-BARBITURATE**

Doxepin HCl (Sleep) Tab 3 MG (Base Equiv)		TIER 1	• QL: 1 IN 1 DAYS
Doxepin HCl (Sleep) Tab 6 MG (Base Equiv)		TIER 1	• QL: 1 IN 1 DAYS
Eszopiclone Tab 1 MG		TIER 1	• QL: 1 IN 1 DAYS

	TRADE NAME	TIER	NOTES
Eszopiclone Tab 2 MG		TIER 1	• QL: 1 IN 1 DAYS
Eszopiclone Tab 3 MG		TIER 1	• QL: 1 IN 1 DAYS
Zaleplon Cap 10 MG		TIER 1	• QL: 1 IN 1 DAYS
Zaleplon Cap 5 MG		TIER 1	• QL: 1 IN 1 DAYS
Zolpidem Tartrate SL Tab 1.75 MG	Zolpidem Tartrate	TIER 1	• QL: 1 IN 1 DAYS
Zolpidem Tartrate SL Tab 3.5 MG	Zolpidem Tartrate	TIER 1	• QL: 1 IN 1 DAYS
Zolpidem Tartrate Tab 10 MG		TIER 1	• QL: 1 IN 1 DAYS
Zolpidem Tartrate Tab 5 MG		TIER 1	• QL: 1 IN 1 DAYS
Zolpidem Tartrate Tab ER 12.5 MG		TIER 1	• QL: 1 IN 1 DAYS
Zolpidem Tartrate Tab ER 6.25 MG		TIER 1	• QL: 1 IN 1 DAYS
Suvorexant Tab 10 MG	Belsomra	TIER 2	• QL: 1 IN 1 DAYS
Suvorexant Tab 15 MG	Belsomra	TIER 2	• QL: 1 IN 1 DAYS
Suvorexant Tab 20 MG	Belsomra	TIER 2	• QL: 1 IN 1 DAYS
Suvorexant Tab 5 MG	Belsomra	TIER 2	• QL: 1 IN 1 DAYS

## STREPTOMYCINS

### AMINOGLYCOSIDE ANTIBIOTICS

Neomycin Sulfate Tab 500 MG		TIER 1	
Tobramycin Nebu Soln 300 MG/4ML		TIER 4	• PA Required • Specialty
Tobramycin Nebu Soln 300 MG/5ML		TIER 4	• PA Required • Specialty
Tobramycin Inhal Cap 28 MG	Tobi Podhaler	TIER 5	• PA Required • Specialty
Amikacin Sulfate Liposome Inhal Susp 590 MG/8.4ML (Base Eq)	Arikayce	TIER 6	• PA Required • Specialty
Tobramycin Nebu Soln 300 MG/5ML	Kitabis Pak (w/ nebulizer)	TIER 6	• PA Required • Specialty

### VANCOMYCIN ANTIBIOTICS AND DERIVATIVES

Vancomycin HCl Cap 125 MG (Base Equivalent)		TIER 1	• QL: <= 56
Vancomycin HCl Cap 250 MG (Base Equivalent)		TIER 1	• QL: <= 112
Vancomycin HCl For Oral Soln 25 MG/ML (Base Equivalent)		TIER 1	• QL: <= 300
Vancomycin HCl For Oral Soln 50 MG/ML (Base Equivalent)		TIER 1	• QL: <= 600

## SULFONAMIDES

Copyright © 2026 PharmaForce. All rights reserved. These materials are intended strictly for referential use by PharmaForce's business partners. Any other use, or use by any other party, is strictly forbidden and requires written consent of PharmaForce.

Drugs listed in this document does not ensure coverage. Your coverage and/or copayment/coinsurance may vary based on your benefit plan. Please check your plan documents. This document is intended for informational use only and is not intended to replace professional medical advice or treatment, or diagnose, treat, cure, or prevent any disease or medical condition. This document is subject to change.

	TRADE NAME	TIER	NOTES
<b>ABSORBABLE SULFONAMIDE ANTIBACTERIAL AGENTS</b>			
	Sulfadiazine Tab 500 MG	TIER 1	
	Sulfamethoxazole-Trimethoprim Susp 200-40 MG/5ML	TIER 1	
	Sulfamethoxazole-Trimethoprim Tab 400-80 MG	TIER 1	
	Sulfamethoxazole-Trimethoprim Tab 800-160 MG	TIER 1	
<b>TOPICAL SULFONAMIDES</b>			
	Mafenide Acetate Packet For Topical Soln 5% (50 GM)	TIER 1	
	Silver Sulfadiazine Cream 1%	Silvadene	TIER 1
	Silver Sulfadiazine Cream 1%	SSD (silver sulfADIAZINE)	TIER 1
	Silver Sulfadiazine Cream 1%	Silver sulfADIAZINE	TIER 1
	Silver Sulfadiazine Cream 1%	SSD	TIER 1
	Sulfacetamide Sodium w/ Sulfur Cleanser 10-2%		TIER 1
	Sulfacetamide Sodium w/ Sulfur Cleanser 10-5%		TIER 1 • QL: <= 1419
	Sulfacetamide Sodium w/ Sulfur Cleanser 9.8-4.8%		TIER 1
	Sulfacetamide Sodium w/ Sulfur Cleansing Cloth 9.8-4.8%	Sulfacetamide Sodium-Sulfur	TIER 1
	Sulfacetamide Sodium w/ Sulfur Cream 10-2%		TIER 1
	Sulfacetamide Sodium w/ Sulfur Cream 10-5%		TIER 1
	Sulfacetamide Sodium-Sulfur in Urea Emulsion 10-5%	Sulfacetamide-Sulfur in Urea	TIER 1 • QL: <= 1419
	*Sulfacetamide Sod-Sulfur Wash 9-4.5% & Sunscreen Kit***	Sumadan XLT	TIER 3
	Mafenide Acetate Cream 85 MG/GM	Sulfamylon	TIER 3
	Niacinamide-Sulfacetamide Sodium Cream 4-10%	Eceoxia	TIER 3
	Niacinamide-Sulfacetamide Sodium Cream 4-10%	Abenor	TIER 3
	Niacinamide-Sulfacetamide Sodium Lotion 4-15%	Oxiaice	TIER 3

	TRADE NAME	TIER	NOTES
Niacinamide-Sulfacetamide Sodium Lotion 4-15%	Abenor HP	TIER 3	
Sulfacetamide Sodium w/ Sulfur Cleansing Cloth 9.8-4.8%	Plexion Cleansing Cloth	TIER 3	
Sulfacetamide Sodium w/ Sulfur Cleansing Pad 10-4%	Sumaxin	TIER 3	
Sulfacetamide Sodium w/ Sulfur Foam 10-5%	SSS 10-5	TIER 3	
Sulfacetamide Sodium-Sulfur in Urea Emulsion 10-4%	BP Cleansing Wash	TIER 3	

### SYSTEMIC CONTRACEPTIVES

#### CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC

Etonogestrel-Ethinyl Estradiol VA Ring 0.12-0.015 MG/24HR		TIER 12	• QL: 1 IN 28 DAYS
Segesterone Ace-Ethinyl Estradiol VA Ring 0.15-0.013 MG/24HR	Annovera	TIER 12	• QL: 1 IN 365 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR ETONOGESTREL/ETHINYL ESTRADIOL WITHIN THE PAST 120 DAYS

#### CONTRACEPTIVES, IMPLANTABLE

Etonogestrel Subdermal Implant 68 MG	Nexplanon	TIER 12	
--------------------------------------	-----------	---------	--

#### CONTRACEPTIVES, INJECTABLE

Medroxyprogesterone Acetate IM Susp 150 MG/ML		TIER 12	• QL: 1 IN 84 DAYS
Medroxyprogesterone Acetate IM Susp Prefilled Syr 150 MG/ML		TIER 12	• QL: 1 IN 84 DAYS
Medroxyprogesterone Acetate Susp Pref Syr 104 MG/0.65ML	Depo-SubQ Provera 104	TIER 12	• QL: 0.65 IN 84 DAYS

#### CONTRACEPTIVES, ORAL

Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)		TIER 12	
Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025MG-MG		TIER 12	
Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG		TIER 12	

	TRADE NAME	TIER	NOTES
Drospirenone Tab 4 MG	Slynd	TIER 12	• QL: 1 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR A GENERIC NORETHINDRONE 0.35MG TABLETS WITHIN THE PAST 120 DAYS
Drospirenone-Estetrol Tab 3-14.2 MG	Nextstellis	TIER 12	• QL: 1 IN 1 DAYS• ST: AT LEAST 2 PRIOR PRESCRIPTIONS FOR GENERIC ORAL CONTRACEPTIVES WITHIN THE PAST 365 DAYS
Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG		TIER 12	
Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG		TIER 12	
Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.02-0.451 MG		TIER 12	
Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.03-0.451 MG		TIER 12	
Estradiol Valerate-Dienogest Tab 3 MG /2-2 MG/2-3 MG/1 MG	Natazia	TIER 12	• ST: AT LEAST 2 PRIOR PRESCRIPTIONS FOR GENERIC ORAL CONTRACEPTIVES WITHIN THE PAST 365 DAYS
Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG		TIER 12	
Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-50 MCG		TIER 12	
Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 MG & Eth Est 0.01 MG		TIER 12	
Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG		TIER 12	• QL: 91 IN 84 DAYS
Levonorgestrel & Ethinyl Estradiol Chew Tab 0.1 MG-20 MCG	Tyblume	TIER 12	• ST: TRIAL OF A GENERIC CONTRACEPTIVE IN THE PAST 120 DAYS
Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG		TIER 12	
Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG		TIER 12	
Levonorgestrel Tab 1.5 MG		TIER 12	

	TRADE NAME	TIER	NOTES
	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG	TIER 12	
	Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 MCG	TIER 12	
	Levonorgestrel-Ethinyl Estradiol-FE Tab 0.1 MG-20 MCG (21)	TIER 12	• QL: 1 IN 1 DAYS
	Levonorg-Eth Est Tab 0.1-0.02MG(84) & Eth Est Tab 0.01MG(7)	TIER 12	• QL: 91 IN 84 DAYS
	Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7)	TIER 12	• QL: 91 IN 84 DAYS
	Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG	TIER 12	
	Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG	TIER 12	
	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG	TIER 12	
	Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.4 MG-35 MCG	TIER 12	
	Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 MG-25 MCG	TIER 12	
	Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG	TIER 12	
	Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG	TIER 12	
	Norethindrone Ace & Ethinyl Estradiol Tab Disint 1 MG-20 MCG	Femlyv TIER 12	
	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG	TIER 12	
	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG	TIER 12	
	Norethindrone Ace-Eth Estradiol-FE Chew Tab 1 MG-20 MCG (24)	TIER 12	
	Norethindrone Ace-Ethinyl Estradiol-FE Cap 1 MG-20 MCG (24)	TIER 12	
	Norethindrone Ace-Ethinyl Estradiol-FE Tab 1 MG-20 MCG (24)	TIER 12	
	Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 MG-MCG	TIER 12	
	Norethindrone Tab 0.35 MG	TIER 12	
	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG	TIER 12	

	TRADE NAME	TIER	NOTES
Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 MG-MCG		TIER 12	
Norethin-Eth Estradiol-Fe Tab 1 MG-10 MCG (24)/10 MCG (2)	Lo Loestrin Fe	TIER 12	
Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG		TIER 12	
Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 MG-MCG		TIER 12	
Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG		TIER 12	
Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG		TIER 12	
Norgestrel Tab 0.075 MG	Opill	TIER 12	
Ulipristal Acetate Tab 30 MG	Ella	TIER 12	

### CONTRACEPTIVES, TRANSDERMAL

Levonorgestrel-Ethinyl Estradiol TD PTWK 120-30 MCG/24HR	Twirla	TIER 12	• QL: 3 IN 28 DAYS
Norelgestromin-Ethinyl Estradiol TD PTWK 150-35 MCG/24HR		TIER 12	• QL: 3 IN 28 DAYS

### TB PREPARATIONS

#### ANTI-MYCOBACTERIUM AGENTS

Ethambutol HCl Tab 100 MG		TIER 1	
Ethambutol HCl Tab 400 MG		TIER 1	
Isoniazid Syrup 50 MG/5ML		TIER 1	
Isoniazid Tab 100 MG		TIER 1	
Isoniazid Tab 300 MG		TIER 1	
Pyrazinamide Tab 500 MG		TIER 1	
Ethionamide Tab 250 MG	Trecator	TIER 3	

#### ANTITUBERCULAR ANTIBIOTICS

Cycloserine Cap 250 MG		TIER 1	
Rifampin Cap 150 MG		TIER 1	
Rifampin Cap 300 MG		TIER 1	
Rifapentine Tab 150 MG	Priftin	TIER 3	
Bedaquiline Fumarate Tab 100 MG (Base Equiv)	Sirturo	TIER 6	• PA Required • Specialty

	TRADE NAME	TIER	NOTES
Bedaquiline Fumarate Tab 20 MG (Base Equiv)	Sirturo	TIER 6	• PA Required • Specialty
<b>TETRACYCLINES</b>			
<b>TETRACYCLINE ANTIBIOTICS</b>			
Demeclocycline HCl Tab 150 MG		TIER 1	
Demeclocycline HCl Tab 300 MG		TIER 1	
Doxycycline Hyclate Cap 100 MG		TIER 1	• QL: 2 IN 1 DAYS
Doxycycline Hyclate Cap 50 MG		TIER 1	• QL: 2 IN 1 DAYS
Doxycycline Hyclate Cap 50 MG		TIER 1	
Doxycycline Hyclate Tab 100 MG		TIER 1	• QL: 2 IN 1 DAYS
Doxycycline Hyclate Tab 150 MG		TIER 1	• QL: 2 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR GENERIC DOXYCYCLINE MONOHYDRATE 150MG TABLETS WITHIN THE PAST 120 DAYS
Doxycycline Hyclate Tab 50 MG		TIER 1	• QL: 4 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR DOXYCYCLINE HYCLATE 50MG CAPSULES OR DOXYCYCLINE MONOHYDRATE 50MG CAPSULES OR TABLETS WITHIN THE PAST 120 DAYS
Doxycycline Hyclate Tab 75 MG		TIER 1	• QL: 2 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLETS WITHIN THE PAST 120 DAYS
Doxycycline Monohydrate Cap 100 MG		TIER 1	• QL: 2 IN 1 DAYS
Doxycycline Monohydrate Cap 150 MG		TIER 1	• QL: 2 IN 1 DAYS
Doxycycline Monohydrate Cap 50 MG		TIER 1	• QL: 2 IN 1 DAYS

	TRADE NAME	TIER	NOTES
Doxycycline Monohydrate Cap 75 MG		TIER 1	• QL: 2 IN 1 DAYS• ST: REQUIRES PRIOR PRESCRIPTION FOR GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLETS WITHIN THE PAST 120 DAYS
Doxycycline Monohydrate For Susp 25 MG/5ML		TIER 1	
Doxycycline Monohydrate Tab 100 MG		TIER 1	• QL: 2 IN 1 DAYS
Doxycycline Monohydrate Tab 150 MG		TIER 1	• QL: 2 IN 1 DAYS
Doxycycline Monohydrate Tab 50 MG		TIER 1	• QL: 2 IN 1 DAYS
Doxycycline Monohydrate Tab 75 MG		TIER 1	• QL: 2 IN 1 DAYS
Minocycline HCl Cap 100 MG		TIER 1	
Minocycline HCl Cap 50 MG		TIER 1	
Minocycline HCl Cap 75 MG		TIER 1	
Minocycline HCl Tab 100 MG		TIER 1	
Minocycline HCl Tab 50 MG		TIER 1	
Minocycline HCl Tab 75 MG		TIER 1	
Tetracycline HCl Cap 250 MG		TIER 1	
Tetracycline HCl Cap 500 MG		TIER 1	
Omadacycline Tosylate Tab 150 MG (Base Equivalent)	Nuzyra	TIER 3	• PA Required

### THYROID PREPS

### THYROID HORMONES

Levothyroxine Sodium Cap 100 MCG	Levothyroxine Sodium	TIER 1	• PA Required
Levothyroxine Sodium Cap 100 MCG	Tirosint	TIER 1	• PA Required
Levothyroxine Sodium Cap 112 MCG	Tirosint	TIER 1	• PA Required
Levothyroxine Sodium Cap 112 MCG	Levothyroxine Sodium	TIER 1	• PA Required
Levothyroxine Sodium Cap 125 MCG	Tirosint	TIER 1	• PA Required
Levothyroxine Sodium Cap 125 MCG	Levothyroxine Sodium	TIER 1	• PA Required
Levothyroxine Sodium Cap 13 MCG	Levothyroxine Sodium	TIER 1	• PA Required
Levothyroxine Sodium Cap 13 MCG	Tirosint	TIER 1	• PA Required
Levothyroxine Sodium Cap 137 MCG	Levothyroxine Sodium	TIER 1	• PA Required

	TRADE NAME	TIER	NOTES
Levothyroxine Sodium Cap 137 MCG	Tirosint	TIER 1	• PA Required
Levothyroxine Sodium Cap 150 MCG	Levothyroxine Sodium	TIER 1	• PA Required
Levothyroxine Sodium Cap 150 MCG	Tirosint	TIER 1	• PA Required
Levothyroxine Sodium Cap 175 MCG	Levothyroxine Sodium	TIER 1	• PA Required
Levothyroxine Sodium Cap 175 MCG	Tirosint	TIER 1	• PA Required
Levothyroxine Sodium Cap 200 MCG	Levothyroxine Sodium	TIER 1	• PA Required
Levothyroxine Sodium Cap 200 MCG	Tirosint	TIER 1	• PA Required
Levothyroxine Sodium Cap 25 MCG	Levothyroxine Sodium	TIER 1	• PA Required
Levothyroxine Sodium Cap 25 MCG	Tirosint	TIER 1	• PA Required
Levothyroxine Sodium Cap 50 MCG	Levothyroxine Sodium	TIER 1	• PA Required
Levothyroxine Sodium Cap 50 MCG	Tirosint	TIER 1	• PA Required
Levothyroxine Sodium Cap 75 MCG	Levothyroxine Sodium	TIER 1	• PA Required
Levothyroxine Sodium Cap 75 MCG	Tirosint	TIER 1	• PA Required
Levothyroxine Sodium Cap 88 MCG	Levothyroxine Sodium	TIER 1	• PA Required
Levothyroxine Sodium Cap 88 MCG	Tirosint	TIER 1	• PA Required
Levothyroxine Sodium Tab 100 MCG		TIER 1	• QL: 2 IN 1 DAYS
Levothyroxine Sodium Tab 112 MCG		TIER 1	• QL: 2 IN 1 DAYS
Levothyroxine Sodium Tab 125 MCG		TIER 1	• QL: 2 IN 1 DAYS
Levothyroxine Sodium Tab 137 MCG		TIER 1	• QL: 2 IN 1 DAYS
Levothyroxine Sodium Tab 150 MCG		TIER 1	• QL: 2 IN 1 DAYS
Levothyroxine Sodium Tab 175 MCG		TIER 1	• QL: 2 IN 1 DAYS
Levothyroxine Sodium Tab 200 MCG		TIER 1	• QL: 2 IN 1 DAYS
Levothyroxine Sodium Tab 25 MCG		TIER 1	• QL: 2 IN 1 DAYS
Levothyroxine Sodium Tab 300 MCG		TIER 1	• QL: 2 IN 1 DAYS
Levothyroxine Sodium Tab 50 MCG		TIER 1	• QL: 2 IN 1 DAYS
Levothyroxine Sodium Tab 75 MCG		TIER 1	• QL: 2 IN 1 DAYS
Levothyroxine Sodium Tab 88 MCG		TIER 1	• QL: 2 IN 1 DAYS
Liothyronine Sodium Tab 25 MCG		TIER 1	
Liothyronine Sodium Tab 5 MCG		TIER 1	
Liothyronine Sodium Tab 50 MCG		TIER 1	

	<b>TRADE NAME</b>	<b>TIER</b>	<b>NOTES</b>
Thyroid Tab 120 MG (2 Grain)	Thyroid	TIER 1	
Thyroid Tab 120 MG (2 Grain)	Armour Thyroid	TIER 1	
Thyroid Tab 120 MG (2 Grain)	EvexiTHROID	TIER 1	
Thyroid Tab 120 MG (2 Grain)	NP Thyroid	TIER 1	
Thyroid Tab 120 MG (2 Grain)	RenThyroid	TIER 1	
Thyroid Tab 15 MG (1/4 Grain)	RenThyroid	TIER 1	
Thyroid Tab 15 MG (1/4 Grain)	NP Thyroid	TIER 1	
Thyroid Tab 15 MG (1/4 Grain)	EvexiTHROID	TIER 1	
Thyroid Tab 15 MG (1/4 Grain)	Armour Thyroid	TIER 1	
Thyroid Tab 15 MG (1/4 Grain)	Thyroid	TIER 1	
Thyroid Tab 30 MG (1/2 Grain)	Niva Thyroid	TIER 1	
Thyroid Tab 30 MG (1/2 Grain)	Thyroid	TIER 1	
Thyroid Tab 30 MG (1/2 Grain)	Armour Thyroid	TIER 1	
Thyroid Tab 30 MG (1/2 Grain)	EvexiTHROID	TIER 1	
Thyroid Tab 30 MG (1/2 Grain)	NP Thyroid	TIER 1	
Thyroid Tab 30 MG (1/2 Grain)	RenThyroid	TIER 1	
Thyroid Tab 60 MG (1 Grain)	Armour Thyroid	TIER 1	
Thyroid Tab 60 MG (1 Grain)	EvexiTHROID	TIER 1	
Thyroid Tab 60 MG (1 Grain)	NP Thyroid	TIER 1	
Thyroid Tab 60 MG (1 Grain)	RenThyroid	TIER 1	
Thyroid Tab 60 MG (1 Grain)	Thyroid	TIER 1	
Thyroid Tab 90 MG (1 1/2 Grain)	RenThyroid	TIER 1	
Thyroid Tab 90 MG (1 1/2 Grain)	Armour Thyroid	TIER 1	
Thyroid Tab 90 MG (1 1/2 Grain)	EvexiTHROID	TIER 1	
Thyroid Tab 90 MG (1 1/2 Grain)	Niva Thyroid	TIER 1	
Thyroid Tab 90 MG (1 1/2 Grain)	NP Thyroid	TIER 1	
Thyroid Tab 90 MG (1 1/2 Grain)	Thyroid	TIER 1	
Levothyroxine Sodium Cap 37.5 MCG	Tirosint	TIER 3	• PA Required
Levothyroxine Sodium Cap 44 MCG	Tirosint	TIER 3	• PA Required
Levothyroxine Sodium Cap 62.5 MCG	Tirosint	TIER 3	• PA Required

	TRADE NAME	TIER	NOTES
Levothyroxine Sodium Oral Solution 100 MCG/5ML	Thyquidity	TIER 3	• QL: 20 IN 1 DAYS• ST: TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS
Levothyroxine Sodium Oral Solution 100 MCG/ML	Tirosint-SOL	TIER 3	• PA Required
Levothyroxine Sodium Oral Solution 112 MCG/ML	Tirosint-SOL	TIER 3	• PA Required
Levothyroxine Sodium Oral Solution 125 MCG/ML	Tirosint-SOL	TIER 3	• PA Required
Levothyroxine Sodium Oral Solution 13 MCG/ML	Tirosint-SOL	TIER 3	• PA Required
Levothyroxine Sodium Oral Solution 137 MCG/ML	Tirosint-SOL	TIER 3	• PA Required
Levothyroxine Sodium Oral Solution 150 MCG/5ML	Ermeza	TIER 3	
Levothyroxine Sodium Oral Solution 150 MCG/ML	Tirosint-SOL	TIER 3	• PA Required
Levothyroxine Sodium Oral Solution 175 MCG/ML	Tirosint-SOL	TIER 3	• PA Required
Levothyroxine Sodium Oral Solution 200 MCG/ML	Tirosint-SOL	TIER 3	• PA Required
Levothyroxine Sodium Oral Solution 25 MCG/ML	Tirosint-SOL	TIER 3	• PA Required
Levothyroxine Sodium Oral Solution 37.5 MCG/ML	Tirosint-SOL	TIER 3	• PA Required
Levothyroxine Sodium Oral Solution 44 MCG/ML	Tirosint-SOL	TIER 3	• PA Required
Levothyroxine Sodium Oral Solution 50 MCG/ML	Tirosint-SOL	TIER 3	• PA Required
Levothyroxine Sodium Oral Solution 62.5 MCG/ML	Tirosint-SOL	TIER 3	• PA Required
Levothyroxine Sodium Oral Solution 75 MCG/ML	Tirosint-SOL	TIER 3	• PA Required
Levothyroxine Sodium Oral Solution 88 MCG/ML	Tirosint-SOL	TIER 3	• PA Required
Thyroid Tab 120 MG (2 Grain)	NP Thyroid	TIER 3	
Thyroid Tab 120 MG (2 Grain)	Adthyza	TIER 3	
Thyroid Tab 120 MG (2 Grain)	Niva Thyroid	TIER 3	
Thyroid Tab 130 MG	Adthyza	TIER 3	

	TRADE NAME	TIER	NOTES
Thyroid Tab 15 MG (1/4 Grain)	NP Thyroid	TIER 3	
Thyroid Tab 15 MG (1/4 Grain)	Adthyza	TIER 3	
Thyroid Tab 15 MG (1/4 Grain)	Niva Thyroid	TIER 3	
Thyroid Tab 16.25 MG	Adthyza	TIER 3	
Thyroid Tab 30 MG (1/2 Grain)	Niva Thyroid	TIER 3	
Thyroid Tab 30 MG (1/2 Grain)	NP Thyroid	TIER 3	
Thyroid Tab 30 MG (1/2 Grain)	Adthyza	TIER 3	
Thyroid Tab 32.5 MG	Adthyza	TIER 3	
Thyroid Tab 60 MG (1 Grain)	Adthyza	TIER 3	
Thyroid Tab 60 MG (1 Grain)	Niva Thyroid	TIER 3	
Thyroid Tab 60 MG (1 Grain)	NP Thyroid	TIER 3	
Thyroid Tab 65 MG	Adthyza	TIER 3	
Thyroid Tab 90 MG (1 1/2 Grain)	Niva Thyroid	TIER 3	
Thyroid Tab 90 MG (1 1/2 Grain)	Adthyza	TIER 3	
Thyroid Tab 90 MG (1 1/2 Grain)	NP Thyroid	TIER 3	
Thyroid Tab 97.5 MG	Adthyza	TIER 3	

### **TOPICAL NASAL AND OTIC PREPARATIONS**

#### **EAR PREPARATIONS ANTI-INFLAMMATORY**

Fluocinolone Acetonide (Otic) Oil 0.01%		TIER 1	
---	--	--------	--

#### **EAR PREPARATIONS, MISC. ANTI-INFECTIVES**

Acetic Acid Otic Soln 2%		TIER 1	
Hydrocortisone w/ Acetic Acid Otic Soln 1-2%		TIER 1	
Hydrocortisone-Pramoxine-Chloroxylenol Lot 10-10-1MG/ML	Cortane-B	TIER 3	

#### **EAR PREPARATIONS, ANTIBIOTICS**

Neomycin-Polymyxin-HC Otic Soln 1%		TIER 1	
Neomycin-Polymyxin-HC Otic Susp 3.5 MG/ML-10000 Unit/ML-1%		TIER 1	
Ofloxacin Otic Soln 0.3%		TIER 1	
Ciprofloxacin HCl Otic Soln 0.2% (Base Equivalent)	Cetraxal	TIER 3	

	TRADE NAME	TIER	NOTES
Ciprofloxacin HCl Otic Soln 0.2% (Base Equivalent)	Ciprofloxacin HCl	TIER 3	
Neomycin-Colistin-HC-Thonzonium Otic Susp 3.3-3-10-0.5 MG/ML	Cortisporin-TC	TIER 3	
<b>NASAL ANTIHISTAMINE</b>			
Azelastine HCl Nasal Spray 0.1% (137 MCG/SPRAY)		TIER 1	• QL: 2 IN 1 DAYS
Azelastine HCl Nasal Spray 0.15% (205.5 MCG/SPRAY)		TIER 1	• QL: 2 IN 1 DAYS
Olopatadine HCl Nasal Soln 0.6%		TIER 1	• QL: 30.5 IN 30 DAYS
<b>NASAL ANTIHISTAMINE AND ANTI-INFLAM. STEROID COMB.</b>			
Azelastine HCl-Fluticasone Prop Nasal Spray 137-50 MCG/ACT		TIER 1	• QL: 23 IN 30 DAYS
<b>NASAL ANTI-INFLAMMATORY STEROIDS</b>			
Flunisolide Nasal Soln 25 MCG/ACT (0.025%)		TIER 1	• QL: 25 IN 30 DAYS
Fluticasone Propionate Nasal Susp 50 MCG/ACT		TIER 1	• QL: 16 IN 30 DAYS
Mometasone Furoate Nasal Susp 50 MCG/ACT		TIER 1	• QL: 17 IN 30 DAYS
Beclomethasone Dipropionate Nasal Aerosol 40 MCG/ACT	Qnasl Childrens	TIER 2	• QL: 6.8 IN 30 DAYS
Beclomethasone Dipropionate Nasal Aerosol 80 MCG/ACT	Qnasl	TIER 2	• QL: 10.6 IN 30 DAYS
Fluticasone Propionate Nasal Exhaler Susp 93 MCG/ACT	Xhance	TIER 2	• QL: 32 IN 30 DAYS • ST: REQUIRES PRIOR PRESCRIPTION FOR NASAL FORMULATION OF FLUNISOLIDE, FLUTICASONE PROPIONATE, OR MOMETASONE FUROATE WITHIN THE PAST 120 DAYS
<b>NOSE PREPARATIONS, MISCELLANEOUS (RX)</b>			
Cocaine HCl Nasal Soln 40 MG/ML (4%)	Cocaine HCl	TIER 1	
Cocaine HCl Nasal Soln 40 MG/ML (4%)	Numbrino	TIER 1	
Ipratropium Bromide Nasal Soln 0.03% (21 MCG/SPRAY)		TIER 1	
Ipratropium Bromide Nasal Soln 0.06% (42 MCG/SPRAY)		TIER 1	

	TRADE NAME	TIER	NOTES
Cocaine HCl Nasal Soln 40 MG/ML (4%)	Goprelto	TIER 3	
Cocaine HCl Nasal Soln 40 MG/ML (4%)	Numbrino	TIER 3	
<b>NOSE PREPARATIONS, VASOCONSTRICTORS (RX)</b>			
Epinephrine HCl Nasal Soln 0.1%		TIER 1	
<b>OTIC PREPARATIONS, ANTI-INFLAMMATORY-ANTIBIOTICS</b>			
Ciprofloxacin-Dexamethasone Otic Susp 0.3-0.1%		TIER 1	
Ciprofloxacin-Fluocinolone Aceton (PF) Otic Soln 0.3-0.025%	Otovel	TIER 1	
Ciprofloxacin-Fluocinolone Aceton (PF) Otic Soln 0.3-0.025%	Ciprofloxacin-Fluocinolone PF	TIER 1	
<b>TRIMETHOPRIM</b>			
<b>ANTIBIOTIC, ANTIBACTERIAL, MISC.</b>			
Trimethoprim Tab 100 MG		TIER 1	
Trimethoprim HCl Oral Soln 50 MG/5ML (Base Equiv)	Primsol	TIER 2	
<b>URINARY ANTIBACTERIALS</b>			
<b>ANTIBIOTIC, ANTIBACTERIAL, MISC.</b>			
*Methenamine-Hyoscamine-Meth Blue-Sod Phos Tab 81.6 MG***		TIER 1	
*Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Cap 118 MG***		TIER 1	
*Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Tab 81 MG***		TIER 1	
Methenamine Hippurate Tab 1 GM		TIER 1	
*Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Tab 120 MG***	Urimar-T	TIER 3	
Methenamine-Hyosc-Meth Blue-Benz Acid-Phenyl Sal Tab 81.6MG	Uribel	TIER 3	
<b>NITROFURAN DERIVATIVES ANTIBACTERIAL AGENTS</b>			
Nitrofurantoin Macrocrystalline Cap 100 MG		TIER 1	
Nitrofurantoin Macrocrystalline Cap 25 MG		TIER 1	• QL: 4 IN 1 DAYS
Nitrofurantoin Macrocrystalline Cap 50 MG		TIER 1	
Nitrofurantoin Monohydrate Macrocrystalline Cap 100 MG		TIER 1	
Nitrofurantoin Susp 25 MG/5ML		TIER 1	

	TRADE NAME	TIER	NOTES
<b>QUINOLONE ANTIBIOTICS</b>			
Levofloxacin Oral Soln 25 MG/ML	levoFLOXacin	TIER 1	
Levofloxacin Tab 250 MG		TIER 1	
Levofloxacin Tab 500 MG		TIER 1	
Levofloxacin Tab 750 MG		TIER 1	
<b>VAGINAL CLEANSERS</b>			
<b>VAGINAL ANTISEPTICS</b>			
Acetic Acid-Oxyquinoline Vaginal Gel 0.9-0.025%	Fem pH	TIER 3	
Oxyquinoline Sulfate-Sod Lauryl Sulfate Vag Gel 0.025-0.01%	Trimo-San	TIER 3	
<b>VASODILATORS CORONARY</b>			
<b>SOLUBLE GUANYLATE CYCLASE (SGC) STIMULATOR</b>			
Vericiguat Tab 10 MG	Verquvo	TIER 3	• PA Required
Vericiguat Tab 2.5 MG	Verquvo	TIER 3	• PA Required
Vericiguat Tab 5 MG	Verquvo	TIER 3	• PA Required
<b>VASODILATORS, CORONARY</b>			
Isosorbide Dinitrate Tab 10 MG		TIER 1	
Isosorbide Dinitrate Tab 20 MG		TIER 1	
Isosorbide Dinitrate Tab 30 MG		TIER 1	
Isosorbide Dinitrate Tab 40 MG		TIER 1	
Isosorbide Dinitrate Tab 5 MG		TIER 1	
Isosorbide Mononitrate Tab 10 MG	Isosorbide Mononitrate	TIER 1	
Isosorbide Mononitrate Tab 20 MG	Isosorbide Mononitrate	TIER 1	
Isosorbide Mononitrate Tab ER 24HR 120 MG		TIER 1	
Isosorbide Mononitrate Tab ER 24HR 30 MG		TIER 1	
Isosorbide Mononitrate Tab ER 24HR 60 MG		TIER 1	
Nitroglycerin SL Tab 0.3 MG		TIER 1	
Nitroglycerin SL Tab 0.4 MG		TIER 1	
Nitroglycerin SL Tab 0.6 MG		TIER 1	
Nitroglycerin TD Patch 24HR 0.1 MG/HR		TIER 1	

	TRADE NAME	TIER	NOTES
Nitroglycerin TD Patch 24HR 0.2 MG/HR		TIER 1	
Nitroglycerin TD Patch 24HR 0.4 MG/HR		TIER 1	
Nitroglycerin TD Patch 24HR 0.6 MG/HR		TIER 1	
Nitroglycerin TL Soln 0.4 MG/SPRAY (400 MCG/SPRAY)		TIER 1	
Nitroglycerin Cap ER 6.5 MG	Nitro-Time	TIER 2	
Nitroglycerin Cap ER 9 MG	Nitro-Time	TIER 2	
Nitroglycerin Oint 2%	Nitro-Bid	TIER 2	
Nitroglycerin TD Patch 24HR 0.3 MG/HR	Nitro-Dur	TIER 2	
Nitroglycerin TD Patch 24HR 0.8 MG/HR	Nitro-Dur	TIER 2	
Nitroglycerin Cap ER 2.5 MG	Nitro-Time	TIER 3	
Nitroglycerin Lingual Aerosol 400 MCG/SPRAY	NitroMist	TIER 3	

### **VASODILATORS PERIPHERAL**

#### **VASODILATORS,PERIPHERAL**

Ergoloid Mesylates Tab 1 MG	Ergoloid Mesylates	TIER 1	
-----------------------------	--------------------	--------	--

### **VITAMIN K**

#### **VITAMIN K PREPARATIONS**

Phytonadione Inj 1 MG/0.5ML (2 MG/ML)		TIER 1	
Phytonadione Inj 10 MG/ML		TIER 1	
Phytonadione Tab 5 MG		TIER 1	

### **WATER SOLUBLE VITAMINS**

#### **VITAMIN B PREPARATIONS**

*Dietary Management Product - Caps***	LorMate	TIER 3	
*L-Methylfolate-Methylcobalamin-Acetylcyst Tab 6-2-600 MG***	Metafolbic Plus	TIER 3	
*L-Methylfolate-Methylcobalamin-Acetylcyst Tab 6-2-600 MG***	Cerefolin Brain Wellness	TIER 3	

#### **VITAMIN B1 PREPARATIONS**

Thiamine HCl Inj 100 MG/ML		TIER 1	
----------------------------	--	--------	--

#### **VITAMIN B12 PREPARATIONS**

Cyanocobalamin Inj 1000 MCG/ML		TIER 1	
--------------------------------	--	--------	--

	TRADE NAME	TIER	NOTES
Hydroxocobalamin Acetate Inj 1000 MCG/ML (Base Equivalent)	Hydroxocobalamin Acetate	TIER 1	
Methylcobalamin For Inj 10000 MCG	Methylcobalamin	TIER 1	

### VITAMIN B6 PREPARATIONS

Pyridoxine HCl Inj 100 MG/ML	Pyridoxine HCl	TIER 1	
*Dietary Management Product - Powder***	VB6 P5P	TIER 3	

### VITAMIN C PREPARATIONS

Ascorbic Acid Inj 500 MG/ML	Ascorbic Acid	TIER 1	
-----------------------------	---------------	--------	--

### XANTHINE DERIVATIVES

#### XANTHINES

Caffeine Citrate Oral Soln 60 MG/3ML (10 MG/ML Base Equiv)		TIER 1	
Theophylline Elixir 80 MG/15ML		TIER 1	
Theophylline Soln 80 MG/15ML		TIER 1	
Theophylline Tab ER 12HR 100 MG	Theophylline ER	TIER 1	
Theophylline Tab ER 12HR 200 MG	Theophylline ER	TIER 1	
Theophylline Tab ER 12HR 300 MG		TIER 1	
Theophylline Tab ER 12HR 450 MG		TIER 1	
Theophylline Tab ER 24HR 400 MG		TIER 1	
Theophylline Tab ER 24HR 600 MG		TIER 1	
Theophylline Cap ER 24HR 100 MG	Theo-24	TIER 2	
Theophylline Cap ER 24HR 200 MG	Theo-24	TIER 2	
Theophylline Cap ER 24HR 300 MG	Theo-24	TIER 2	
Theophylline Cap ER 24HR 400 MG	Theo-24	TIER 2	