



**McLaren Health Advantage  
Drug Formulary  
Oct. 2021**

<b>Key</b>	
*	Generic Available
AG	Age Limits
F	Females Only
M	Males Only
OTC	Over the Counter
P	Preventive
PA	Prior Authorization
QL	Quantity Limit
SP	Specialty Pharmacy
ST	Step Therapy

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Drug	Status	Notes
<b>Allergy</b>		
<b>2Nd Gen Antihistamine &amp; Decongestant Combinations</b>		
ALAVERT D-12 ALLERGY-SINUS ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Tier 1	
ALL DAY ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Tier 1	
ALLERCLEAR D-12HR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Tier 1	
ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	Tier 1	
ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Tier 1	
ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	Tier 1	
ALLERGY COMPLETE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Tier 1	
ALLERGY RELIEF D12 ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Tier 1	
ALLERGY RELIEF D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	Tier 1	
ALLERGY RELIEF,NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	Tier 1	
ALLERGY RELIEF-D (CETIRIZINE) ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Tier 1	
ALLERGY RELIEF-D (LORATADINE) ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Tier 1	
ALLERGY-CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	Tier 1	
ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Tier 1	
CETIRI-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Tier 1	
<i>cetirizine-pseudoephedrine oral tablet</i> (All Day Allergy-D) <i>extended release 12 hr 5-120 mg</i>	Tier 1	

Drug	Status	Notes
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	Tier 3	ST: Requires prior prescription for Desloratadine or Levocetirizine Dihydrochloride within the past 120 days; QL (2 EA per 1 day)
<i>fexofenadine-pseudoephedrine oral tablet extended release 24 hr 180-240 mg</i> (Allegra-D 24 Hour)	Tier 1	
LORATA-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	Tier 1	
LORATA-DINE D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	Tier 1	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Tier 1	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	Tier 1	
WAL-ITIN D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Tier 1	
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	Tier 1	
WAL-ZYR D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Tier 1	
<b>Allergenic Extracts, Therapeutics</b>		
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Tier 2	PA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6)	Tier 3	PA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Tier 4	PA; SP
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Tier 4	PA; SP
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Tier 4	PA; SP
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Tier 4	PA; SP
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Tier 4	PA; SP
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Tier 4	PA; SP

Drug	Status	Notes
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Tier 4	PA; SP
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Tier 4	PA; SP
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Tier 4	PA; SP
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Tier 4	PA; SP
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Tier 4	PA; SP
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Tier 4	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Tier 4	PA; SP
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Tier 2	PA
<b>Antihistamines - 1St Generation</b>		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	Tier 1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril)	Tier 1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	Tier 3	ST: Requires prior prescription for Carbinoxamine Maleate within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	Tier 1	
<i>promethazine injection syringe 25 mg/ml</i>	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Antihistamines - 2Nd Generation</b>		
24HOUR ALLERGY ORAL TABLET 10 MG	Tier 1	

Drug	Status	Notes
ALL DAY ALLERGY (CETIRIZINE) ORAL SOLUTION 1 MG/ML	Tier 1	
ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET 10 MG	Tier 1	
ALLERCLEAR ORAL TABLET 10 MG	Tier 1	
ALLER-EASE ORAL TABLET 180 MG	Tier 1	
ALLER-FEX ORAL TABLET 180 MG	Tier 1	
ALLERGY RELIEF (CETIRIZINE) ORAL SOLUTION 1 MG/ML	Tier 1	
ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 10 MG	Tier 1	
ALLERGY RELIEF (FEXOFENADINE) ORAL TABLET 180 MG	Tier 1	
ALLERGY RELIEF (LORATADINE) ORAL SOLUTION 5 MG/5 ML	Tier 1	
ALLERGY RELIEF (LORATADINE) ORAL TABLET 10 MG	Tier 1	
ALLER-TEC ORAL TABLET 10 MG	Tier 1	
<i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))	Tier 1	
<i>cetirizine oral solution 5 mg/5 ml</i>	Tier 1	
<i>cetirizine oral tablet 10 mg</i> (24Hour Allergy)	Tier 1	
<i>cetirizine oral tablet 5 mg</i>	Tier 1	
<i>cetirizine oral tablet, chewable 5 mg</i> (Children's Cetirizine)	Tier 1	
CHILD ALLERGY RELF(CETIRIZINE) ORAL SOLUTION 1 MG/ML	Tier 1	
CHILDREN'S ALLERGY RELIEF(LOR) ORAL SOLUTION 5 MG/5 ML	Tier 1	
CHILDREN'S ALLERGY(CETIRIZINE) ORAL SOLUTION 1 MG/ML	Tier 1	
CHILDREN'S CETIRIZINE ORAL SOLUTION 1 MG/ML	Tier 1	
CHILDREN'S CETIRIZINE ORAL TABLET,CHEWABLE 5 MG	Tier 1	
CHILDREN'S WAL-ZYR ORAL SOLUTION 1 MG/ML	Tier 1	
CHILD'S ALL DAY ALLERGY(CETIR) ORAL SOLUTION 1 MG/ML	Tier 1	
CLARITIN ORAL TABLET 10 MG	Tier 1	
<i>desloratadine oral tablet 5 mg</i> (Clarinet)	Tier 1	QL (1 EA per 1 day)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine Dihydrochloride within the past 120 days; QL (1 EA per 1 day)
<i>fexofenadine oral tablet 180 mg</i> (Aller-ease)	Tier 1	

Drug	Status	Notes
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine Dihydrochloride within the past 120 days; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	Tier 1	
LORADAMED ORAL TABLET 10 MG	Tier 1	
<i>loratadine oral solution 5 mg/5 ml</i> (Allergy Relief (loratadine))	Tier 1	
<i>loratadine oral tablet 10 mg</i> (Allerclear)	Tier 1	
WAL-FEX ALLERGY ORAL TABLET 180 MG	Tier 1	
WAL-ITIN ORAL SOLUTION 5 MG/5 ML	Tier 1	
WAL-ITIN ORAL TABLET 10 MG	Tier 1	
WAL-ZYR (CETIRIZINE) ORAL SOLUTION 1 MG/ML	Tier 1	
WAL-ZYR (CETIRIZINE) ORAL TABLET 10 MG	Tier 1	
<b>Nasal Antihistamine</b>		
<i>azelastine nasal aerosol,spray 137 mcg</i> (0.1 %)	Tier 1	QL (60 ML per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg</i> (0.15 %)	Tier 1	QL (60 ML per 30 days)
<i>olopatadine nasal spray,non-aerosol 0.6 %</i> (Patanase)	Tier 1	QL (30.5 GM per 30 days)
<b>Nasal Antihistamine &amp; Anti-Inflam. Steroid Comb.</b>		
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i> (Dymista)	Tier 1	ST: Requires prior prescription for Flunisolide (nasal formulation) or Fluticasone Propionate within the past 365 days; QL (23 GM per 30 days)
<b>Nasal Anti-Inflammatory Steroids</b>		
24 HOUR ALLERGY RELIEF NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	Tier 1	QL (16 ML per 30 days)
24 HOUR NASAL ALLERGY NASAL AEROSOL,SPRAY 55 MCG	Tier 1	
ALLER-CORT NASAL AEROSOL,SPRAY 55 MCG	Tier 1	
ALLER-FLO NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	Tier 1	QL (16 ML per 30 days)
ALLERGY RELIEF (FLUTICASONE) NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	Tier 1	QL (16 ML per 30 days)
<i>budesonide nasal spray,non-aerosol 32 mcg/actuation</i> (Rhinocort Allergy)	Tier 1	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
CLARISPRAY NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	Tier 1	QL (16 ML per 30 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier 1	QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	Tier 1	QL (16 GM per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Nasonex)	Tier 1	QL (17 GM per 30 days)
NASAL ALLERGY NASAL AEROSOL,SPRAY 55 MCG	Tier 1	
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 2	ST: Requires prior prescription for Flunisolide, Fluticasone Propionate, or Qnasl within the past 120 days; QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 2	ST: Requires prior prescription for Flunisolide, Fluticasone Propionate, or Qnasl Children within the past 120days; QL (10.6 GM per 30 days)
<i>triamcinolone acetonide nasal aerosol,spray 55 mcg</i> (24 Hour Nasal Allergy)	Tier 1	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Tier 2	ST: Requires prior prescription for Flunisolide, Fluticasone Propionate, or Mometasone Furoate within the past 120 days; QL (32 ML per 30 days)
<b>Antiemesis/Antivertigo</b>		
<b>Antiemetic, Cannabinoid-Type</b>		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	Tier 1	ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Megestrol suspension, or Emend within the past 120 day; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 3	ST: Requires prior prescription for Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)
<b>Antiemetic/Antivertigo Agents</b>		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 2	QL (1 EA per 28 days)
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	Tier 1	QL (2 EA per 21 days)

Drug	Status	Notes
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	Tier 1	QL (3 EA per 21 days)
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 1	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlec) 10-10 mg</i> (Diclegis)	Tier 1	QL (120 EA per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	Tier 2	QL (3 EA per 21 days)
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (8 EA per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	Tier 1	
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	Tier 1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 24 mg, 8 mg</i>	Tier 1	
<i>ondansetron hcl oral tablet 4 mg</i> (Zofran)	Tier 1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 3	ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (1 EA per 7 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	Tier 1	
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	
VARUBI ORAL TABLET 90 MG	Tier 3	QL (2 EA per 14 days)
<b>Asthma And Copd</b>		
<b>Anticholinergic, Orally Inhaled Short Acting</b>		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 2	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	

Drug	Status	Notes
<b>Anticholinergics, Orally Inhaled Long Acting</b>		
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	Tier 3	QL (60 ML per 30 days)
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	Tier 3	QL (60 ML per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	Tier 2	QL (30 EA per 30 days)
<b>Beta-Adrenergic Agents</b>		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	
<b>Beta-Adrenergic Agents, Inhaled, Short Acting</b>		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (ProAir HFA)	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083%), 2.5 mg/0.5 ml, 5 mg/ml</i>	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i> (Xopenex)	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i> (Xopenex Concentrate)	Tier 1	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	Tier 1	
<b>Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting</b>		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
<b>Beta-Adrenergic Agents, Orally Inhaled, Long Acting</b>		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> (Brovana)	Tier 1	ST: Requires prior prescription for Formoterol Fumarate, Serevent Diskus, or Striverdi Respimat within the past 120 days; QL (120 ML per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i> (Perforomist)	Tier 1	QL (120 ML per 30 days)

Drug	Status	Notes
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 2	QL (60 EA per 30 days)
<b>Beta-Adrenergic And Anticholinergic Combinations</b>		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 2	QL (60 EA per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 2	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
<b>Beta-Adrenergic And Glucocorticoid Combinations</b>		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Tier 1	QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	Tier 2	QL (12 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	Tier 2	QL (60 EA per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Tier 2	QL (30.6 GM per 30 days)
<b>Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled</b>		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	Tier 2	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	Tier 2	QL (2 EA per 1 day)
<b>Glucocorticoids, Orally Inhaled</b>		
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)	Tier 1	QL (120 ML per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	Tier 1	QL (60 ML per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 2	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	Tier 2	QL (120 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	Tier 2	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	Tier 2	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	Tier 2	QL (21.2 GM per 30 days)
<b>Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab</b>		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 4	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 4	PA; SP
<b>Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab</b>		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 4	PA; SP
<b>Leukotriene Receptor Antagonists</b>		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	Tier 1	
<i>montelukast oral tablet 10 mg</i> (Singulair)	Tier 1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	Tier 1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	Tier 1	
<b>Mast Cell Stabilizers</b>		
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	Tier 1	
<b>Mast Cell Stabilizers, Orally Inhaled</b>		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
<b>Monoclonal Antibodies To Immunoglobulin E(Ige)</b>		
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 4	PA; SP

Drug	Status	Notes
<b>Phosphodiesterase-4 (Pde4) Inhibitors</b>		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Tier 2	ST: Requires prior prescription for Breo Ellipta, Fluticasone propionate/salmeterol, Serevent Diskus, Spiriva Respimat, or Spiriva within the past 120 days; QL (1 EA per 1 day)
<b>Respiratory Aids, Devices, Equipment</b>		
ACE AEROSOL CLOUD ENHANCER SPACER	Tier 2	QL (2 EA per 180 days)
AEROBIKA OSCILLATING PEP SYSTM DEVICE	Tier 3	
AEROCHAMBER MINI SPACER	Tier 2	QL (2 EA per 180 days)
AEROCHAMBER MV SPACER	Tier 2	QL (2 EA per 180 days)
AEROCHAMBER PLUS FLOW-VU SPACER	Tier 2	QL (2 EA per 180 days)
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER	Tier 2	QL (2 EA per 180 days)
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER	Tier 2	QL (2 EA per 180 days)
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	Tier 2	QL (2 EA per 180 days)
AEROCHAMBER PLUS Z STAT LG MSK SPACER	Tier 2	QL (2 EA per 180 days)
AEROCHAMBER PLUS Z STAT MD MSK SPACER	Tier 2	QL (2 EA per 180 days)
AEROCHAMBER PLUS Z STAT SM MSK SPACER	Tier 2	QL (2 EA per 180 days)
AEROCHAMBER PLUS Z STAT SPACER	Tier 2	QL (2 EA per 180 days)
AEROCHAMBER WITH FLOWSIGNAL SPACER	Tier 2	QL (2 EA per 180 days)
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	Tier 2	QL (2 EA per 180 days)
AEROECLIPSE II NEBULIZER	Tier 3	
AEROGEAR ACTION ASTHMA KIT KIT	Tier 3	
AERONEB GO NEBULIZER	Tier 3	
AEROTRACH PLUS SPACER	Tier 2	QL (2 EA per 180 days)
AEROVENT PLUS SPACER	Tier 2	QL (2 EA per 180 days)
AIRS DISPOSABLE NEBULIZER	Tier 3	
ALTERA NEBULIZER	Tier 3	
ALTERA NEBULIZER SYSTEM	Tier 3	
ASTHMAPACK CHILDREN'S KIT	Tier 3	
AURA PORTANEB	Tier 3	
BREATHERITE MDI SPACER SPACER	Tier 2	QL (2 EA per 180 days)
BREATHERITE SPACER-MASK, NEO. SPACER	Tier 2	QL (2 EA per 180 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
BREATHERITE SPACER-MASK,ADULT SPACER	Tier 2	QL (2 EA per 180 days)
BREATHERITE SPACER-MASK,CHILD SPACER	Tier 2	QL (2 EA per 180 days)
BREATHERITE SPACER-MASK,INFANT SPACER	Tier 2	QL (2 EA per 180 days)
BREATHERITE SPACER-MASK,S.CHLD SPACER	Tier 2	QL (2 EA per 180 days)
BREATHERITE VALVED MDI CHAMBER SPACER	Tier 2	QL (2 EA per 180 days)
BREATHERITE VALVED MDI SPACER SPACER	Tier 2	QL (2 EA per 180 days)
CLEVER CHOICE CHAMBER-LRG MASK SPACER	Tier 2	QL (2 EA per 180 days)
CLEVER CHOICE CHAMBER-MED MASK SPACER	Tier 2	QL (2 EA per 180 days)
CLEVER CHOICE CHAMBER-SM MASK SPACER	Tier 2	QL (2 EA per 180 days)
CLEVER CHOICE NEBULIZER DEVICE	Tier 3	
CLEVER CHOICE WHISPER AIRE PED DEVICE	Tier 3	
COMPACT SPACE CHAMBER PLUS SPACER	Tier 2	QL (2 EA per 180 days)
COMPACT SPACE CHAMBER SPACER	Tier 2	QL (2 EA per 180 days)
COMPACT SPACE CHAMBER-LRG MASK SPACER	Tier 2	QL (2 EA per 180 days)
COMPACT SPACE CHAMBER-MED MASK SPACER	Tier 2	QL (2 EA per 180 days)
COMPACT SPACE CHAMBER-SM MASK SPACER	Tier 2	QL (2 EA per 180 days)
COMP-AIR NEBULIZER COMPRESSOR DEVICE	Tier 3	
DEVILBISS DISPOSABLE NEBULIZER	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE	Tier 3	
DEVILBISS PULMOMATE COMPRESSOR DEVICE	Tier 3	
DEVILBISS PULMONEB LT COMP-NEB DEVICE	Tier 3	
DEVILBISS TRAVELER COMPRESSOR DEVICE	Tier 3	
EASIVENT HOLDING CHAMBER SPACER	Tier 2	QL (2 EA per 180 days)
EASIVENT MASK LARGE DEVICE	Tier 2	QL (2 EA per 180 days)
EASIVENT MASK MEDIUM DEVICE	Tier 2	QL (2 EA per 180 days)
EASIVENT MASK SMALL DEVICE	Tier 2	QL (2 EA per 180 days)
EBASE CONTROLLER DEVICE	Tier 3	
FLEXICHAMBER SPACER	Tier 2	QL (2 EA per 180 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
FLEXICHAMBER-LG CHILD MASK DEVICE	Tier 2	QL (2 EA per 180 days)
FLEXICHAMBER-SM ADULT MASK DEVICE	Tier 2	QL (2 EA per 180 days)
FLEXICHAMBER-SM CHILD MASK DEVICE	Tier 2	QL (2 EA per 180 days)
FLYP NEBULIZER	Tier 3	
HOME NEBULIZER PLUS SIDESTREAM DEVICE	Tier 3	
INNOSPIRE DELUXE DEVICE	Tier 3	
INNOSPIRE ELEGANCE DEVICE	Tier 3	
INNOSPIRE ESSENCE DEVICE	Tier 3	
INNOSPIRE GO NEBULIZER	Tier 3	
INNOSPIRE MINI DEVICE	Tier 3	
INSPIRACHAMBER SPACER	Tier 2	QL (2 EA per 180 days)
INSPIRACHAMBER WITH MASK-LARGE SPACER	Tier 2	QL (2 EA per 180 days)
INSPIRACHAMBER WITH MASK-MED SPACER	Tier 2	QL (2 EA per 180 days)
INSPIRACHAMBER WITH MASK-SMALL SPACER	Tier 2	QL (2 EA per 180 days)
LC PLUS	Tier 3	
LC PLUS NEBULIZER-PED MASK	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE	Tier 2	QL (2 EA per 180 days)
LITEAIRE MDI CHAMBER SPACER	Tier 2	QL (2 EA per 180 days)
LITETOUCH-LARGE MASK DEVICE	Tier 2	QL (2 EA per 180 days)
LITETOUCH-SMALL MASK DEVICE	Tier 2	QL (2 EA per 180 days)
MICROAIR MESH NEBULIZER	Tier 3	
MICROCHAMBER SPACER	Tier 2	QL (2 EA per 180 days)
MICROSPACER SPACER	Tier 2	QL (2 EA per 180 days)
MINI PLUS NEBULIZER	Tier 3	
MINI WRIGHT PEAK FLOW METER DEVICE	Tier 3	
MISTASSIST KIT DEVICE	Tier 3	
<i>nebulizer and compressor device</i> (Clever Choice Nebulizer)	Tier 3	
OMBRA COMPRESSOR SYSTEM DEVICE	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE	Tier 2	QL (2 EA per 180 days)
OPTICHAMBER DIAMOND LG MASK SPACER	Tier 2	QL (2 EA per 180 days)
OPTICHAMBER DIAMOND VHC SPACER	Tier 2	QL (2 EA per 180 days)
OPTICHAMBER DIAMOND-MED MSK SPACER	Tier 2	QL (2 EA per 180 days)
OPTICHAMBER DIAMOND-SML MASK SPACER	Tier 2	QL (2 EA per 180 days)
PARI LC SPRINT NEBULIZER SET	Tier 3	
PARI LC SPRINT SINUS	Tier 3	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
PARI SINUS AEROSOL SYSTEM DEVICE	Tier 3	
PARI TREK S COMBO PACK DEVICE	Tier 3	
PARI TREK S COMPACT COMPRESSOR DEVICE	Tier 3	
PEDIATRIC BEAR NEBULIZER DEVICE	Tier 3	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE	Tier 3	
PEDIATRIC DINOSAUR NEBULIZER DEVICE	Tier 3	
PEDIATRIC DOG NEBULIZER DEVICE	Tier 3	
PEDIATRIC FROG NEBULIZER DEVICE	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE	Tier 3	
POCKET CHAMBER SPACER	Tier 2	QL (2 EA per 180 days)
PORTABLE NEBULIZER SYSTEM DEVICE	Tier 3	
PRIMEAIRE SPACER	Tier 2	QL (2 EA per 180 days)
PRO COMFORT SPACER-ADULT MASK SPACER	Tier 2	QL (2 EA per 180 days)
PRO COMFORT SPACER-CHILD MASK SPACER	Tier 2	QL (2 EA per 180 days)
PROCARE COMPRESSOR NEBULIZER DEVICE	Tier 3	
PROCARE PEDIATRIC NEBULIZER DEVICE	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER	Tier 2	QL (2 EA per 180 days)
PROCARE SPACER WITH CHILD MASK SPACER	Tier 2	QL (2 EA per 180 days)
PROCHAMBER SPACER	Tier 2	QL (2 EA per 180 days)
PRODIGY MINI-MIST NEBULIZER	Tier 3	
PROVENT NASAL DEVICE	Tier 3	
PROVENT STARTER NASAL DEVICE	Tier 3	
PULMO-AIDE COMPRESSOR DEVICE	Tier 3	
PULMONEB LT COMPRESSOR NEBULIZER DEVICE	Tier 3	
QUAKE VIBRATORY PEP DEVICE	Tier 3	
RITFLO AEROCHAMBER SPACER	Tier 2	QL (2 EA per 180 days)
SAMI THE SEAL DEVICE	Tier 3	
SIDESTREAM	Tier 3	
SIDESTREAM NEBULIZER	Tier 3	
SIDESTREAM PLUS	Tier 3	
SILICONE MASK - INFANT DEVICE	Tier 2	QL (2 EA per 180 days)
SINUSTAR NEBULIZER	Tier 3	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE	Tier 3	

Drug	Status	Notes
SOOTHENE MESH NEBULIZER	Tier 3	
SPACE CHAMBER PLUS SPACER	Tier 2	QL (2 EA per 180 days)
SPACE CHAMBER SPACER	Tier 2	QL (2 EA per 180 days)
SPACE CHAMBER WITH LARGE MASK SPACER	Tier 2	QL (2 EA per 180 days)
SPACE CHAMBER WITH MEDIUM MASK SPACER	Tier 2	QL (2 EA per 180 days)
SPACE CHAMBER WITH SMALL MASK SPACER	Tier 2	QL (2 EA per 180 days)
SUNRISE COMPRESSOR-NEBULIZER DEVICE	Tier 3	
THRESHOLD IMT TRAINER DEVICE	Tier 3	
THRESHOLD PEP DEVICE DEVICE	Tier 3	
TRUNE B NEBULIZER	Tier 3	
TRUZONE PEAK FLOW METER DEVICE	Tier 3	
VIOS AEROSOL DELIVERY SYSTEM DEVICE	Tier 3	
VIXONE NEBULIZER	Tier 3	
VIXONE NEBULIZER-ADULT MASK	Tier 3	
VIXONE NEBULIZER-PEDIATRIC MSK	Tier 3	
VORTEX HOLDING CHAMBER SPACER	Tier 2	QL (2 EA per 180 days)
VORTEX VHC FROG MASK-CHILD SPACER	Tier 2	QL (2 EA per 180 days)
VORTEX VHC LADYBUG MASK-TODDLR SPACER	Tier 2	QL (2 EA per 180 days)
WILLIS THE WHALE COMPRESSOR NEB DEVICE	Tier 3	
<b>Xanthines</b>		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	Tier 1	
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Tier 2	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 300 MG	Tier 1	
<i>theophylline oral elixir 80 mg/15 ml</i> (Elixophyllin)	Tier 1	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	

Drug	Status	Notes
<b>Autonomic Nervous System Disorders</b>		
<b>Alzheimer's Therapy, Nmda Receptor Antagonists</b>		
<i>memantine oral capsule, sprinkle, er 24hr</i> (Namenda XR) 14 mg, 21 mg, 28 mg, 7 mg	Tier 1	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)
<i>memantine oral solution 2 mg/ml</i>	Tier 1	QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	Tier 1	QL (60 EA per 30 days)
<i>memantine oral tablets, dose pack 5-10 mg</i> (Namenda Titration Pak)	Tier 1	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG	Tier 2	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (28 EA per 28 days)
<b>Alzheimer's Thx, Nmda Recept Antag &amp; Cholines Inhib</b>		
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR within the past 365 days; QL (28 EA per 28 days)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR within the past 365 days; QL (1 EA per 1 day)
<b>Cholinesterase Inhibitors</b>		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	Tier 1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	
<i>galantamine oral capsule, ext rel. pellets</i> (Razadyne ER) 24 hr 16 mg, 24 mg, 8 mg	Tier 1	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	Tier 1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	Tier 1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	Tier 1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour</i> (Exelon Patch) 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	Tier 1	QL (30 EA per 30 days)

Drug	Status	Notes
<b>Behavioral Health - Antidepressants</b>		
<b>Alpha-2 Receptor Antagonist Antidepressants</b>		
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	Tier 1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	Tier 1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	Tier 1	
<b>Maois - Non-Selective &amp; Irreversible</b>		
MARPLAN ORAL TABLET 10 MG	Tier 3	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	Tier 1	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	Tier 1	
<b>Norepinephrine And Dopamine Reuptake Inhib (Ndris)</b>		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	Tier 1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	Tier 1	
<b>Selective Serotonin Reuptake Inhibitor (Ssrís)</b>		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	Tier 1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	Tier 1	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	Tier 1	
<i>fluoxetine oral capsule, delayed release(drlec) 90 mg</i>	Tier 1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	Tier 1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 1	ST: Requires prior prescription for Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine HCL, Paxil, or Sertraline HCL within the past 120 days; QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	Tier 1	

Drug	Status	Notes
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	Tier 1	
PAXIL ORAL SUSPENSION 10 MG/5 ML	Tier 2	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	Tier 1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	Tier 1	
<b>Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)</b>		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	
<b>Serotonin-Norepinephrine Reuptake-Inhib (Snris)</b>		
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL within the past 365 days; QL (1 EA per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	Tier 1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG	Tier 3	ST: Requires prior prescription for generic Duloxetine within the past 120 days; QL (1 EA per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 60 MG	Tier 3	ST: Requires prior prescription for generic Duloxetine within the past 120 days; QL (2 EA per 1 day)
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	Tier 1	
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Tier 2	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fetzima, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL within the past 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 2	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fetzima, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL within the past 365 days; QL (1 EA per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)	Tier 1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	
<b>Ssri &amp; 5Ht1a Partial Agonist Antidepressant</b>		
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 2	ST: Requires prior prescription for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL within the past 120 days; QL (1 EA per 1 day)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	Tier 2	ST: Requires prior prescription for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
<b>Ssri &amp; Serotonin Receptor Modulator Antidepressant</b>		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	ST: Requires prior prescription for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL within the past 120 days; QL (1 EA per 1 day)
<b>Tricyclic Antidepressant/Benzodiazepine Combinations</b>		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
<b>Tricyclic Antidepressant/Phenothiazine Combinations</b>		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
<b>Tricyclic Antidepressants &amp; Rel. Non- Sel. Ru-Inhib</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	Tier 1	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	Tier 1	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	Tier 1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	

Drug	Status	Notes
<b>Behavioral Health - Other</b>		
<b>Adrenergics, Aromatic, Non-Catecholamine</b>		
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG	Tier 1	QL (1 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG	Tier 1	QL (2 EA per 1 day)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)	Tier 1	PA
<i>dextroamphetamine oral capsule, extended release 10 mg, 5 mg</i> (Dexedrine Spansule)	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i> (Dexedrine Spansule)	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine oral solution 5 mg/5 ml</i> (ProCentra)	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i> (Zenedi)	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine oral tablet 15 mg</i> (Zenedi)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
<i>dextroamphetamine oral tablet 20 mg, 30 mg</i> (Zenedi)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine oral tablet 5 mg</i> (Zenedi)	Tier 1	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	Tier 1	QL (2 EA per 1 day)
DYANAVAL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Tier 3	ST: Requires prior prescription for Dextroamphetamine/amphetamine within the past 120 days; QL (240 ML per 30 days)
EVEKEO ODT ORAL TABLET,DISINTEGRATING 10 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine/amphetamine within the past 120 days; QL (4 EA per 1 day)



Drug	Status	Notes
EVEKEO ODT ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine/amphetamine within the past 120 days; QL (2 EA per 1 day)
EVEKEO ODT ORAL TABLET,DISINTEGRATING 5 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine/amphetamine within the past 120 days; QL (8 EA per 1 day)
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	Tier 1	QL (150 EA per 30 days)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 2	QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 2	QL (1 EA per 1 day)
ZENZEDI ORAL TABLET 10 MG	Tier 1	QL (180 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
ZENZEDI ORAL TABLET 20 MG, 30 MG	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
ZENZEDI ORAL TABLET 5 MG	Tier 1	QL (90 EA per 30 days)
<b>Anti-Alcoholic Preparations</b>		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Anti-Anxiety - Benzodiazepines</b>		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 2	

Drug	Status	Notes
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	Tier 1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	Tier 1	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	Tier 1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
<b>Anti-Anxiety Drugs</b>		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	
<b>Anti-Mania Drugs</b>		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 3	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	Tier 1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	Tier 1	
<b>Anti-Narcolepsy &amp; Anti-Cataplexy, Sedative-Type Agt</b>		
XYREM ORAL SOLUTION 500 MG/ML	Tier 4	PA; SP
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 4	PA; SP
<b>Antipsych, Dopamine Antag., Diphenylbutylpiperidines</b>		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	

Drug	Status	Notes
<b>Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed</b>		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	ST: At least 2 prior prescriptions for Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	Tier 2	ST: At least 2 prior prescriptions for Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (7 EA per 28 days)
<b>Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed</b>		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	Tier 4	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	Tier 4	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 4	PA
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 4	PA

Drug	Status	Notes
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL within the past 365 days; QL (30 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	Tier 1	QL (1 EA per 1 day)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL within the past 365 days; QL (3 EA per 1 day)

Drug	Status	Notes
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL within the past 365 days; QL (2 EA per 1 day)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	Tier 4	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL within the past 365 days; QL (1 EA per 1 day)
<b>Antipsychotics, Dopamine &amp; Serotonin Antagonists</b>		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 4	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	

Drug	Status	Notes
<b>Antipsychotics, Atypical, Dopamine, &amp; Serotonin Antag</b>		
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg (Saphris)	Tier 1	ST: At least 2 prior prescriptions for Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 42 MG	Tier 3	ST: At least 2 prior prescriptions for Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (1 EA per 1 day)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	Tier 1	QL (3 EA per 1 day)
clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Tier 1	ST: At least 2 prior prescriptions for Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (3 EA per 1 day)
CLOZARIL ORAL TABLET 200 MG, 50 MG	Tier 3	QL (3 EA per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	ST: At least 2 prior prescriptions for Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (2 EA per 1 day)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 3	ST: At least 2 prior prescriptions for Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	Tier 4	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	Tier 4	QL (5 ML per 180 days)

Drug	Status	Notes
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	Tier 4	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML	Tier 4	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	Tier 2	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	Tier 2	QL (60 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5</i> (Zyprexa) <i>mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>olanzapine oral tablet, disintegrating 10</i> (Zyprexa Zydis) <i>mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release</i> (Invega) <i>24hr 1.5 mg, 3 mg, 9 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release</i> (Invega) <i>24hr 6 mg</i>	Tier 1	QL (2 EA per 1 day)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	Tier 4	QL (1 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg,</i> (Seroquel) <i>25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>quetiapine oral tablet extended release</i> (Seroquel XR) <i>24 hr 150 mg, 200 mg, 300 mg, 400 mg,</i> <i>50 mg</i>	Tier 1	QL (1 EA per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	Tier 4	
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	Tier 1	QL (8 ML per 1 day)
<i>risperidone oral tablet 0.25 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2</i> (Risperdal) <i>mg, 3 mg, 4 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>risperidone oral tablet, disintegrating 0.25</i> <i>mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Tier 3	ST: At least 2 prior prescriptions for Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (1 EA per 1 day)
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11)	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	ST: At least 2 prior prescriptions for Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (18 ML per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	Tier 1	QL (2 EA per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	Tier 4	
<b>Antipsychotics,Dopamine Antagonists, Thioxanthenes</b>		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
<b>Antipsychotics,Dopamine Antagonists,Butyrophenones</b>		
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	
<b>Antipsychotics,Dopamine Antagonist,Dihydroindolones</b>		
molindone oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
molindone oral tablet 25 mg	Tier 1	QL (9 EA per 1 day)
molindone oral tablet 5 mg	Tier 1	
<b>Anti-Psychotics,Phenothiazines</b>		
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	Tier 1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
fluphenazine hcl oral concentrate 5 mg/ml	Tier 1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
<b>Barbiturates</b>		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	Tier 1	



Drug	Status	Notes
SECONAL SODIUM ORAL CAPSULE 100 MG	Tier 3	
<b>Hsdd Agents-Mixed Serotonin Agonist/Antagonists</b>		
ADDYI ORAL TABLET 100 MG	Tier 3	PA
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	Tier 3	PA; Male Only
<b>Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists</b>		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 4	PA; SP
HETLIOZ ORAL CAPSULE 20 MG	Tier 4	PA; SP
<b>Menopausal Symptoms Suppressant - Ssris</b>		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i> (Brisdelle)	Tier 1	ST: Requires prior prescription for Paroxetine HCL, Paxil, or Venlafaxine HCL within the past 120 days; QL (1 EA per 1 day)
<b>Monoamine Oxidase(Mao) Inhibitors</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 3	ST: Requires prior prescription for Marplan, Phenezine Sulfate, or Tranylcypromine Sulfate within the past 120 days; QL (1 EA per 1 day)
<b>Narcolepsy And Sleep Disorder Therapy Agents</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)	Tier 1	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i> (Nuvigil)	Tier 1	QL (3 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	Tier 1	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 3	PA
<b>Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist</b>		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 4	PA; SP
<b>Narcotic Antagonists</b>		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	Tier 2	QL (4 EA per 30 days)
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 1	
<i>naltrexone oral tablet 50 mg</i>	Tier 1	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	Tier 2	QL (4 EA per 30 days)
<b>Sedative-Hypnotics - Benzodiazepines</b>		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 1	

Drug	Status	Notes
quazepam oral tablet 15 mg (Doral)	Tier 1	ST: Requires prior prescription for Eszopiclone, Flurazepam HCL, Temazepam, Zaleplon, or Zolpidem Tartrate within the past 120 days
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg (Restoril)	Tier 1	
triazolam oral tablet 0.125 mg	Tier 1	
triazolam oral tablet 0.25 mg (Halcion)	Tier 1	
<b>Sedative-Hypnotics,Non-Barbiturate</b>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
doxepin oral tablet 3 mg, 6 mg (Silenor)	Tier 1	ST: Requires prior prescription for Doxepin solution or 10mg capsules, Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg (Lunesta)	Tier 1	QL (1 EA per 1 day)
ketamine sublingual troche 100 mg	Tier 1	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	Tier 1	
zaleplon oral capsule 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet 10 mg, 5 mg (Ambien)	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg (Ambien CR)	Tier 1	QL (1 EA per 1 day)
zolpidem sublingual tablet 1.75 mg	Tier 1	QL (1 EA per 1 day)
zolpidem sublingual tablet 3.5 mg (Intermezzo)	Tier 1	QL (1 EA per 1 day)
<b>Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)</b>		
NUPLAZID ORAL CAPSULE 34 MG	Tier 4	PA; SP
NUPLAZID ORAL TABLET 10 MG	Tier 4	PA; SP
<b>Ssri &amp;Antipsych,Atyp,Dopamine&amp;Serotonin Antag Comb</b>		
olanzapine-fluoxetine oral capsule 12-25 mg	Tier 1	QL (1 EA per 1 day)
olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg (Symbyax)	Tier 1	QL (1 EA per 1 day)
<b>Tx For Adhd - Selective Alpha-2A Receptor Agonist</b>		
clonidine hcl oral tablet extended release 12 hr 0.1 mg (Kapvay)	Tier 1	QL (120 EA per 30 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg (Intuniv ER)	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
<b>Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy</b>		
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	Tier 1	QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	Tier 1	QL (2 EA per 1 day)
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	Tier 3	ST: Requires prior prescription for Methylphenidate HCL, Quillivant XR, or Ritalin LA within the past 120 days; QL (1 EA per 1 day)
<i>dexmethylphenidate oral capsule,er</i> (Focalin XR) <i>biphasic 50-50 10 mg, 15 mg, 20 mg, 25</i> <i>mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg,</i> (Focalin) <i>2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral capsule, er</i> <i>biphasic 30-70 10 mg, 20 mg, 40 mg, 50</i> <i>mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er</i> <i>biphasic 30-70 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er</i> (Ritalin LA) <i>biphasic 50-50 10 mg, 20 mg, 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er</i> (Ritalin LA) <i>biphasic 50-50 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er</i> <i>biphasic 50-50 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral solution 10</i> (Methylin) <i>mg/5 ml, 5 mg/5 ml</i>	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg,</i> (Ritalin) <i>20 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended</i> <i>release 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended</i> (Metadate ER) <i>release 20 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet,chewable</i> <i>10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 3	ST: Requires prior prescription for Methylphenidate HCL or Ritalin LA within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 3	ST: Requires prior prescription for Methylphenidate HCL or Ritalin LA within the past 120 days; QL (2 EA per 1 day)
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	Tier 3	60mL BOTTLE; ST: Requires prior prescription for Methylphenidate HCL or Ritalin LA within the past 120 days; QL (60 ML per 30 days)
<b>Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type</b>		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	Tier 1	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	Tier 1	QL (30 EA per 30 days)
<b>Cardiovascular Disease - Arrhythmia</b>		
<b>Antiarrhythmics</b>		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	Tier 1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	Tier 1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG	Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	Tier 1	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i> (Rythmol SR)	Tier 1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
<b>Cardiovascular Disease - Cardiac Stimulant</b>		
<b>Adrenergic Agents,Catecholamines</b>		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	
<b>Digitalis Glycosides</b>		
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 1	

Drug	Status	Notes
DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	Tier 1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	Tier 3	
<b>Cardiovascular Disease - Hypertension</b>		
<b>Ace Inhibitor/Calcium Channel Blocker Combination</b>		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	Tier 1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	Tier 1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 1	
<b>Ace Inhibitor/Thiazide &amp; Thiazide-Like Diuretic</b>		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	Tier 1	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	Tier 1	
<b>Alpha/Beta-Adrenergic Blocking Agents</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	Tier 1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	Tier 1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
<b>Alpha-Adrenergic Blocking Agents</b>		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 3	

Drug	Status	Notes
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	Tier 1	
phenoxybenzamine oral capsule 10 mg (Dibenzyline)	Tier 4	PA; SP
prazosin oral capsule 1 mg, 2 mg, 5 mg (Minipress)	Tier 1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
<b>Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb</b>		
amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg (Exforge HCT)	Tier 1	
olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg (Tribenzor)	Tier 1	
<b>Angiotensin Receptor Antag./Thiazide Diuretic Comb</b>		
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand HCT)	Tier 1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Tier 2	ST: Requires prior prescription for an Ace inhibitor, Ace inhibitor combination, ARB, or ARB combination within the past 120 days
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg (Avalide)	Tier 1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg (Hyzaar)	Tier 1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar HCT)	Tier 1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg (Micardis HCT)	Tier 1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg (Diovan HCT)	Tier 1	
<b>Angiotensin Receptor Antgnst &amp; Calc.Channel Blockr</b>		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg (Azor)	Tier 1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg (Exforge)	Tier 1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg (Twynsta)	Tier 1	
<b>Antihypertensives, Ace Inhibitors</b>		
benazepril oral tablet 10 mg, 20 mg, 40 mg (Lotensin)	Tier 1	
benazepril oral tablet 5 mg	Tier 1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)	Tier 1	ST: Requires prior prescription for Enalapril tablets if 12 years of age or older within the past 120 days; QL (1200 ML per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	Tier 1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	Tier 1	
<i>lisinopril oral tablet 20 mg</i> (Prinivil)	Tier 1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	ST: Requires prior prescription for Lisinopril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
<b>Antihypertensives, Angiotensin Receptor Antagonist</b>		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	Tier 1	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	Tier 3	
EDARBI ORAL TABLET 40 MG, 80 MG	Tier 2	ST: Requires prior prescription for an Ace inhibitor, Ace inhibitor combination, ARB, or ARB combination within the past 120 days
<i>eprosartan oral tablet 600 mg</i>	Tier 1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	Tier 1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	Tier 1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	Tier 1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	Tier 1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	Tier 1	

Drug	Status	Notes
<b>Antihypertensives, Ganglionic Blockers</b>		
VECAMYL ORAL TABLET 2.5 MG	Tier 3	PA
<b>Antihypertensives, Miscellaneous</b>		
DEMSEER ORAL CAPSULE 250 MG	Tier 3	
<i>metyrosine oral capsule 250 mg</i> (Demser)	Tier 1	
<b>Antihypertensives, Sympatholytic</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	Tier 1	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	Tier 1	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	Tier 1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	
<b>Antihypertensives, Vasodilators</b>		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	Tier 1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 3	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 3	ST: Requires prior prescription for Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days)
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 3	
LEVATOL ORAL TABLET 20 MG	Tier 3	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	Tier 1	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	Tier 1	



Drug	Status	Notes
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Bystolic)	Tier 1	
pindolol oral tablet 10 mg, 5 mg	Tier 1	
propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg (Inderal LA)	Tier 1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	Tier 1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	Tier 1	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg (Sorine)	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 3	QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol HCL within the past 120 days
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
<b>Beta-Adrenergic Blocking Agents/Thiazide &amp; Related</b>		
atenolol-chlorthalidone oral tablet 100-25 mg (Tenoretic 100)	Tier 1	
atenolol-chlorthalidone oral tablet 50-25 mg (Tenoretic 50)	Tier 1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg (Ziac)	Tier 1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg	Tier 1	
metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg (Lopressor HCT)	Tier 1	
nadolol-bendroflumethiazide oral tablet 80-5 mg	Tier 1	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	Tier 1	
<b>Calcium Channel Blocking Agents</b>		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg (Norvasc)	Tier 1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	Tier 3	
CARTIA XT ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	Tier 1	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	Tier 3	PA
diltiazem hcl oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg (DILT-XR)	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (Taztia XT)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiadylt ER)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i> (Cardizem CD)	Tier 1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	Tier 1	
<i>diltiazem hcl oral tablet 90 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	Tier 1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	Tier 1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	Tier 1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> (Adalat CC)	Tier 1	
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i> (Sular)	Tier 1	
<i>nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg</i>	Tier 1	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	Tier 4	PA; SP
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	Tier 4	PA; SP
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Tier 1	
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	

Drug	Status	Notes
verapamil oral capsule, 24 hr er pellet ct (Verelan PM) 100 mg, 200 mg, 300 mg	Tier 1	
verapamil oral capsule,ext rel. pellets 24 (Verelan) hr 120 mg, 180 mg, 240 mg, 360 mg	Tier 1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	Tier 1	
verapamil oral tablet extended release (Calan SR) 120 mg, 180 mg, 240 mg	Tier 1	
<b>Loop Diuretics</b>		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
ethacrynic acid oral tablet 25 mg (Edecrin)	Tier 1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	Tier 1	
furosemide oral tablet 20 mg, 40 mg, 80 mg (Lasix)	Tier 1	
toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Tier 1	
<b>Potassium Sparing Diuretics</b>		
amiloride oral tablet 5 mg	Tier 1	
eplerenone oral tablet 25 mg, 50 mg (Inspra)	Tier 1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone)	Tier 1	
triamterene oral capsule 100 mg, 50 mg (Dyrenium)	Tier 1	
<b>Potassium Sparing Diuretics In Combination</b>		
ALDACTAZIDE ORAL TABLET 50-50 MG	Tier 3	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg (Aldactazide)	Tier 1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	Tier 1	
triamterene-hydrochlorothiazid oral tablet (Maxzide-25mg) 37.5-25 mg	Tier 1	
triamterene-hydrochlorothiazid oral tablet (Maxzide) 75-50 mg	Tier 1	
<b>Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 4	PA; SP
<b>Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib</b>		
ALYQ ORAL TABLET 20 MG	Tier 4	PA; SP
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml (Revatio)	Tier 4	PA; SP
sildenafil (pulm.hypertension) oral tablet 20 mg (Revatio)	Tier 1	PA

Drug	Status	Notes
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	Tier 4	PA; SP; QL (1 EA per 5 days)
<b>Pulmonary Anti-Htn, Endothelin Receptor Antagonist</b>		
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	Tier 4	PA; SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	Tier 4	PA; SP
OPSUMIT ORAL TABLET 10 MG	Tier 4	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 4	PA; SP
<b>Pulmonary Antihypertensives, Prostacyclin-Type</b>		
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i> (Flolan)	Tier 4	PA; SP
<i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i> (Veletri)	Tier 4	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 4	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 4	PA; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 4	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 4	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 4	PA; SP
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	Tier 4	PA; SP
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 4	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 4	PA; SP
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	Tier 4	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 4	PA; SP
<b>Renin Inhibitor, Direct</b>		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	Tier 1	
<b>Renin Inhibitor, Direct/Thiazide Diuretic Comb</b>		
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	Tier 3	

Drug	Status	Notes
<b>Thiazide And Related Diuretics</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 3	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<b>Vasodilators, Combination</b>		
BIDIL ORAL TABLET 20-37.5 MG	Tier 2	
<b>Cardiovascular Disease - Lipid Irregularity</b>		
<b>Antihyperlip.Hmg Coa Reduct Inhib&amp;Cholest.Ab.Inhib</b>		
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	Tier 1	PA; QL (1 EA per 1 day)
<b>Antihyperlipidemic - Atp Citrate Lyase Inhibitor</b>		
NEXLETOL ORAL TABLET 180 MG	Tier 2	ST: Requires prior prescription for Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin within the past 120 days
<b>Antihyperlipidemic - Hmg Coa Reductase Inhibitors</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	Tier 3	ST: At least 2 prior prescriptions for Altoprev, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin within the past 365 days; QL (1 EA per 1 day)
<i>atorvastatin oral tablet 10 mg, 20 mg</i> (Lipitor)	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
<i>atorvastatin oral tablet 40 mg, 80 mg</i> (Lipitor)	Tier 1	QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Tier 3	ST: Requires prior prescription for generic Rosuvastatin Calcium within the past 120 days; QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	Tier 3	PA
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ST: At least 2 prior prescriptions for Altoprev, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin within the past 365 days; QL (2 EA per 1 day)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ST: At least 2 prior prescriptions for Altoprev, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin within the past 365 days; QL (1 EA per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 2	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

Drug	Status	Notes
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin oral tablet 10 mg, 5 mg (Crestor)	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin oral tablet 20 mg, 40 mg (Crestor)	Tier 1	QL (1 EA per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg (Zocor)	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin oral tablet 5 mg	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin oral tablet 80 mg (Zocor)	Tier 1	PA; QL (1 EA per 1 day)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	Tier 3	ST: Requires prior prescription for Livalo within the past 120 days; QL (1 EA per 1 day)
<b>Antihyperlipidemic - Mtp Inhibitor</b>		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	Tier 4	PA; SP
<b>Antihyperlipidemic - Pcsk9 Inhibitors</b>		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 2	ST: Requires prior prescription for Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin within the past 120 days
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 2	ST: Requires prior prescription for Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin within the past 120 days

Drug	Status	Notes
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 2	ST: Requires prior prescription for Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin within the past 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 2	ST: Requires prior prescription for Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin within the past 120 days
<b>Antihyperlipidemic-Acyl And Choles Absorp Inhib</b>		
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	ST: Requires prior prescription for Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin within the past 120 days
<b>Bile Salt Sequestrants</b>		
<i>cholestyramine (with sugar) oral powder 4 gram</i> (Questran)	Tier 1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	Tier 1	
<i>cholestyramine-aspartame oral powder in packet 4 gram</i> (Cholestyramine Light)	Tier 1	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	Tier 1	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	Tier 1	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM	Tier 3	
<i>colestipol oral granules 5 gram</i> (Colestid)	Tier 1	
<i>colestipol oral packet 5 gram</i> (Colestid)	Tier 1	
<i>colestipol oral tablet 1 gram</i> (Colestid)	Tier 1	
PREVALITE ORAL POWDER 4 GRAM	Tier 1	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	Tier 1	
<b>Lipotropics</b>		
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	Tier 1	QL (1 EA per 1 day)



Drug	Status	Notes
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	Tier 1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)	Tier 1	
<i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)	Tier 1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 1	
<i>fenofibric acid (choline) oral capsule, delayed release (dr/ec) 135 mg, 45 mg</i> (Trilipix)	Tier 1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibracor)	Tier 1	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	Tier 1	
<i>niacin oral tablet 500 mg</i> (Niacor)	Tier 1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release)	Tier 1	
NIACOR ORAL TABLET 500 MG	Tier 1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	Tier 1	QL (4 EA per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM	Tier 1	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM	Tier 1	QL (4 EA per 1 day)
<b>Cardiovascular Disease - Miscellaneous Agents</b>		
<b>Adrenergic Vasopressor Agents</b>		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	Tier 4	PA; SP
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<b>Angiotensin Recept-Nepriylsin Inhibitor Comb(Arni)</b>		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 2	QL (2 EA per 1 day)
<b>Antianginal &amp; Anti-Ischemic Agents, Non-Hemodynamic</b>		
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i> (Ranexa)	Tier 1	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i> (Ranexa)	Tier 1	QL (120 EA per 30 days)
<b>Antianginal, Heart Rate Reducing, I(F) Inhibitor</b>		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 2	QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 2	ST: Requires prior prescription for Bisoprolol Fumarate, Carvedilol, or Metoprolol Succinate within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
<b>Antihyperlip - Hmg-Coa&amp;Calcium Channel Blocker Cb</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	Tier 1	QL (1 EA per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>Protein Stabilizers</b>		
VYNDAMAX ORAL CAPSULE 61 MG	Tier 4	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG	Tier 4	PA; SP
<b>Soluble Guanylate Cyclase (Sgc) Stimulator</b>		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	PA
<b>Cardiovascular Disease - Vasodilation</b>		
<b>Vasodilators, Coronary</b>		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	Tier 1	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Minitran)	Tier 1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	Tier 1	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY	Tier 3	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	Tier 1	
<b>Vasodilators, Peripheral</b>		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>papaverine injection solution 30 mg/ml</i>	Tier 1	

Drug	Status	Notes
<b>Contraception/Oxytocics</b>		
<b>Contraceptives, Intravaginal, Systemic</b>		
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	\$0	QL (1 EA per 28 days)
<i>etonogestrel-ethinyl estradiol vaginal ring (EluRyng) 0.12-0.015 mg/24 hr</i>	\$0	QL (1 EA per 28 days)
<b>Contraceptives,Injectable</b>		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	\$0	QL (0.65 ML per 84 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml (Depo-Provera)</i>	\$0	QL (1 ML per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml (Depo-Provera)</i>	\$0	QL (1 ML per 84 days)
<b>Contraceptives,Intravaginal</b>		
GYNOL II VAGINAL GEL 3 %	\$0	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	Tier 3	PA
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	\$0	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	\$0	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	\$0	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	\$0	
<b>Contraceptives,Oral</b>		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	\$0	
AFTER PILL ORAL TABLET 1.5 MG	\$0	
AFTERA ORAL TABLET 1.5 MG	\$0	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	\$0	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	\$0	
APRI ORAL TABLET 0.15-0.03 MG	\$0	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0	
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	\$0	

Drug	Status	Notes
AUBRA ORAL TABLET 0.1-20 MG-MCG	\$0	
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0	
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0	
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0	
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0	
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
AVIANE ORAL TABLET 0.1-20 MG-MCG	\$0	
AYUNA ORAL TABLET 0.15-0.03 MG	\$0	
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7)	\$0	ST: Requires prior prescription for two generic contraceptives within the past 365 days; QL (28 EA per 28 days)
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	\$0	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0	
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	\$0	
CAMILA ORAL TABLET 0.35 MG	\$0	
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	\$0	
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	\$0	
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	\$0	
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	\$0	
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	\$0	

Drug	Status	Notes
CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	
CYRED EQ ORAL TABLET 0.15-0.03 MG	\$0	
CYRED ORAL TABLET 0.15-0.03 MG	\$0	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	\$0	
<i>desog-e.estradiol/e.estradiol oral tablet</i> (Azurette (28)) 0.15-0.02 mgx21 /0.01 mg x 5	\$0	
<i>desogestrel-ethinyl estradiol oral tablet</i> (Apri) 0.15-0.03 mg	\$0	
DOLISHALE ORAL TABLET 90-20 MCG (28)	\$0	
<i>drospirenone-e.estradiol-lm.fa oral tablet</i> (Beyaz) 3-0.02-0.451 mg (24) (4)	\$0	
<i>drospirenone-e.estradiol-lm.fa oral tablet</i> (Tydemy) 3-0.03-0.451 mg (21) (7)	\$0	
<i>drospirenone-ethinyl estradiol oral tablet</i> (Jasmiel (28)) 3-0.02 mg	\$0	
<i>drospirenone-ethinyl estradiol oral tablet</i> (Ocella) 3-0.03 mg	\$0	
ECONTRA EZ ORAL TABLET 1.5 MG	\$0	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	\$0	
ELINEST ORAL TABLET 0.3-30 MG-MCG	\$0	
ELLA ORAL TABLET 30 MG	\$0	
EMOQUETTE ORAL TABLET 0.15-0.03 MG	\$0	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0	
ENSKYCE ORAL TABLET 0.15-0.03 MG	\$0	
ERRIN ORAL TABLET 0.35 MG	\$0	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	\$0	
<i>ethynodiol diac-eth estradiol oral tablet</i> (Kelnor 1/35 (28)) 1-35 mg-mcg	\$0	
<i>ethynodiol diac-eth estradiol oral tablet</i> (Kelnor 1-50 (28)) 1-50 mg-mcg	\$0	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	\$0	

Drug	Status	Notes
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	\$0	
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	\$0	
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0	
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0	
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
HAILEY ORAL TABLET 1.5-30 MG-MCG	\$0	
HEATHER ORAL TABLET 0.35 MG	\$0	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	\$0	QL (91 EA per 84 days)
INCASSIA ORAL TABLET 0.35 MG	\$0	
ISIBLOOM ORAL TABLET 0.15-0.03 MG	\$0	
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG	\$0	
JENCYCLA ORAL TABLET 0.35 MG	\$0	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	\$0	QL (91 EA per 84 days)
JULEBER ORAL TABLET 0.15-0.03 MG	\$0	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0	
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	\$0	
KALLIGA ORAL TABLET 0.15-0.03 MG	\$0	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	
KELNOR 1-50 (28) ORAL TABLET 1-50 MG-MCG	\$0	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	\$0	

Drug	Status	Notes
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (Camrese Lo)	\$0	QL (91 EA per 84 days)
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (Rivelsa)	\$0	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	\$0	QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0	
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	\$0	
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	\$0	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0	
LESSINA ORAL TABLET 0.1-20 MG-MCG	\$0	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0	
<i>levonorgestrel oral tablet 1.5 mg</i> (After Pill)	\$0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	\$0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> (Altavera (28))	\$0	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i> (Amethyst (28))	\$0	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Iclevia)	\$0	QL (91 EA per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	\$0	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	\$0	
LILLOW (28) ORAL TABLET 0.15-0.03 MG	\$0	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	\$0	ST: Requires prior prescription for two generic contraceptives within the past 365 days

Drug	Status	Notes
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	\$0	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	\$0	
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	\$0	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	\$0	
LYLEQ ORAL TABLET 0.35 MG	\$0	
LYZA ORAL TABLET 0.35 MG	\$0	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	\$0	
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	\$0	
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	\$0	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0	
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
MILI ORAL TABLET 0.25-35 MG-MCG	\$0	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	\$0	
MY CHOICE ORAL TABLET 1.5 MG	\$0	
MY WAY ORAL TABLET 1.5 MG	\$0	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	\$0	ST: Requires prior prescription for two generic contraceptives within the past 365 days
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0	
NEW DAY ORAL TABLET 1.5 MG	\$0	
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)	\$0	ST: Requires prior prescription for two generic contraceptives within the past 365 days; QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG	\$0	
NORA-BE ORAL TABLET 0.35 MG	\$0	



Drug	Status	Notes
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7) (Wymzya Fe)	\$0	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4) (Kaitlib Fe)	\$0	
norethindrone (contraceptive) oral tablet 0.35 mg (Camila)	\$0	
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg (Aurovela 1.5/30 (21))	\$0	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg (Aurovela 1/20 (21))	\$0	
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4) (Gemmyly)	\$0	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7) (Aurovela Fe 1-20 (28))	\$0	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7) (Aurovela Fe 1.5/30 (28))	\$0	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4) (Charlotte 24 Fe)	\$0	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg (Tri-Lo-Estarylla)	\$0	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28) (Tri Femynor)	\$0	
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg (Estarylla)	\$0	
NORLYDA ORAL TABLET 0.35 MG	\$0	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	\$0	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	
NYMYO ORAL TABLET 0.25-35 MG-MCG	\$0	
OCELLA ORAL TABLET 3-0.03 MG	\$0	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	\$0	
OPTION-2 ORAL TABLET 1.5 MG	\$0	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	\$0	
PHILITH ORAL TABLET 0.4-35 MG-MCG	\$0	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0	

Drug	Status	Notes
PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG, 1-35 MG-MCG	\$0	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	\$0	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	\$0	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	\$0	
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	\$0	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	\$0	QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG	\$0	
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0	
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
SLYND ORAL TABLET 4 MG (28)	\$0	ST: Requires prior prescription for a generic contraceptive within the past 120 days; QL (28 EA per 28 days)
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	\$0	
SRONYX ORAL TABLET 0.1-20 MG-MCG	\$0	
SYEDA ORAL TABLET 3-0.03 MG	\$0	
TAKE ACTION ORAL TABLET 1.5 MG	\$0	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0	
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
TAYSOFY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	\$0	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	\$0	
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	\$0	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	

Drug	Status	Notes
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TULANA ORAL TABLET 0.35 MG	\$0	
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	\$0	
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	\$0	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG- MCG	\$0	
VESTURA (28) ORAL TABLET 3-0.02 MG	\$0	
VIENVA ORAL TABLET 0.1-20 MG- MCG	\$0	
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0	
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	\$0	
VYLIBRA ORAL TABLET 0.25-35 MG- MCG	\$0	
WERA (28) ORAL TABLET 0.5-35 MG- MCG	\$0	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG- 35MCG(21) AND 75 MG (7)	\$0	
ZARAH ORAL TABLET 3-0.03 MG	\$0	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	\$0	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	\$0	

Drug	Status	Notes
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	\$0	
<b>Contraceptives, Transdermal</b>		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	\$0	QL (3 EA per 28 days)
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	\$0	QL (3 EA per 28 days)
<b>Diaphragms/Cervical Cap</b>		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	\$0	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	\$0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	\$0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	\$0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	\$0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	\$0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	\$0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	\$0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	\$0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	\$0	
<b>Oxytocics</b>		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 3	
<i>methylergonovine oral tablet 0.2 mg</i> (Methergine)	Tier 1	QL (28 EA per 30 days)
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Tier 3	
<b>Cough And Cold</b>		
<b>1St Gen Antihistamine &amp; Decongestant Combinations</b>		
PROMETHAZINE VC ORAL SYRUP 6.25-5 MG/5 ML	Tier 1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i> (Promethazine VC)	Tier 1	
<b>1St Gen Antihist-Decongest-Anticholinergic Comb</b>		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 1	
<b>Antitussives, Non-Narcotic</b>		
<i>benzonatate oral capsule 100 mg</i> (Tessalon Perles)	Tier 1	
<i>benzonatate oral capsule 150 mg, 200 mg</i>	Tier 1	

Drug	Status	Notes
<b>Narcotic Antituss-1St Gen. Antihistamine-Decongest</b>		
CAPCOF ORAL LIQUID 2-5-10 MG/5 ML	Tier 3	Age (Min 12 Years)
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML	Tier 1	Age (Min 12 Years)
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
M-END PE ORAL LIQUID 1.33-3.33-6.33 MG/5 ML	Tier 3	Age (Min 12 Years)
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
PROMETHAZINE VC-CODEINE ORAL SYRUP 6.25-5-10 MG/5 ML	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i> (Promethazine VC-Codeine)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML	Tier 1	Age (Min 12 Years)
<b>Narcotic Antituss-Decongestant-Expectorant Comb</b>		
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	Tier 3	Age (Min 12 Years)
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
VIRTUSSIN DAC ORAL SYRUP 30-10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
<b>Narcotic Antitussive-1St Generation Antihistamine</b>		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG	Tier 3	QL (2 EA per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	Tier 3	ST: Requires prior prescription for Promethazine HCL/codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR 14.7-2.8 MG/5 ML	Tier 3	ST: Requires prior prescriptions for Promethazine/codeine and Tuxarin ER within the past 365 days; QL (200 ML per 10 days); Age (Min 18 Years)

Drug	Status	Notes
Z-TUSS AC ORAL LIQUID 2-9 MG/5 ML	Tier 3	Age (Min 12 Years)
<b>Narcotic Antitussive-Anticholinergic Comb.</b>		
HYCODAN (WITH HOMATROPINE) ORAL SYRUP 5-1.5 MG/5 ML	Tier 3	QL (30 ML per 1 day); Age (Min 18 Years)
HYCODAN ORAL SYRUP 5-1.5 MG/5 ML (5 ML)	Tier 3	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i> (Hydromet)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SYRUP 5-1.5 MG/5 ML	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
<b>Narcotic Antitussive-Expectorant Combination</b>		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i> (G Tussin AC)	Tier 1	Age (Min 12 Years)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	Tier 1	Age (Min 12 Years)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
GUAIATUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	Tier 1	Age (Min 12 Years)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
M-CLEAR WC ORAL LIQUID 6.3-100 MG/5 ML	Tier 3	Age (Min 12 Years)
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	Tier 1	Age (Min 12 Years)
OBREDON ORAL SOLUTION 2.5-200 MG/5 ML	Tier 3	ST: Requires prior prescription for Hydrocodone/Homatropine Methylbromide within the past 120 days; QL (600 ML per 10 days); Age (Min 18 Years)
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
<b>Non-Narc Antituss-1St Gen. Antihistamine-Decongest</b>		
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	Tier 1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i> (Bromfed DM)	Tier 1	

Drug	Status	Notes
<b>Non-Narc Antitussive-1St Gen Antihistamine Comb.</b>		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	
<b>Nose Preparations, Vasoconstrictors (Rx)</b>		
<i>epinephrine hcl nasal solution 1 mg/ml</i> (Adrenalin)	Tier 1	
TYZINE NASAL DROPS 0.1 %	Tier 3	
TYZINE NASAL SPRAY, NON-AEROSOL 0.1 %	Tier 3	
<b>Dermatology - Acne</b>		
<b>Acne Agents, Systemic</b>		
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG	Tier 1	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	Tier 1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
<i>isotretinoin oral capsule 10 mg</i> (Amnesteem)	Tier 1	
<i>isotretinoin oral capsule 20 mg, 30 mg, 40 mg</i> (Accutane)	Tier 1	
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
<b>Acne Agents, Topical</b>		
ACIOXIAY TOPICAL CREAM 15-4 %	Tier 3	
ADAINZDE TOPICAL GEL 0.3-2.5-1 %	Tier 3	
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 %	Tier 3	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> (Epiduo)	Tier 1	ST: Requires prior prescription for Adapalene 0.1% gel within the past 120 days; Age (Max 25 Years)
AZELEX TOPICAL CREAM 20 %	Tier 3	ST: Requires prior prescription for Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin within the past 120 days

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>clindamycin-benzoyl peroxide topical gel</i> (Neuac) 1.2 %(1 % base) -5 %	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel</i> (Benzaclin) 1-5 %	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel</i> (Acanya) <i>with pump</i> 1.2-2.5 %	Tier 1	ST: Requires prior prescription for Clindamycin/Benzoyl Peroxide gel within the past 120 days
<i>clindamycin-benzoyl peroxide topical gel</i> (Benzaclin Pump) <i>with pump</i> 1-5 %	Tier 1	
<i>dapsone topical gel</i> 5 % (Aczone)	Tier 1	
<i>dapsone topical gel with pump</i> 7.5 % (Aczone)	Tier 1	ST: Requires prior prescription for Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin within the past 120 days
DEOXIA TOPICAL GEL 1-4 %	Tier 3	
DEOXIA TOPICAL LOTION 1-4 %	Tier 3	
DIADIMAXIA TOPICAL GEL 6-5-2 %	Tier 3	
DIAOXIA TOPICAL GEL 6-4 %	Tier 3	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 %	Tier 3	
DIASOXIA TOPICAL GEL 8.5-4 %	Tier 3	
DIMOXIA TOPICAL GEL 5-4 %	Tier 3	
DRAXACE TOPICAL SUSPENSION 2-8 %	Tier 3	
DRIXECE TOPICAL SUSPENSION 5-10 %	Tier 3	
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	Tier 2	ST: Requires prior prescription for Adapalene 0.1% gel within the past 120 days; Age (Max 25 Years)
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	Tier 1	
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 %	Tier 3	



Drug	Status	Notes
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	Tier 2	ST: Requires prior prescription for Clindamycin/Benzoyl Peroxide gel within the past 120 days
ONZDEOXIA TOPICAL GEL 5-1-4 %	Tier 3	
OXIATAR TOPICAL CREAM 0.025-0.5-4 %	Tier 3	
OXIAVARRY TOPICAL CREAM 0.05-0.5-4 %	Tier 3	
OXIAZAR TOPICAL CREAM 0.1-0.5-4 %	Tier 3	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	Tier 1	
TARDEOXIA TOPICAL CREAM 0.025-1-4 %	Tier 3	
TARDIMAXIA TOPICAL GEL 0.025-5-2 %	Tier 3	
TAROXIA TOPICAL CREAM 0.025-4 %	Tier 3	
TAROXIA TOPICAL GEL 0.025-4 %	Tier 3	
VARDIMAXIA TOPICAL GEL 0.05-5-2 %	Tier 3	
VAROXIA TOPICAL CREAM 0.05-4 %	Tier 3	
VAROXIA TOPICAL GEL 0.05-4 %	Tier 3	
<b>Keratolytic-Glucocorticoid Combinations</b>		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	Tier 2	
<b>Rosacea Agents, Topical</b>		
AVEIDAOXIA TOPICAL GEL 1-1-4 %	Tier 3	
<i>azelaic acid topical gel 15 %</i> (Finacea)	Tier 1	
FINACEA TOPICAL FOAM 15 %	Tier 2	
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	Tier 1	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	Tier 1	
<i>metronidazole topical gel 1 %</i> (Metrogel)	Tier 1	
<i>metronidazole topical gel with pump 1 %</i>	Tier 1	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	Tier 1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	Tier 3	
RHOFADE TOPICAL CREAM 1 %	Tier 3	
ROSDAN TOPICAL CREAM 0.75 %	Tier 1	
SOOLANTRA TOPICAL CREAM 1 %	Tier 1	ST: Requires prior prescription for Azelaic Acid or Finacea within the past 120 days
<b>Topical Antiandrogenic Agents</b>		
WINLEVI TOPICAL CREAM 1 %	Tier 3	PA
<b>Topical Preparations, Antibacterials</b>		
ALA-QUIN TOPICAL CREAM 3-0.5 %	Tier 3	
BASADROX TOPICAL GEL IN PACKET	Tier 3	

Drug	Status	Notes
CORTI-SAV TOPICAL CREAM 1-1 %	Tier 3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	Tier 3	
<i>hydrocortisone-iodoquinol topical cream</i> (Corti-Sav) 1-1 %	Tier 1	
<i>hydrocortisone-iodoquinol-aloe topical cream in packet</i> (Vytone) 1.9-1 %	Tier 1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	Tier 3	
IODOSORB TOPICAL GEL 0.9 %	Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 %	Tier 1	
NORMLGEL AG TOPICAL GEL 0.11 %	Tier 3	
<i>silver nitrate topical solution</i> 0.5 %, 25 %, 50 %	Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 %	Tier 1	
<b>Vitamin A Derivatives</b>		
<i>adapalene topical cream</i> 0.1 % (Differin)	Tier 1	Age (Max 25 Years)
<i>adapalene topical gel</i> 0.1 % (Effaclar Adapalene)	Tier 1	Age (Max 25 Years)
<i>adapalene topical gel</i> 0.3 % (Differin)	Tier 1	Age (Max 25 Years)
<i>adapalene topical gel with pump</i> 0.3 % (Differin)	Tier 1	Age (Max 25 Years)
<i>adapalene topical lotion</i> 0.1 % (Differin)	Tier 1	Age (Max 25 Years)
AKLIEF TOPICAL CREAM 0.005 %	Tier 3	ST: Requires prior prescription for Adapalene, Differin, Tazarotene, or Tretinoin within the past 120 days; Age (Max 25 Years)
ALTRENO TOPICAL LOTION 0.05 %	Tier 3	Age (Max 25 Years)
AVITA TOPICAL CREAM 0.025 %	Tier 1	Age (Max 25 Years)
AVITA TOPICAL GEL 0.025 %	Tier 1	Age (Max 25 Years)
DIFFERIN TOPICAL LOTION 0.1 %	Tier 3	Age (Max 25 Years)
EFFACLAR ADAPALENE TOPICAL GEL 0.1 %	Tier 1	Age (Max 25 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	Tier 3	ST: Requires prior prescriptions for generic Tretinoin Microspheres 0.04% and 0.10% within the past 365 days; Age (Max 25 Years)
<i>tretinoin microspheres topical gel</i> 0.04 %, 0.1 % (Retin-A Micro)	Tier 1	Age (Max 25 Years)
<i>tretinoin microspheres topical gel with pump</i> 0.04 %, 0.1 % (Retin-A Micro Pump)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical cream</i> 0.025 % (Avita)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical cream</i> 0.05 %, 0.1 % (Retin-A)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel</i> 0.01 % (Retin-A)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel</i> 0.025 % (Avita)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel</i> 0.05 % (Atralin)	Tier 1	Age (Max 25 Years)

Drug	Status	Notes
<b>Vitamin A Derivatives, Topical Acne Agents</b>		
ETHOXIA TOPICAL CREAM 0.05-4 %	Tier 3	
ITHOXIA TOPICAL CREAM 0.1-4 %	Tier 3	
<b>Dermatology - Antiinfective</b>		
<b>Topical Antibiotics</b>		
CENTANY AT TOPICAL OINTMENT KIT 2 %	Tier 3	
<i>clindamycin phosphate topical foam 1 %</i> (Evoclin)	Tier 1	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel)	Tier 1	ST: Requires prior prescription for Clindamycin Phosphate 1% gel within the past 120 days
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	Tier 1	
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	Tier 1	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	Tier 1	
ERY PADS TOPICAL SWAB 2 %	Tier 1	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	Tier 1	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	Tier 1	
<i>gentamicin topical cream 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin calcium topical cream 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i> (Centany)	Tier 1	QL (90 GM per 1 FILL)
XEPI TOPICAL CREAM 1 %	Tier 3	ST: Requires prior prescription for Mupirocin within the past 120 days
<b>Topical Antifungal/Anti-inflammatory, Steroid Agent</b>		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 %	Tier 3	
PHEYO TOPICAL CREAM 2-2.5 %	Tier 3	
<b>Topical Antifungal-Antibiotic-Anti-Inflamm Steroid</b>		
PHEODOYO TOPICAL CREAM 2-1-2.5 %	Tier 3	
<b>Topical Antifungals</b>		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	Tier 3	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	Tier 1	QL (180 GM per 1 FILL)

Drug	Status	Notes
<i>ciclopirox topical gel 0.77 %</i>	Tier 1	
<i>ciclopirox topical shampoo 1 %</i> (Loprox)	Tier 1	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	Tier 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	Tier 1	QL (180 ML per 1 FILL)
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> (Ciclodan Kit)	Tier 1	QL (19.8 ML per 1 FILL)
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	Tier 1	
<i>clotrimazole topical solution 1 %</i>	Tier 1	
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 %	Tier 3	
<i>econazole topical cream 1 %</i>	Tier 1	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 %	Tier 3	
EXELDERM TOPICAL CREAM 1 %	Tier 2	
EXELDERM TOPICAL SOLUTION 1 %	Tier 2	
EXODERM TOPICAL LOTION 25-1 %	Tier 1	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %	Tier 3	
IMIOXIA TOPICAL CREAM 1-4 %	Tier 3	
<i>ketoconazole topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ketoconazole topical shampoo 2 %</i>	Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 %	Tier 3	
<i>luliconazole topical cream 1 %</i> (Luzu)	Tier 1	ST: Requires prior prescriptions for Clotrimazole and Ketoconazole within the past 365 days; QL (60 GM per 28 days)
MENTAX TOPICAL CREAM 1 %	Tier 3	
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> (Vusion)	Tier 1	
<i>naftifine topical cream 1 %</i>	Tier 1	
<i>naftifine topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>naftifine topical gel 1 %</i> (Naftin)	Tier 1	
NAFTIN TOPICAL GEL 2 %	Tier 2	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	QL (90 GM per 1 FILL)
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	Tier 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	QL (180 GM per 1 FILL)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	Tier 1	
<i>oxiconazole topical cream 1 %</i> (Oxistat)	Tier 1	QL (180 GM per 1 FILL)

Drug	Status	Notes
OXISTAT TOPICAL LOTION 1 %	Tier 3	
<i>sulconazole topical cream 1 %</i> (Exelderm)	Tier 1	
<i>sulconazole topical solution 1 %</i> (Exelderm)	Tier 1	
<i>tavaborole topical solution with applicator 5 %</i> (Kerydin)	Tier 1	PA
<b>Topical Antiparasitics</b>		
<i>ivermectin topical lotion 0.5 %</i> (Sklice)	Tier 1	
<i>lindane topical shampoo 1 %</i>	Tier 1	
<i>malathion topical lotion 0.5 %</i> (Ovide)	Tier 1	
<i>permethrin topical cream 5 %</i> (Elimite)	Tier 1	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	Tier 1	
ULESFIA TOPICAL LOTION 5 %	Tier 3	
<b>Topical Antivirals</b>		
<i>acyclovir topical ointment 5 %</i> (Zovirax)	Tier 1	
<b>Topical Pleuromutilin Derivatives</b>		
ALTABAX TOPICAL OINTMENT 1 %	Tier 3	ST: Requires prior prescription for Mupirocin within the past 120 days
<b>Topical Sulfonamides</b>		
AVAR LS TOPICAL FOAM 10-2 %	Tier 3	
AVAR LS TOPICAL PADS, MEDICATED 10-2 %	Tier 3	
AVAR TOPICAL PADS, MEDICATED 9.5-5 %	Tier 3	
BP 10-1 TOPICAL CLEANSER 10-1 %	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 %	Tier 1	
ECEOXIA TOPICAL CREAM 10-4 %	Tier 3	
<i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)	Tier 1	
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	Tier 3	
ROSANIL TOPICAL CLEANSER 10-5 % (W/W)	Tier 3	QL (1419 GM per 1 FILL)
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 %	Tier 1	
ROSULA TOPICAL CLEANSER 10-4.5 %	Tier 3	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	Tier 1	
SSD TOPICAL CREAM 1 %	Tier 1	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W)	Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 %	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Rosanil)	Tier 1	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i> (Plexion)	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
sulfacetamide sodium-sulfur topical cleanser 9-4 % (Sumaxin)	Tier 1	
sulfacetamide sodium-sulfur topical cream 10-2 % (Avar-E LS)	Tier 1	
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w) (SSS 10-5)	Tier 1	
sulfacetamide sodium-sulfur topical cream 9.8-4.8 % (Plexion)	Tier 1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)	Tier 1	
sulfacetamide sodium-sulfur topical lotion 9.8-4.8 % (Plexion)	Tier 1	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 % (Sumaxin)	Tier 1	
sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 % (Plexion Cleansing Cloths)	Tier 1	
sulfacetamide sodium-sulfur topical suspension 10-5 %	Tier 1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	Tier 1	QL (1419 ML per 1 FILL)
sulfacetamide-sulfur-cleansr23 topical kit 9-4.5 % (Sumadan)	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 3	
SULFAMYLON TOPICAL PACKET 50 GRAM	Tier 3	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25	Tier 3	
<b>Dermatology - Antiinflammatory</b>		
<b>Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib</b>		
EUCRISA TOPICAL OINTMENT 2 %	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<b>Topical Antibiotics/Antiinflammatory, Steroidal</b>		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: At least 2 prior prescriptions for Bacitracin Zinc, Bacitracin, Capex Shampoo, Fluocinolone Acetonide, Iluvien, Retisert, or Yutiq within the past 365 days

Drug	Status	Notes
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: At least 2 prior prescriptions for Bacitracin Zinc, Bacitracin, Capex Shampoo, Fluocinolone Acetonide, Iluvien, Retisert, or Yutiq within the past 365 days
<b>Topical Anti-Inflammatory Steroidal</b>		
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	Tier 1	
ALA-CORT TOPICAL CREAM 1 %	Tier 1	
ALA-SCALP TOPICAL LOTION 2 %	Tier 1	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	
<i>amcinonide topical cream 0.1 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% (ointment, cream) within the past 120 days
<i>amcinonide topical lotion 0.1 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% (ointment, cream) within the past 120 days
AQUA GLYCOLIC HC TOPICAL COMBO PACK 2 %	Tier 3	
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	Tier 1	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	

Drug	Status	Notes
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 %	Tier 3	
CHLOOXIA TOPICAL CREAM 0.05-4 %	Tier 3	
CHLOOXIA TOPICAL OINTMENT 0.05-4 %	Tier 3	
CHLOOXIA TOPICAL SOLUTION 0.05-4 %	Tier 3	
<i>clobetasol scalp solution 0.05 %</i>	Tier 1	
<i>clobetasol topical cream 0.05 %</i> (Temovate)	Tier 1	
<i>clobetasol topical foam 0.05 %</i> (Olux)	Tier 1	
<i>clobetasol topical gel 0.05 %</i>	Tier 1	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	Tier 1	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	Tier 1	
<i>clocortolone pivalate topical cream 0.1 %</i> (Cloderm)	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %	Tier 3	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 3	ST: Requires prior prescription for Betamethasone augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days)
CORDRAN TOPICAL CREAM 0.025 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days



Drug	Status	Notes
DESONATE TOPICAL GEL 0.05 %	Tier 3	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
<i>desonide topical cream 0.05 %</i> (DesOwen)	Tier 1	
<i>desonide topical gel 0.05 %</i> (Desonate)	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
<i>desonide topical lotion 0.05 %</i> (DesOwen)	Tier 1	
<i>desonide topical ointment 0.05 %</i>	Tier 1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	Tier 1	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	Tier 1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	Tier 1	
<i>desoximetasone topical spray, non-aerosol 0.25 %</i> (Topicort)	Tier 1	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days

Drug	Status	Notes
DESRX TOPICAL GEL 0.05 %	Tier 3	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
<i>fluocinolone and shower cap scalp oil 0.01 %</i> (Derma-Smoothe/FS Scalp Oil)	Tier 1	
<i>fluocinolone topical cream 0.01 %</i>	Tier 1	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	Tier 1	
<i>fluocinolone topical oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)	Tier 1	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	Tier 1	
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	Tier 1	
<i>fluocinonide topical cream 0.05 %</i>	Tier 1	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	Tier 1	
<i>fluocinonide topical gel 0.05 %</i>	Tier 1	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	Tier 1	
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	Tier 1	
<i>flurandrenolide topical cream 0.05 %</i> (Cordran)	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
<i>flurandrenolide topical lotion 0.05 %</i> (Cordran)	Tier 1	
<i>flurandrenolide topical ointment 0.05 %</i> (Cordran)	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days; QL (180 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i> (Cutivate)	Tier 1	

Drug	Status	Notes
<i>fluticasone propionate topical lotion 0.05 %</i> (Beser)	Tier 1	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1	
<i>halcinonide topical cream 0.1 %</i> (Halog)	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 1	
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 1	
HALOG TOPICAL OINTMENT 0.1 %	Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
HALOG TOPICAL SOLUTION 0.1 %	Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid)	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; QL (236 ML per 30 days)

Drug	Status	Notes
<i>hydrocortisone butyrate topical ointment</i> 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
<i>hydrocortisone butyrate topical solution</i> 0.1 %	Tier 1	
<i>hydrocortisone butyr-emollient topical cream</i> 0.1 % (Locoid Lipocream)	Tier 1	
<i>hydrocortisone topical cream</i> 1 % (Ala-Cort)	Tier 1	
<i>hydrocortisone topical cream</i> 2.5 %	Tier 1	
<i>hydrocortisone topical cream with perineal applicator</i> 1 % (Procto-Pak)	Tier 1	
<i>hydrocortisone topical cream with perineal applicator</i> 2.5 % (Procto-Med HC)	Tier 1	
<i>hydrocortisone topical lotion</i> 2.5 %	Tier 1	
<i>hydrocortisone topical ointment</i> 1 % (Anti-Itch (HC))	Tier 1	
<i>hydrocortisone topical ointment</i> 2.5 %	Tier 1	
<i>hydrocortisone valerate topical cream</i> 0.2 %	Tier 1	
<i>hydrocortisone valerate topical ointment</i> 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
<i>mometasone topical cream</i> 0.1 %	Tier 1	
<i>mometasone topical ointment</i> 0.1 %	Tier 1	
<i>mometasone topical solution</i> 0.1 %	Tier 1	
NUCORT TOPICAL LOTION 2 %	Tier 3	
PANDEL TOPICAL CREAM 0.1 %	Tier 3	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (160 GM per 30 days)
<i>prednicarbate topical cream</i> 0.1 %	Tier 1	
<i>prednicarbate topical ointment</i> 0.1 %	Tier 1	

Drug	Status	Notes
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	
PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %	Tier 1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Tier 2	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Tier 3	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	Tier 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %	Tier 3	QL (375 GM per 30 days)
SYNALAR TS TOPICAL KIT 0.01 %	Tier 3	
TEXACORT TOPICAL SOLUTION 2.5 %	Tier 2	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> (Kenalog)	Tier 1	
<i>triamcinolone acetonide topical cream 0.025 %</i>	Tier 1	
<i>triamcinolone acetonide topical cream 0.1 %</i> (Triderm)	Tier 1	
<i>triamcinolone acetonide topical cream 0.5 %</i> (Triderm)	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
TRIDERM TOPICAL CREAM 0.1 %	Tier 1	
TRIDERM TOPICAL CREAM 0.5 %	Tier 1	QL (454 GM per 30 days)
<b>Topical Anti-Inflammatory, Nsaids</b>		
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	Tier 1	
<i>diclofenac sodium topical drops 1.5 %</i>	Tier 1	
<i>diclofenac sodium topical gel 1 %</i> (Arthritis Pain (diclofenac))	Tier 1	

Drug	Status	Notes
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Tier 3	ST: Requires prior prescription for Diclofenac Epolamine patch within the past 120 days; QL (1 EA per 1 day)
ROAOXIA TOPICAL GEL 3-2-4 %	Tier 3	
<b>Dermatology - Miscellaneous</b>		
<b>Antiperspirants</b>		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	Tier 2	
DRYSOL TOPICAL SOLUTION 20 %	Tier 2	
<b>Antiseborrheic Agents</b>		
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	Tier 2	
OVACE PLUS TOPICAL CREAM 10 %	Tier 3	
OVACE PLUS TOPICAL FOAM 9.8 %	Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 %	Tier 3	ST: Requires prior prescription for Ciclopirox or Ketoconazole within the past 120 days
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 1	
<i>selenium sulfide topical shampoo 2.25 %</i>	Tier 1	
<i>selenium sulfide topical shampoo 2.3 %</i> (SelRx)	Tier 1	
<i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace)	Tier 1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i> (Ovace Plus Wash)	Tier 1	
<i>sulfacetamide sodium topical shampoo 10 %</i> (Ovace Plus Shampoo)	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 %	Tier 3	
<b>Antiseptics, General</b>		
ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 2	
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 2	
<i>alcohol swabs topical pads, medicated</i> (Alcohol Pads)	Tier 2	
ALCOHOL WIPES TOPICAL PADS, MEDICATED	Tier 2	
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED	Tier 2	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED	Tier 2	
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED	Tier 2	
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED	Tier 2	
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 2	
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 2	

Drug	Status	Notes
IV PREP WIPES TOPICAL PADS, MEDICATED	Tier 2	
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 2	
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 2	
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 2	
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 2	
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 2	
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 2	
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED	Tier 2	
WEBCOL TOPICAL PADS, MEDICATED	Tier 2	
<b>Antiseptics, Miscellaneous</b>		
<i>guaiacol liquid</i>	Tier 3	
<b>Emollients</b>		
<i>ammonium lactate topical cream 12 %</i>	Tier 1	
<i>ammonium lactate topical lotion 12 %</i> (Skin Treatment)	Tier 1	
ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL	Tier 3	
HYLATOPICPLUS TOPICAL LOTION	Tier 3	
MB HYDROGEL TOPICAL KIT, CREAM AND GEL 96.53-3-0.4 -0.066 %	Tier 1	
PRESERA TOPICAL FOAM	Tier 3	
XCLAIR TOPICAL CREAM	Tier 3	
<b>Iodine Antiseptics</b>		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	Tier 3	
<b>Irrigants</b>		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
AQUA CARE SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 %	Tier 1	
AQUA CARE STERILE WATER IRRIGATION SOLUTION	Tier 1	
<i>lactated ringers irrigation solution</i>	Tier 3	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	
<i>ringer's irrigation solution</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i> (Aqua Care Sodium Chloride)	Tier 1	
<i>sorbitol irrigation solution 3 %</i>	Tier 1	

Drug	Status	Notes
<i>sorbitol-mannitol transurethral solution</i> 2.7-0.54 gram/100 ml	Tier 1	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20- 8.75- 6.25 MG/100 ML	Tier 3	
VASHE WOUND THERAPY IRRIGATION IRRIGATION SOLUTION 0.033 %	Tier 3	
<i>water for irrigation, sterile irrigation</i> (Aqua Care Sterile Water) <i>solution</i>	Tier 1	
<b>Irritants/Counter-Irritants</b>		
<i>cantharidin in acetone topical solution</i> 0.7 %	Tier 1	
<i>methyl salicylate oil</i> (Wintergreen Oil)	Tier 1	
<i>methyl salicylate topical liquid</i>	Tier 1	
QUTENZA TOPICAL KIT 8 %	Tier 3	PA
WINTERGREEN OIL OIL	Tier 1	
<b>Keratolytics</b>		
<i>benzoyl peroxide topical foam</i> 9.8 % (BenzePrO)	Tier 1	
BPO TOPICAL GEL 8 %	Tier 1	
CEM-UREA TOPICAL GEL 45 %	Tier 1	
CONDYLOX TOPICAL GEL 0.5 %	Tier 3	ST: Requires prior prescription for Podofilox within the past 120 days
GEAMETDRAY TOPICAL GEL 17 %-2 %- 5 %	Tier 3	
GUANENDRUX TOPICAL CREAM 40- 10-5 %	Tier 3	
HYDRO 35 TOPICAL FOAM 35 %	Tier 3	
INOVA 4-1 TOPICAL COMBO PACK 1- 4-5 %	Tier 3	
INOVA 8-2 TOPICAL COMBO PACK 2- 8-5 %	Tier 3	
INOVA TOPICAL COMBO PACK 4-5 %, 8-5 %	Tier 3	
KERALYT SCALP COMPLETE TOPICAL KIT, SHAMPOO AND GEL 6-6 %	Tier 3	
PACNEX HP TOPICAL PADS, MEDICATED 7 %	Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %	Tier 3	
PODOCON TOPICAL LIQUID 25 %	Tier 1	
<i>podofilox topical solution</i> 0.5 %	Tier 1	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	Tier 1	
<i>salicylic acid topical cream</i> 6 % (Salimez)	Tier 1	
<i>salicylic acid topical cream, extended release</i> 6 %	Tier 1	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i> (Virasal)	Tier 1	
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i> (UltraSal-ER)	Tier 1	
<i>salicylic acid topical foam 6 %</i> (Salvax)	Tier 1	
<i>salicylic acid topical liquid 26 %</i>	Tier 1	
<i>salicylic acid topical lotion 6 %</i>	Tier 1	
<i>salicylic acid topical lotion,extended release 6 %</i>	Tier 1	
<i>salicylic acid topical shampoo 6 %</i> (Keralyt)	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 %	Tier 3	
SALVAX DUO PLUS TOPICAL FOAM 6-35 %	Tier 3	
SALVAX TOPICAL FOAM 6 %	Tier 1	
<i>silver nitrate applicators topical stick 75-25 %</i>	Tier 1	
<i>silver nitrate topical solution 10 %</i>	Tier 1	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	Tier 3	
UMECTA TOPICAL FOAM 40 %	Tier 1	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 %	Tier 3	
URAMAXIN TOPICAL FOAM 20 %	Tier 3	
URAMAXIN TOPICAL LOTION 45 %	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 %	Tier 1	
<i>urea topical cream 39 %</i> (Uredeb)	Tier 1	
<i>urea topical cream 40 %</i>	Tier 1	
<i>urea topical cream 45 %</i> (Uramaxin)	Tier 1	
<i>urea topical cream 47 %</i> (Keralac)	Tier 1	
<i>urea topical cream 50 %</i> (Ure-K)	Tier 1	
<i>urea topical foam 35 %</i> (Hydro 35)	Tier 1	
<i>urea topical gel 45 %</i> (CEM-Urea)	Tier 1	
<i>urea topical lotion 40 %</i>	Tier 1	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	Tier 3	
<b>Oxidizing Agents</b>		
<i>hydrogen peroxide solution 3 %</i>	Tier 1	
<b>Protectives</b>		
GENADUR (WITH LEXINAL) KIT 2,500 MCG	Tier 3	
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 %	Tier 1	
PR CREAM TOPICAL CREAM	Tier 1	
RECEDO TOPICAL GEL	Tier 3	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET	Tier 1	

Drug	Status	Notes
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %	Tier 3	
<i>zinc oxide topical ointment</i> 20 %	Tier 1	
<i>zinc oxide topical paste</i> 25 %	Tier 1	
<b>Topical Anti-Inflammatory Steroid- Local Anesthetic</b>		
ANALPRAM-HC TOPICAL LOTION 2.5- 1 %	Tier 2	
EPIFOAM TOPICAL FOAM 1-1 %	Tier 3	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
<i>hydrocortisone-pramoxine topical cream</i> (Pramosone) 2.5-1 %	Tier 1	
<i>lidocaine hcl-hydrocortison ac topical</i> (Lidocort) cream 3-0.5 %	Tier 1	
LIDOCORT TOPICAL CREAM 3-0.5 %	Tier 3	
PRAMOSONE TOPICAL CREAM 1-1 %	Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1- 1 %	Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL OINTMENT 2.5-1 %	Tier 2	
<b>Topical Antineoplastic &amp; Premalignant Lesion Agnts</b>		
<i>diclofenac sodium topical gel</i> 3 % (Solaraze)	Tier 1	QL (100 GM per 1 FILL)
FLUOROPLEX TOPICAL CREAM 1 %	Tier 3	PA
<i>fluorouracil topical cream</i> 0.5 % (Carac)	Tier 1	PA
<i>fluorouracil topical cream</i> 5 % (Efudex)	Tier 1	
<i>fluorouracil topical solution</i> 2 %, 5 %	Tier 1	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	Tier 3	PA
PANRETIN TOPICAL GEL 0.1 %	Tier 4	SP; QL (60 GM per 28 days)
TARGRETIN TOPICAL GEL 1 %	Tier 4	PA; SP
TOLAK TOPICAL CREAM 4 %	Tier 2	
VALCHLOR TOPICAL GEL 0.016 %	Tier 4	PA; SP
<b>Topical Local Anesthetics</b>		
ANACAINE TOPICAL OINTMENT 10 %	Tier 3	
ANASTIA TOPICAL LOTION 2.75 %	Tier 3	

Drug	Status	Notes
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %	Tier 3	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC)	Tier 3	
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %	Tier 3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %	Tier 3	
<i>ethyl chloride topical aerosol,spray 100 %</i>	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 %	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %	Tier 3	
<i>lidocaine hcl laryngotracheal solution 4 %</i> (LTA Pre-Attached)	Tier 1	
<i>lidocaine hcl topical cream 3 %</i> (Lidopin)	Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i> (Lidoderm)	Tier 1	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	
<i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i> (L.E.T. (lido-epineph-tetra))	Tier 1	
LIDOPIN TOPICAL CREAM 3.25 %	Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
NUMBONEX TOPICAL LOTION 2.75 %	Tier 3	
PONTOCAINE TOPICAL SOLUTION 2 %	Tier 3	
REGENECARE TOPICAL GEL 2 %	Tier 3	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY	Tier 3	
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING 70-70 MG	Tier 3	
TRANZAREL TOPICAL GEL 4 %	Tier 3	
<b>Topical Preparations,Miscellaneous</b>		
<i>sodium chloride topical solution 0.9 %</i> (Saljet Saline Rinse)	Tier 1	
<b>Topical/Mucous Membr./Subcut. Enzymes</b>		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	
<b>Dermatology - Psoriasis/Eczema</b>		
<b>Antipsoriatic Agents,Systemic</b>		
<i>acitretin oral capsule 10 mg, 25 mg</i> (Soriatane)	Tier 4	SP
<i>acitretin oral capsule 17.5 mg</i>	Tier 4	SP

Drug	Status	Notes
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA; SP
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 4	PA; SP
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	Tier 1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	Tier 4	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	Tier 4	PA; SP
TREMFYA SUBCUTANEOUS AUTO- INJECTOR 100 MG/ML	Tier 4	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 4	PA; SP
<b>Antipsoriatics Agents</b>		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene topical foam 0.005 %</i> (Sorilux)	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days

Drug	Status	Notes
DUOBRII TOPICAL LOTION 0.01-0.045 %	Tier 3	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (200 GM per 28 days)
SORILUX TOPICAL FOAM 0.005 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	Tier 1	
TAZORAC TOPICAL CREAM 0.05 %	Tier 2	
TAZORAC TOPICAL GEL 0.05 %	Tier 3	
TAZORAC TOPICAL GEL 0.1 %	Tier 3	ST: Requires prior prescription for Adapalene, Differin, Tazarotene, or Tretinoin within the past 120 days
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<b>Topical Agents, Miscellaneous</b>		
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
SAF-CLENS AF DERMAL WOUND TOPICAL CLEANSER	Tier 3	
<b>Topical Immunosuppressive Agents</b>		
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 %	Tier 3	
OXIANUJO TOPICAL OINTMENT 0.1-4 %	Tier 3	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	Tier 1	
<b>Topical Vit D Analog/Anti-inflammatory, Steroidal</b>		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i> (Taclonex)	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days

Drug	Status	Notes
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> (Taclonex)	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 %	Tier 3	
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Tier 3	ST: Requires prior prescription for Calcipotriene/Betamethasone within the past 120 days
WYNZORA TOPICAL CREAM 0.005-0.064 %	Tier 3	ST: Requires prior prescription for Calcipotriene/Betamethasone within the past 120 days
<b>Diabetes</b>		
<b>Antihypergly, (Dpp-4) Inhibitor &amp; Biguanide Comb.</b>		
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	Tier 2	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)
<b>Antihypergly, Incretin Mimetic (Glp-1 Recep. Agonist)</b>		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Tier 2	QL (0.85 ML per 7 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE (250 MCG/ML) 2.4 ML	Tier 2	QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 2	QL (1.2 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/1.5 ML)	Tier 2	QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)	Tier 2	QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 2	QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	Tier 2	QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 2	QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 2	QL (9 ML per 30 days)

Drug	Status	Notes
<b>Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib</b>		
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
<b>Antihyperglycemic - Dopamine Receptor Agonists</b>		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	ST: Requires prior prescription for Glipizide/metformin HCL, Glyburide/metformin HCL, Metformin HCL, or Riomet ER within the past 180 days
<b>Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	Tier 1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Antihyperglycemic, Amylin Analog-Type</b>		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 2	
<b>Antihyperglycemic, Dpp-4 Inhibitors</b>		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
<b>Antihyperglycemic, Insulin-Release Stimulant Type</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> (Amaryl)	Tier 1	
<i>glipizide oral tablet 10 mg</i> (Glucotrol)	Tier 1	
<i>glipizide oral tablet 5 mg</i>	Tier 1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> (Glucotrol XL)	Tier 1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	Tier 1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<b>Antihyperglycemic, Insulin-Response Enhancer (N-S)</b>		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	Tier 1	

Drug	Status	Notes
<b>Antihyperglycemic, Sglit-2 &amp; Dpp-4 Inhibitor Comb.</b>		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 3	ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 days; QL (1 EA per 1 day)
<b>Antihyperglycemic, Biguanide Type(Non-Sulfonylurea)</b>		
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	Tier 1	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML	Tier 3	ST: Requires prior prescription for Metformin immediate release (talbets/solution) or extended release tablets within the past 120 days; QL (20 ML per 1 day)
<b>Antihyperglycemic, Insulin &amp; Glp-1 Receptor Agonist</b>		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 2	ST: Requires prior prescription for Basaglar Kwikpen U-100, Bydureon Bcise, Bydureon Pen, Bydureon, Byetta, Levemir Flextouch, Levemir, Ozempic, Rybelsus, Tresiba Flextouch U-100, Tresiba Flextouch U-200, Tresiba, Trulicity, Victoza, or Wegovy within the past 120 days; QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 2	ST: Requires prior prescription for Basaglar Kwikpen U-100, Bydureon Bcise, Bydureon Pen, Bydureon, Byetta, Levemir Flextouch, Levemir, Ozempic, Rybelsus, Tresiba Flextouch U-100, Tresiba Flextouch U-200, Tresiba, Trulicity, Victoza, or Wegovy within the past 120 days; QL (15 ML per 28 days)



Drug	Status	Notes
<b>Antihyperglycemic, Insulin-Rel Stim. &amp; Biguanide Cmb</b>		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	Tier 1	
<b>Antihyperglycemic, Insulin-Response &amp; Release Comb.</b>		
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	Tier 1	ST: Requires prior prescription for Avandamet, Avandia, Chlorpropamide, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide/Metformin HCL, Metformin HCL, Riomet ER, Tolazamide, or Tolbutamide within the past 120 days
<b>Antihyperglycemic-Glucocorticoid Receptor Blocker</b>		
KORLYM ORAL TABLET 300 MG	Tier 4	PA; SP
<b>Antihyperglycemic-SglT2 Inhibitor &amp; Biguanide Comb</b>		
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 2	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Tier 2	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	Tier 2	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	Tier 2	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
<b>Antihyperglycm,Insul-Resp.Enhancer &amp; Biguanide Cmb</b>		
<i>pioglitazone-metformin oral tablet 15-500 (Actoplus MET) mg, 15-850 mg</i>	Tier 1	ST: Requires prior prescription for Avandamet, Avandia, Chlorpropamide, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide/Metformin HCL, Metformin HCL, Riomet ER, Tolazamide, or Tolbutamide within the past 120 days
<b>Blood Sugar Diagnostics</b>		
FREESTYLE INSULINX STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE TEST STRIP	Tier 2	QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP	Tier 2	QL (200 EA per 30 days)
<b>Diabetic Supplies</b>		
ACCU-CHEK COMBO SYSTEM KIT	Tier 3	
AUTOSOFT 30 INFUSION SET	Tier 3	
AUTOSOFT 90 INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 23" INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 32" INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 43" INFUSION SET	Tier 3	
CEQR SIMPLICITY DEVICE 2 UNIT	Tier 3	
CEQR SIMPLICITY INSERTER	Tier 3	
DEXCOM G6 RECEIVER	Tier 2	PA
DEXCOM G6 SENSOR DEVICE	Tier 2	PA
DEXCOM G6 TRANSMITTER DEVICE	Tier 2	PA
ENLITE GLUCOSE SENSOR DEVICE	Tier 3	
ENLITE SERTER	Tier 3	
ENLITE SYSTEM	Tier 3	
FREESTYLE NAVIGATOR GLUC SENS DEVICE	Tier 3	
GLUCOCOM AUTOLINK	Tier 3	
GUARDIAN LINK 3 TRANSMITTER DEVICE	Tier 3	
GUARDIAN RT CHARGER	Tier 3	
GUARDIAN RT TEST PLUG DEVICE	Tier 3	
INPEN (FOR HUMALOG) SUBCUTANEOUS INSULIN PEN	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
INPEN (FOR NOVOLOG OR FIASP) SUBCUTANEOUS INSULIN PEN	Tier 3	
MINIMED 770G INSULIN PUMP	Tier 3	PA
MINIMED MIO ADVANCE INF SET23" INFUSION SET	Tier 3	
MINIMED MIO ADVANCE INF SET43" INFUSION SET	Tier 3	
MINIMED QUICK SET 18" INFUSION SET	Tier 3	
MINIMED QUICK SET 23" INFUSION SET	Tier 3	
MINIMED QUICK SET 32" INFUSION SET	Tier 3	
MINIMED QUICK SET 43" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 18" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 23" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 32" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 43" INFUSION SET	Tier 3	
MINIMED SURE T 18" INFUSION SET	Tier 3	
MINIMED SURE T 23" INFUSION SET	Tier 3	
MINIMED SURE T 32" INFUSION SET	Tier 3	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	Tier 3	
OMNIPOD DASH 5 PACK POD SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD DASH PDM KIT	Tier 2	QL (1 EA per 365 days)
OMNIPOD INSULIN MANAGEMENT	Tier 2	QL (1 EA per 365 days)
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE	Tier 2	
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE	Tier 2	
QUICK-SET PARADIGM 43" INFUSION SET	Tier 3	
T:FLEX SUBCUTANEOUS CARTRIDGE	Tier 3	
T:SLIM X2 BASAL-IQ INSULIN PMP	Tier 3	PA
T:SLIM X2 CONTROL-IQ	Tier 3	PA
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	Tier 3	
TRUSTEEL INFUSION SET 23" INFUSION SET	Tier 3	
TRUSTEEL INFUSION SET 32" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 23" INFUSION SET	Tier 3	

Drug	Status	Notes
VARISOFT INFUSION SET 32" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 43" INFUSION SET	Tier 3	
V-GO 20 DEVICE	Tier 2	
V-GO 30 DEVICE	Tier 2	
V-GO 40 DEVICE	Tier 2	
<b>Diabetic Ulcer Preparations, Topical</b>		
REGRANEX TOPICAL GEL 0.01 %	Tier 2	
<b>Durable Medical Equipment, Misc (Group 1)</b>		
UNISTIK NORMAL LANCETS 23 GAUGE	Tier 2	
<b>Hyperglycemics</b>		
BAQSIMI NASAL SPRAY, NON- AEROSOL 3 MG/ACTUATION	Tier 2	QL (4 EA per 1 FILL)
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	Tier 1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	Tier 1	QL (4 EA per 1 FILL)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2	QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	Tier 2	QL (2.4 ML per 1 FILL)

Drug	Status	Notes
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	Tier 2	QL (2.4 ML per 1 FILL)
<b>Insulins</b>		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Tier 3	PA
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 1	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (12 ML per 28 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Tier 2	QL (40 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 2	QL (40 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 2	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 2	QL (24 ML per 28 days)
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (12 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML)	Tier 3	SP
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
<b>Urine Glucose Test Aids</b>		
DIASTIX STRIP	Tier 3	QL (50 EA per 30 days)
NO-STICK GLUCOSE STRIP	Tier 3	QL (50 EA per 30 days)
<b>Urine Glucose/Acetone Test Aids, Strips</b>		
KETO-DIASTIX STRIP	Tier 3	QL (50 EA per 30 days)
<b>Ear - General Disorders</b>		
<b>Ear Preparations Anti-Inflammatory</b>		
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	Tier 1	
<b>Ear Preparations, Misc. Anti-Infectives</b>		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
CORTANE-B TOPICAL LOTION 1-1-0.1 %	Tier 3	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	

Drug	Status	Notes
<b>Ear Preparations,Antibiotics</b>		
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)	Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (6 MG/0.1 ML)	Tier 3	
<b>Otic Preparations,Anti-Inflammatory-Antibiotics</b>		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	Tier 3	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i> (Ciprodex)	Tier 1	
<b>Electrolyte Regulation</b>		
<b>Arginine Vasopressin (Avp) Receptor Antagonists</b>		
<i>tolvaptan oral tablet 15 mg</i> (Samsca)	Tier 4	SP; QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i> (Samsca)	Tier 4	SP; QL (60 EA per 365 days)
<b>Electrolyte Depleters</b>		
AURYXIA ORAL TABLET 210 MG IRON	Tier 3	QL (12 EA per 1 day)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 3	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	Tier 3	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	Tier 1	
<i>sevelamer hcl oral tablet 400 mg</i>	Tier 1	
<i>sevelamer hcl oral tablet 800 mg</i> (Renagel)	Tier 1	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1	

Drug	Status	Notes
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 3	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Tier 2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	Tier 3	PA
<b>Potassium Replacement</b>		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	Tier 1	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	Tier 1	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	Tier 1	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	Tier 1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 1	
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	Tier 1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> (K-Tab)	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i> (Klor-Con M15)	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	Tier 1	
<b>Sodium/Saline Preparations</b>		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE	Tier 1	
BD PRE-FILLED NORMAL SALINE INJECTION SYRINGE	Tier 1	
BD PRE-FILLED SALINE BLUNT CAN INJECTION SYRINGE	Tier 1	
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE	Tier 1	
NORMAL SALINE FLUSH INJECTION SYRINGE	Tier 1	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 1	
<i>sodium chloride 0.9 % (flush) injection syringe</i> (BD PosiFlush Normal Saline 0.9)	Tier 1	
<i>sodium chloride 0.9 % injection solution</i>	Tier 1	
<i>sodium chloride injection syringe 0.9 %</i>	Tier 1	



Drug	Status	Notes
<b>Endocrine Disorder - Fertility</b>		
<b>Drugs To Treat Impotency</b>		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 3	Male Only; QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	Tier 3	Male Only; QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	Tier 3	Male Only; QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Tier 3	QL: 6 INJECTIONS IN 30 DAYS; Male Only
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML	Tier 1	Male Only
IFE-PG20 INTRACAVERNOSAL SOLUTION 20 MCG/ML	Tier 1	Male Only
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG	Tier 3	Male Only; QL (1 EA per 5 days)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)	Tier 1	Male Only; QL (1 EA per 5 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i> (Cialis)	Tier 1	Male Only; QL (1 EA per 5 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i> (Cialis)	Tier 1	PA; Male Only; QL (1 EA per 1 day)
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG	Tier 3	Male Only
<b>Fertility Stimulating Preparations, Non- Fsh</b>		
<i>clomiphene citrate oral tablet 50 mg</i> (Serophene)	Tier 1	PA
<b>Follicle Stim./Luteinizing Hormones</b>		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 4	PA
<b>Follicle-Stimulating Hormone (Fsh)</b>		
BRAVELLE INJECTION RECON SOLN 75 UNIT	Tier 4	PA
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	Tier 4	PA; ST: Requires prior prescription for Gonal-f Rff, Gonal-f Rff Redi-ject, or Gonal-f within the past 120 DAYS
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	Tier 4	PA
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 4	PA
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	Tier 4	PA

Drug	Status	Notes
<b>Human Chorionic Gonadotropin (Hcg)</b>		
<i>chorionic gonadotropin, human</i> (Novarel) <i>intramuscular recon soln 10,000 unit</i>	Tier 3	PA; ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT	Tier 2	PA
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	Tier 2	PA
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	Tier 3	PA; ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
<b>Pregnancy Facilitating/Maintaining Agent,Hormonal</b>		
CRINONE VAGINAL GEL 8 %	Tier 3	PA; ST: Requires prior prescription for Endometrin within the past 120 days
ENDOMETRIN VAGINAL INSERT 100 MG	Tier 2	
<b>Pregnancy Maintaining Agent,Hormonal</b>		
<i>hydroxyprogesterone cap(pres)</i> (Makena) <i>intramuscular oil 250 mg/ml (1 ml)</i>	Tier 4	PA; SP
<i>hydroxyprogesterone cap(ppres)</i> (Makena) <i>intramuscular oil 250 mg/ml</i>	Tier 4	PA; SP
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML	Tier 4	PA; SP
<b>Endocrine Disorder - Other</b>		
<b>Adrenal Steroid Inhibitors</b>		
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	Tier 4	PA; SP
<b>Adrenocorticotrophic Hormones</b>		
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 4	PA; SP
<b>Antidiuretic And Vasopressor Hormones</b>		
DDAVP NASAL SOLUTION 0.1 MG/ML (REFRIGERATE)	Tier 2	
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	Tier 1	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	Tier 1	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Tier 3	QL (1 EA per 1 day)

Drug	Status	Notes
NOCTIVA NASAL SPRAY, NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	Tier 3	QL (3.8 GM per 30 days)
<b>Bone Formation Stim. Agents - Parathyroid Hormone</b>		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	Tier 4	PA; SP; QL (2.4 ML per 28 days)
<b>Bone Formation Stimulating Agts - Pth Rel Peptides</b>		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 4	PA; SP
<b>Bone Resorption Inhibitor &amp; Vitamin D Combinations</b>		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 2	
<b>Bone Resorption Inhibitors</b>		
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 1	QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	Tier 1	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	Tier 1	
<i>calcitonin (salmon) injection solution 200 unit/ml</i> (Miacalcin)	Tier 1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 1	
<i>etidronate disodium oral tablet 200 mg</i>	Tier 1	
<i>ibandronate oral tablet 150 mg</i> (Boniva)	Tier 1	
<i>raloxifene oral tablet 60 mg</i> (Evista)	Tier 1	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>risedronate oral tablet 150 mg</i> (Actonel)	Tier 1	ST: Requires prior prescription for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet 35 mg</i> (Actonel)	Tier 1	ST: Requires prior prescription for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>risedronate oral tablet, delayed release (Atelvia) (dr/ec) 35 mg</i>	Tier 1	ST: Requires prior prescription for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)
<b>Calcimimetic, Parathyroid Calcium Enhancer</b>		
<i>cinacalcet oral tablet 30 mg, 60 mg (Sensipar)</i>	Tier 4	SP; QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg (Sensipar)</i>	Tier 4	SP; QL (4 EA per 1 day)
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 4	SP
<b>Growth Hormone Releasing Hormone (Ghrh) &amp; Analogs</b>		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 4	PA; SP
<b>Growth Hormones</b>		
NORDITROPIN FLEXPOR SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 4	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 4	PA; SP
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	Tier 4	PA; SP
<b>Hyperparathyroid Tx Agents - Vitamin D Analog-Type</b>		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg (Zemplar)</i>	Tier 1	
<i>paricalcitol oral capsule 4 mcg</i>	Tier 1	
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	Tier 2	QL (2 EA per 1 day)
<b>Insulin-Like Growth Factor-1 (Igf-1) Hormones</b>		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 4	PA; SP
<b>Leptin Hormone Analogs</b>		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 4	SP; QL (1 EA per 1 day)
<b>Lhrh (Gnrh) Antagonist, Estrogen And Progestin Comb</b>		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 2	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 2	PA

Drug	Status	Notes
<b>Lhrh(Gnrh) Agonist Analog Pituitary Suppressants</b>		
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	Tier 4	PA; SP
<b>Lhrh(Gnrh) Antagonist, Pituitary Suppressant Agents</b>		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	Tier 4	PA
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	Tier 4	PA; ST: Requires prior prescription for Cetrotide within the past 120 days
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 2	
<b>Menopausal Sympt Supp-Sel Estrogen Recep Modulator</b>		
OSPHENA ORAL TABLET 60 MG	Tier 2	QL (1 EA per 1 day)
<b>Parathyroid Hormones</b>		
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	Tier 4	PA; SP
<b>Pituitary Suppressive Agents</b>		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
<b>Endocrine Disorder - Thyroid</b>		
<b>Antithyroid Preparations</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	Tier 1	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
<b>Iodine Containing Agents</b>		
LUGOLS ORAL SOLUTION 5 %	Tier 3	
SSKI ORAL SOLUTION 1 GRAM/ML	Tier 1	
STRONG IODINE ORAL SOLUTION 5 %	Tier 1	
<b>Thyroid Hormones</b>		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Tier 2	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Tier 3	
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 3	

Drug	Status	Notes
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Tirosint)	Tier 1	PA
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	Tier 1	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	Tier 1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 3	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	Tier 1	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 3	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	Tier 3	
THYROLAR-1 ORAL TABLET 12.5-50 MCG	Tier 3	
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG	Tier 3	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG	Tier 3	
THYROLAR-2 ORAL TABLET 25-100 MCG	Tier 3	
THYROLAR-3 ORAL TABLET 37.5-150 MCG	Tier 3	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 3	PA
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Tier 3	PA
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 3	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 1	

Drug	Status	Notes
<b>Eye - General Disorders</b>		
<b>Eye Antibiotic, Glucocorticoid And Nsaid Comb.</b>		
<i>prednisol ace-gatiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
<i>prednisoln sp-gatiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>	Tier 1	
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
<b>Eye Antibiotic-Corticoid Combinations</b>		
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	Tier 3	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	
NEO-POLYCYN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	Tier 1	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %	Tier 3	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	Tier 3	
<i>prednisolone acet-gatifloxacin ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 1	
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>	Tier 1	
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	Tier 2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	Tier 3	

Drug	Status	Notes
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> (TobraDex)	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 2	
<b>Eye Antihistamines</b>		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (12 ML per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (10 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	Tier 1	QL (3 ML per 30 days)
<b>Eye Antiinflammatory Agents</b>		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 3	ST: At least 2 prior prescriptions for Diclofenac Sodium, Ilevro, Ketorolac Tromethamine, or Prolensa within the 365 days; QL (60 EA per 15 days)
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	Tier 2	ST: Requires prior prescription for Azelastine HCL, Epinastine HCL, or Olopatadine HCL in the past 120 days; QL (10 ML per 14 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	ST: Requires prior prescription for Diclofenac Sodium or Ketorolac Tromethamine within the past 120 days; QL (3.4 ML per 16 days)
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	Tier 3	ST: At least 2 prior prescriptions for Diclofenac Sodium, Ilevro, Ketorolac Tromethamine, or Prolensa within the 365 days; QL (5 ML per 16 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	Tier 3	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (10 ML per 14 days)
<i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)	Tier 1	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 2	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (15 ML per 14 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	Tier 1	QL (10 ML per 14 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 2	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	Tier 2	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (3.5 GM per 14 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 2	QL (3.4 ML per 16 days)
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 3	ST: Requires prior prescriptions for Lotemax and Loteprednol Etabonate within the past 365 days; QL (5.6 ML per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	Tier 1	QL (20 ML per 30 days)
KLARITY-B (BETAMETH-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 3	
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.2-0.25 %, 0.5-0.25 %	Tier 3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 2	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)	Tier 1	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)	Tier 1	QL (20 ML per 14 days)

Drug	Status	Notes
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	ST: At least 2 prior prescriptions for Diclofenac Sodium, Ilevro, Ketorolac Tromethamine, or Prolensa within the 365 days; QL (9 ML per 16 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 2	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (20 ML per 14 days)
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	QL (20 ML per 14 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	Tier 1	QL (20 ML per 14 days)
<i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>	Tier 1	
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	QL (20 ML per 14 days)
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	Tier 2	QL (3 ML per 16 days)
<b>Eye Antivirals</b>		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 2	
<b>Eye Local Anesthetics</b>		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Tier 3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	Tier 1	
ALTACAIN OPHTHALMIC (EYE) DROPS 0.5 %	Tier 1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	Tier 1	
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 1	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 1	

Drug	Status	Notes
<i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i> (Altacaine)	Tier 1	
<b>Eye Sulfonamides</b>		
BLEPH-10 OPHTHALMIC (EYE) DROPS 10 %	Tier 1	
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	Tier 2	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	Tier 2	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> (Bleph-10)	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
<b>Eye Vasoconstrictors (Rx Only)</b>		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 3	
<b>Ophthalmic Antibiotics</b>		
AK-POLY-BAC OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	Tier 1	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	Tier 3	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (AK-Poly-Bac)	Tier 1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> (Ciloxan)	Tier 1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> (Zymaxid)	Tier 1	
GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)	Tier 1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 %	Tier 3	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i> (Moxeza)	Tier 1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	Tier 1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	Tier 1	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> (Polytrim)	Tier 1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i> (Tobrex)	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
<b>Ophthalmic Antifungal Agents</b>		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 3	
<b>Ophthalmic Anti-Inflammatory Immunomodulator-Type</b>		
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	Tier 2	QL (60 EA per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 2	QL (60 EA per 30 days)
<b>Ophthalmic Human Nerve Growth Factor (Hngf)</b>		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 4	PA; SP
<b>Ophthalmic Mast Cell Stabilizers</b>		
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	Tier 2	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (20 ML per 30 days)
ALOMIDOPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (40 ML per 30 days)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	QL (50 ML per 30 days)

Drug	Status	Notes
<b>Retinal Enzyme Replacement</b>		
LUXTURNA SUBRETINAL SUSPENSION 1.5 X 10EXP11 VG/0.3 ML (FNL)	Tier 4	PA; SP
<b>Eye - Glaucoma</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
<b>Miotics/Other Intraoc. Pressure Reducers</b>		
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	Tier 2	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
AZOPT OPTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 1	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
BETIMOL OPTHALMIC (EYE) DROPS 0.25 %, 0.5 %	Tier 3	
BETOPTIC S OPTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 1	QL (1 ML per 12 days)
<i>brimonidine ophthalmic (eye) drops 0.15 %</i> (Alphagan P)	Tier 1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 1	
<i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>	Tier 1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 1	
COMBIGAN OPTHALMIC (EYE) DROPS 0.2-0.5 %	Tier 2	
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i> (Trusopt)	Tier 1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> (Cosopt (PF))	Tier 1	ST: Requires prior prescription for Dorzolamide HCL/Timolol Maleate within the past 120 days; QL (2 EA per 1 day)
<i>dorzolamide-timolol (pf) ophthalmic (eye) drops 2-0.5 %</i>	Tier 1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	Tier 1	
IOPIDINE OPTHALMIC (EYE) DROPPERETTE 1 %	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>latanoprost (pf) ophthalmic (eye) drops 0.005 %</i>	Tier 1	
<i>latanoprost ophthalmic (eye) drops 0.005 % (Xalatan)</i>	Tier 1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 2	QL (2.5 ML per 25 days)
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 % (Isopto Carpine)</i>	Tier 1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 3	ST: At least 2 prior prescriptions for Alphagan P, Brinzolamide, Combigan, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 3	ST: At least 2 prior prescriptions for Alphagan P, Brinzolamide, Combigan, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 2	
<i>timol-brimon-dorzo-latanop(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.005 %</i>	Tier 1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.5 % (Timoptic Ocudose (PF))</i>	Tier 1	ST: Requires prior prescription for Timolol Maleate or Timoptic Ocudose within the past 120 days; QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 % (Timoptic)</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 % (Istalol)</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 % (Timoptic-XE)</i>	Tier 1	
<i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>	Tier 1	
<i>timolol-dorzolamid-latanop(pf) ophthalmic (eye) drops 0.5-2-0.005 %</i>	Tier 1	
<i>timolol-latanoprost(pf) ophthalmic (eye) drops 0.5-0.005 %</i>	Tier 1	

Drug	Status	Notes
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	Tier 3	ST: Requires prior prescription for Timolol Maleate within the past 120 days; QL (2 EA per 1 day)
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	Tier 1	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, or Travoprost within the past 365 days; QL (1 EA per 1 day)
<b>Mydriatics</b>		
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	Tier 1	
<i>atropine ophthalmic (eye) drops, emulsion 0.01 %</i>	Tier 1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 1	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)	Tier 1	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	Tier 1	
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %-0.5 %</i>	Tier 1	
<i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 %	Tier 1	
PAREMYD OPHTHALMIC (EYE) DROPS 1-0.25 %	Tier 3	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Tier 1	
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydriacyl)	Tier 1	

Drug	Status	Notes
<b>Ophthalmic Antifibrotic Agents</b>		
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 3	
<b>Eye - Miscellaneous</b>		
<b>Agents For Corneal Collagen Cross-Linking</b>		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	Tier 3	
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 %	Tier 3	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 %	Tier 3	
<b>Artificial Tears</b>		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	Tier 3	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	Tier 3	
<b>Eye Mydriatic And Nsaid Combinations</b>		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 %	Tier 1	
<i>tropic-proparacai-pe-ketor-wat ophthalmic (eye) drops 1-0.5-2.5-0.5 %</i> (Mydriatic4(trop-prop-PE-ktrlc))	Tier 1	
<b>Eye Preparations, Miscellaneous (Otc)</b>		
GELFILM OPHTHALMIC (EYE) FILM	Tier 3	
<b>Ophthalmic Cystine Depleting Agents</b>		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 4	PA; SP
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 4	PA; SP
<b>Fluid Replacement</b>		
<b>Nucleic Acid/Nucleotide Supplements</b>		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 4	PA; SP
<b>Gout And Related Diseases</b>		
<b>Colchicine</b>		
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	Tier 1	QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	Tier 1	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Tier 3	ST: Requires prior prescription for Colchicine capsules or tablet within the past 120 days; QL (10 ML per 1 day)
<b>Hyperuricemia Tx - Purine Inhibitors</b>		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	Tier 1	
<i>allopurinol oral tablet 300 mg</i>	Tier 1	



Drug	Status	Notes
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	Tier 1	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)
<b>Uricosuric Agents</b>		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	
<b>Uricosuric And Xanthine Oxidase Inhibitor Comb.</b>		
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	Tier 3	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day)
<b>Hematological Disorders</b>		
<b>Agents To Tx Thrombotic Thrombocytopenic Purpura</b>		
CABLIVI INJECTION KIT 11 MG	Tier 4	PA; SP
CABLIVI INJECTION RECON SOLN 11 MG	Tier 4	PA; SP
<b>Anticoagulants, Coumarin Type</b>		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	Tier 1	
<b>Antifibrinolytic Agents</b>		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar)	Tier 1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> (Amicar)	Tier 1	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	Tier 1	
<b>Citrates As Anticoagulants</b>		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML	Tier 3	
ACD-A SOLUTION , 2.45-2.2 GRAM- 730 MG/100 ML	Tier 3	
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 1	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L	Tier 3	
<i>sodium citrate in 0.9 % nacl solution 0.5 %</i>	Tier 1	
<i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)</i>	Tier 1	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 1	
<b>Complement (C3) Inhibitors</b>		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 4	PA; SP

Drug	Status	Notes
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 2	QL (74 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 2	QL (2 EA per 1 day)
<b>Hematinics,Other</b>		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 4	PA; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	Tier 4	PA; SP
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 4	PA; SP
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Tier 4	PA; SP
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 4	PA; SP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 4	PA; SP
<b>Hemophilia Treatment Agents,Non-Factor Replacement</b>		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	Tier 4	PA; SP
<b>Hemorrhologic Agents</b>		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	

Drug	Status	Notes
<b>Heparin And Related Preparations</b>		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	Tier 4	QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox)	Tier 4	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	Tier 4	QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	Tier 4	QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	Tier 4	QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	Tier 4	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 4	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 4	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 4	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 4	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 4	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	Tier 4	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 4	QL (18 ML per 30 days)
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 1	
<b>Leukocyte (Wbc) Stimulants</b>		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 4	PA; SP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA; SP

Drug	Status	Notes
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 4	PA; SP
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 4	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 4	PA; SP
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 4	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA; SP
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA; SP
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA; SP
<b>Platelet Aggregation Inhibitors</b>		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	\$0	
ASPIRIN LOW DOSE ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0	
<i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)	\$0	
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i> (Adult Aspirin Regimen)	\$0	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 1	
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 2	QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	\$0	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>clopidogrel oral tablet 300 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	Tier 1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	

Drug	Status	Notes
LO-DOSE ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG	\$0	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	Tier 1	QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL TABLET, CHEWABLE 81 MG	\$0	
ST. JOSEPH ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG	\$0	
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3	QL (1 EA per 1 day)
<b>Platelet Reducing Agents</b>		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	Tier 1	
<i>anagrelide oral capsule 1 mg</i>	Tier 1	
<b>Sickle Cell Anemia Agents</b>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	
ENDARI ORAL POWDER IN PACKET 5 GRAM	Tier 4	PA; SP
OXBRYTA ORAL TABLET 500 MG	Tier 4	PA; SP
SIKLOS ORAL TABLET 1,000 MG	Tier 3	ST: Requires prior prescription for Droxia or Hydroxyurea within the past 365 days
SIKLOS ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
<b>Spleen Tyrosine Kinase Inhibitors</b>		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 4	PA; SP
<b>Thrombopoietin Receptor Agonists</b>		
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA; SP
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA; SP
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA; SP
MULPLETA ORAL TABLET 3 MG	Tier 4	PA; SP
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	Tier 4	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 4	PA; SP
<b>Topical Hemostatics</b>		
ASTRINGYN TOPICAL SOLUTION 259 MG/G	Tier 3	
AVITENE FLOUR TOPICAL POWDER	Tier 3	
AVITENE TOPICAL POWDER IN PACKET	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM	Tier 3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Tier 3	

Drug	Status	Notes
EVARREST TOPICAL ADHESIVE PATCH,MEDICATED 2 X 4 ", 4 X 4 "	Tier 3	
EVICEL TOPICAL SOLUTION 800- 1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2)	Tier 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Tier 3	
GELFOAM TOPICAL SPONGE 4	Tier 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML	Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT	Tier 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 3	
SYRINGE AVITENE TOPICAL POWDER	Tier 3	
TACHOSIL TOPICAL ADHESIVE PATCH,MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM	Tier 3	
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2	Tier 1	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL 20,000 UNIT	Tier 1	
THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 "	Tier 1	
ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM	Tier 3	
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML)	Tier 3	
<b>Vitamin K Preparations</b>		
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> (Vitamin K1)	Tier 1	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 1	

Drug	Status	Notes
<i>phytonadione (vitamin k1) oral tablet 5 mg</i> (Mephyton)	Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML	Tier 1	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML	Tier 1	
<b>Hormonal Deficiency</b>		
<b>Androgen/Estrogen Preps For Female Sexual Dysfunc</b>		
INTRAROSA VAGINAL INSERT 6.5 MG	Tier 2	QL (1 EA per 1 day)
<b>Androgenic Agents</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	Tier 3	PA
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Tier 3	PA
METHITEST ORAL TABLET 10 MG	Tier 3	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	Tier 1	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	Tier 1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram lactuation</i> (Fortesta)	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	Tier 1	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i> (AndroGel)	Tier 1	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/lactuation (1.5 ml)</i>	Tier 1	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 3	PA
<b>Estrogen &amp; Progestin With Antimineralocorticoid Cb</b>		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	
<b>Estrogen &amp; Selective Estrogen Recept Mod(Serm)Comb</b>		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	
<b>Estrogen And Progestin Combinations</b>		
BIJUVA ORAL CAPSULE 1-100 MG	Tier 3	

Drug	Status	Notes
<b>Estrogen/Androgen Combinations</b>		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG	Tier 1	
<i>estrogens-methyltestosterone oral tablet</i> (Covaryx H.S.) 0.625-1.25 mg	Tier 1	
<i>estrogens-methyltestosterone oral tablet</i> (Covaryx) 1.25-2.5 mg	Tier 1	
<b>Estrogenic Agents</b>		
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 2	QL (2 EA per 7 days)
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	Tier 1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	Tier 3	QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	Tier 2	QL (2 EA per 7 days)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	Tier 3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 3	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	Tier 2	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 1	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	Tier 3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	Tier 1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	Tier 1	QL (2 EA per 7 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	Tier 1	QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen)	Tier 1	



Drug	Status	Notes
<i>estradiol-norethindrone acet oral tablet</i> (Amabelz) 0.5-0.1 mg, 1-0.5 mg	Tier 1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Tier 3	ST: Requires prior prescription for Alora or Estradiol within the past 120 days
FYAVOLV ORAL TABLET 0.5-2.5 MG- MCG, 1-5 MG-MCG	Tier 1	
JINTELI ORAL TABLET 1-5 MG-MCG	Tier 1	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 1	QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	Tier 2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	Tier 3	QL (1 EA per 7 days)
MIMVEY ORAL TABLET 1-0.5 MG	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet</i> (Fyavolv) 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15)	Tier 3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	
<b>Progestational Agents</b>		
CRINONE VAGINAL GEL 4 %	Tier 3	PA
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	Tier 4	PA; SP
<i>medroxyprogesterone oral tablet 10 mg,</i> (Provera) 2.5 mg, 5 mg	Tier 1	
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	
<i>progesterone micronized oral capsule</i> (Prometrium) 100 mg, 200 mg	Tier 1	
<b>Immunization</b>		
<b>Covid-19 Vaccines</b>		
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0	QL (0.5 ML per 365 days); Age (Min 18 Years)
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	\$0	QL (0.5 ML per 24 days); Age (Min 18 Years)
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 30 MCG/0.3 ML	\$0	QL (0.3 ML per 17 days); Age (Min 12 Years)

Drug	Status	Notes
<b>Enteric Virus Vaccines</b>		
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	Tier 3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 3	
<b>Gram Positive Cocci Vaccines</b>		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	\$0	Age (Min 19 Years)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	\$0	Age (Min 19 Years)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 3	
<b>Influenza Virus Vaccines</b>		
AFLURIA QD 2021-22(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
AFLURIA QD 2021-22(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	\$0	QL (0.25 ML per 180 days)
AFLURIA QUAD 2021-2022(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLUAD QUAD 2021-22(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUARIX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLUBLOK QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days); Age (Min 18 Years)
FLUCELVAX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLUCELVAX QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLULAVAL QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLUMIST QUAD 2021-2022 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	\$0	QL (1 EA per 180 days)
FLUZONE HIGHDOSE QUAD 21-22 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	\$0	QL (0.7 ML per 180 days); Age (Min 65 Years)
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)

Drug	Status	Notes
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLUZONE QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLUZONE QUAD SOUTH HEM2021(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
FLUZONE QUAD SOUTHERN HEM 2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
<b>Viral/Tumorigenic Vaccines</b>		
<i>adenovirus vac live type-4, 7 oral tablet, delayed release (drlec)</i>	Tier 3	
<i>adenovirus vaccine live type-4 oral tablet, delayed release (drlec)</i>	Tier 3	
<i>adenovirus vaccine live type-7 oral tablet, delayed release (drlec)</i>	Tier 3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	Tier 2	QL (2 ML per 1 LIFETIME)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	Tier 3	QL (2 ML per 1 LIFETIME)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	Tier 3	QL (2 EA per 1 LIFETIME); Age (Min 50 Years)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	Tier 3	QL (2 EA per 1 LIFETIME); Age (Min 50 Years)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	Tier 3	QL (2 ML per 1 LIFETIME)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	Tier 2	QL (2 ML per 1 LIFETIME)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	Tier 3	QL (2 ML per 1 LIFETIME)
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	Tier 2	QL (2 ML per 1 LIFETIME)
<b>Immunosuppression/Modulation</b>		
<b>Immunomodulators</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 4	PA; SP
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 4	SP
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	Tier 1	QL (24 EA per 30 days)
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	Tier 4	PA; SP
QUIHOXVAR TOPICAL GEL 5-0.05-1 %	Tier 3	

Drug	Status	Notes
<b>Immunosuppressives</b>		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Tier 3	SP
AZASAN ORAL TABLET 100 MG, 75 MG	Tier 3	
<i>azathioprine oral tablet 50 mg</i> (Imuran)	Tier 1	
CELLCEPT ORAL CAPSULE 250 MG	Tier 3	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	Tier 3	
CELLCEPT ORAL TABLET 500 MG	Tier 3	
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	Tier 1	SP
<i>cyclosporine modified oral capsule 50 mg</i>	Tier 1	SP
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	Tier 1	SP
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	Tier 1	SP
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 3	SP
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i> (Zortress)	Tier 1	SP
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 1	SP
GENGRAF ORAL SOLUTION 100 MG/ML	Tier 1	SP
IMURAN ORAL TABLET 50 MG	Tier 3	
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 4	PA; SP
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	Tier 1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	Tier 1	
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	Tier 1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	Tier 1	
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	Tier 3	SP
NEORAL ORAL CAPSULE 100 MG, 25 MG	Tier 3	SP
NEORAL ORAL SOLUTION 100 MG/ML	Tier 3	SP
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	Tier 3	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Tier 3	
RAPAMUNE ORAL SOLUTION 1 MG/ML	Tier 3	SP

Drug	Status	Notes
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 3	SP
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Tier 3	SP
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Tier 3	SP
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	Tier 1	SP
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	Tier 1	SP
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	Tier 1	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 3	SP
<b>Rho Kinase Inhibitor</b>		
REZUROCK ORAL TABLET 200 MG	Tier 4	PA; SP
<b>Infectious Disease - Bacterial</b>		
<b>Absorbable Sulfonamides</b>		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	Tier 1	
<b>Betalactams</b>		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 4	PA; SP
<b>Cephalosporins - 1St Generation</b>		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gram</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cephalexin oral capsule 750 mg</i> (Keflex)	Tier 1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Cephalosporins - 2Nd Generation</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	

Drug	Status	Notes
<b>Cephalosporins - 3Rd Generation</b>		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefditoren pivoxil oral tablet 200 mg</i>	Tier 1	
<i>cefditoren pivoxil oral tablet 400 mg</i> (Spectracef)	Tier 1	
<i>cefixime oral capsule 400 mg</i> (Suprax)	Tier 1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Suprax)	Tier 1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	Tier 2	
<b>Chemotherapeutics, Antibacterial, Misc.</b>		
<i>fosfomycin tromethamine oral packet 3 gram</i> (Monurol)	Tier 1	
HYOPHEN ORAL TABLET 81.6-0.12-10.8 MG	Tier 1	
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	Tier 1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	Tier 1	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i> (Urogesic-Blue)	Tier 1	
PHOSPHASAL ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 2	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
URIMAR-T ORAL TABLET 120-0.12-10.8 MG	Tier 3	
URO-458 ORAL TABLET 81-10.8-40.8 MG	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG	Tier 1	
USTELL ORAL CAPSULE 120-0.12 MG	Tier 1	
<b>Macrolides</b>		
<i>azithromycin oral packet 1 gram</i> (Zithromax)	Tier 1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	Tier 1	
<i>azithromycin oral tablet 600 mg</i>	Tier 1	

Drug	Status	Notes
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Tier 2	ST: Requires prior prescription for Vancomycin oral capsules within the past 120 days; QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG	Tier 2	ST: Requires prior prescription for Vancomycin oral capsules within the past 120 days; QL (20 EA per 30 days)
E.E.S. 400 ORAL TABLET 400 MG	Tier 1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Tier 3	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Tier 3	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG	Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	Tier 1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	Tier 1	
<i>erythromycin oral capsule, delayed release (drlec) 250 mg</i>	Tier 1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>erythromycin oral tablet, delayed release (drlec) 250 mg, 333 mg, 500 mg</i> (Ery-Tab)	Tier 1	
<b>Nitrofurantoin Derivatives</b>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> (Macrochantin)	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i> (Macrochantin)	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i> (Macrobid)	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	Tier 1	

Drug	Status	Notes
<b>Oxazolidinones</b>		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	Tier 1	
<i>linezolid oral tablet 600 mg</i> (Zyvox)	Tier 1	
SIVEXTRO ORAL TABLET 200 MG	Tier 2	ST: Requires prior prescription for Linezolid (600mg tablets) within the past 120 days; QL (6 EA per 6 days)
<b>Penicillins</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	Tier 3	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Pleuromutilin Derivatives</b>		
XENLETA ORAL TABLET 600 MG	Tier 3	PA
<b>Quinolones</b>		
BAXDELA ORAL TABLET 450 MG	Tier 3	PA
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	Tier 2	



Drug	Status	Notes
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 1,000 MG, 500 MG	Tier 3	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	Tier 1	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	Tier 1	
FACTIVE ORAL TABLET 320 MG	Tier 3	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
<b>Tetracyclines</b>		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 150 mg</i> (Acticlate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	Tier 1	ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules within the past 120 days; QL (4 EA per 1 day)
<i>doxycycline hyclate oral tablet 75 mg</i> (Acticlate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	Tier 1	QL (2 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)	Tier 1	ST: Requires prior prescription for Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
MONDOXYNE NL ORAL CAPSULE 100 MG	Tier 1	QL (2 EA per 1 day)
MONDOXYNE NL ORAL CAPSULE 75 MG	Tier 1	ST: Requires prior prescription for Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG	Tier 3	PA
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML	Tier 2	
<b>Infectious Disease - Fungal</b>		
<b>Antifungal Agents</b>		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
CRESEMBA ORAL CAPSULE 186 MG	Tier 3	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	Tier 1	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	Tier 1	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	Tier 1	
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	Tier 1	
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	Tier 3	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 3	
<i>posaconazole oral tablet, delayed release (drlec) 100 mg</i> (Noxafil)	Tier 1	PA
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	Tier 1	
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	Tier 1	

Drug	Status	Notes
<b>Antifungal Antibiotics</b>		
BREXAFEMME ORAL TABLET 150 MG	Tier 3	PA
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
<b>Infectious Disease - Miscellaneous</b>		
<b>Aminoglycosides</b>		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 4	PA; SP
<i>neomycin oral tablet 500 mg</i>	Tier 1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 4	PA; SP
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	Tier 4	PA; SP
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	Tier 4	PA; SP
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak)	Tier 4	PA; SP
<b>Antibacterial Agents, Miscellaneous</b>		
<i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)	Tier 1	
<b>Antileprotics</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 4	PA; SP; QL (2 EA per 1 day)
<b>Anti-Mycobacterium Agents</b>		
<i>ethambutol oral tablet 100 mg</i>	Tier 1	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	Tier 1	
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Tier 3	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	Tier 1	
TRECTOR ORAL TABLET 250 MG	Tier 3	
<b>Antitubercular Antibiotics</b>		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
<i>pretomanid oral tablet 200 mg</i>	Tier 3	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG	Tier 3	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 4	PA; SP

Drug	Status	Notes
<b>Lincosamides</b>		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	Tier 1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	Tier 1	
<b>Rifamycins And Related Derivative Antibiotics</b>		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	Tier 3	ST: Requires prior prescription for Azithromycin, Cipro XR, Cipro, Ciprofloxacin HCL, Ciprofloxacin, Ciprofloxacin/ciprofloxacin HCL, Levofloxacin, or Ofloxacin within the past 120 days; QL (12 EA per 1 FILL)
XIFAXAN ORAL TABLET 200 MG	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG	Tier 2	PA
<b>Vancomycin And Derivatives</b>		
FIRVANQ ORAL RECON SOLN 25 MG/ML	Tier 2	QL (300 ML per 1 FILL)
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	Tier 1	QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	Tier 1	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)	Tier 1	QL (600 ML per 1 FILL)
<b>Infectious Disease - Parasitic</b>		
<b>2Nd Gen. Anaerobic Antiprotozoal-Antibacterial</b>		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Tier 3	ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, Tinidazole, or Vandazole within the past 365 days; QL (1 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Amebicides</b>		
HUMATIN ORAL CAPSULE 250 MG	Tier 3	
<i>paromomycin oral capsule 250 mg</i> (Humatin)	Tier 1	
<b>Anaerobic Antiprotozoal-Antibacterial Agents</b>		
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Anthelmintics</b>		
<i>albendazole oral tablet 200 mg</i> (Albenza)	Tier 1	
EGATEN ORAL TABLET 250 MG	Tier 3	
EMVERM ORAL TABLET, CHEWABLE 100 MG	Tier 2	PA

Drug	Status	Notes
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	Tier 1	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	Tier 1	
<b>Antimalarial Drugs</b>		
ARAKODA ORAL TABLET 100 MG	Tier 3	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	Tier 1	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	Tier 1	
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	QL (36 EA per 16 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (18 EA per 16 days)
COARTEM ORAL TABLET 20-120 MG	Tier 3	
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	Tier 1	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg, 400 mg</i>	Tier 1	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG	Tier 2	QL (2 EA per 1 FILL)
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
<i>primaquine oral tablet 26.3 mg</i>	Tier 2	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	Tier 4	PA; SP
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	Tier 1	
<b>Antiparasitics</b>		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 3	QL (50 ML per 1 day)
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	Tier 1	QL (2 EA per 1 day)
<b>Antiprotozoal Drugs, Miscellaneous</b>		
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	Tier 1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 2	PA
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 3	
NEBUPENT INHALATION RECON SOLN 300 MG	Tier 2	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	Tier 1	
<b>Infectious Disease - Viral</b>		
<b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>		
JULUCA ORAL TABLET 50-25 MG	Tier 4	QL (1 EA per 1 day)
<b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>		
DOVATO ORAL TABLET 50-300 MG	Tier 4	QL (1 EA per 1 day)
<b>Antiretroviral-Nucleoside, Nucleotide, Protease Inh.</b>		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 4	QL (1 EA per 1 day)

Drug	Status	Notes
<b>Antiviral Monoclonal Antibodies</b>		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA; SP
<b>Antivirals, General</b>		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	Tier 1	QL (40 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	Tier 1	QL (20 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	Tier 1	QL (360 ML per 180 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 3	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 3	QL (40 EA per 180 days)
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	Tier 1	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	Tier 1	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG	Tier 3	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	Tier 1	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	Tier 1	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	Tier 1	
XOFLUZA ORAL TABLET 20 MG, 40 MG	Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG	Tier 2	QL (2 EA per 180 days)
<b>Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib</b>		
APTIVUS ORAL CAPSULE 250 MG	Tier 4	QL (4 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 4	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 4	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 4	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 600 MG	Tier 4	QL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 4	QL (16 EA per 1 day)
PREZISTA ORAL TABLET 800 MG	Tier 4	QL (1 EA per 1 day)
<b>Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog</b>		
CIMDUO ORAL TABLET 300-300 MG	Tier 4	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	Tier 4	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	Tier 4	QL (1 EA per 1 day)

Drug	Status	Notes
<i>emtricitabine-tenofovir (tdf) oral tablet</i> (Truvada) 200-300 mg	Tier 4	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
TEMIXYS ORAL TABLET 300-300 MG	Tier 4	QL (1 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	Tier 4	QL (1 EA per 1 day)
<b>Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb</b>		
<i>abacavir-lamivudine oral tablet</i> 600-300 mg (Epzicom)	Tier 4	QL (1 EA per 1 day)
<i>abacavir-lamivudine-zidovudine oral tablet</i> 300-150-300 mg (Trizivir)	Tier 4	QL (2 EA per 1 day)
<i>lamivudine-zidovudine oral tablet</i> 150-300 mg (Combivir)	Tier 4	QL (2 EA per 1 day)
<b>Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.</b>		
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 4	QL (31 ML per 1 day)
SELZENTRY ORAL TABLET 150 MG, 75 MG	Tier 4	QL (2 EA per 1 day)
SELZENTRY ORAL TABLET 25 MG, 300 MG	Tier 4	QL (4 EA per 1 day)
<b>Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor</b>		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 4	PA
<b>Antivirals, Hiv-Specific, Fusion Inhibitors</b>		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 4	QL (2 EA per 1 day)
<b>Antivirals, Hiv-Specific, Non-Nucleoside, Rti</b>		
EDURANT ORAL TABLET 25 MG	Tier 4	QL (1 EA per 1 day)
<i>efavirenz oral capsule</i> 200 mg, 50 mg (Sustiva)	Tier 4	
<i>efavirenz oral tablet</i> 600 mg (Sustiva)	Tier 4	
<i>etravirine oral tablet</i> 100 mg (Intelence)	Tier 4	QL (4 EA per 1 day)
<i>etravirine oral tablet</i> 200 mg (Intelence)	Tier 4	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	Tier 4	QL (4 EA per 1 day)
<i>nevirapine oral suspension</i> 50 mg/5 ml (Viramune)	Tier 4	QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i> 200 mg	Tier 4	QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release</i> 24 hr 100 mg	Tier 4	QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release</i> 24 hr 400 mg (Viramune XR)	Tier 4	QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG	Tier 4	QL (2 EA per 1 day)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	Tier 4	

Drug	Status	Notes
<b>Antivirals, Hiv-Specific, Nucleoside Analog, Rti</b>		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	Tier 4	QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i> (Ziagen)	Tier 4	QL (2 EA per 1 day)
<i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i>	Tier 4	QL (1 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	Tier 4	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 4	QL (850 ML per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	Tier 4	QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i> (Epivir)	Tier 4	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	Tier 4	QL (1 EA per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 4	QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	Tier 4	QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	Tier 4	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 4	QL (2 EA per 1 day)
<b>Antivirals, Hiv-Specific, Nucleotide Analog, Rti</b>		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	Tier 4	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 4	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 4	QL (1 EA per 1 day)
<b>Antivirals, Hiv-Specific, Protease Inhibitor Comb</b>		
KALETRA ORAL TABLET 100-25 MG	Tier 4	QL (10 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG	Tier 4	QL (4 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	Tier 4	QL (480 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	Tier 4	QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	Tier 4	QL (4 EA per 1 day)
<b>Antivirals, Hiv-Specific, Protease Inhibitors</b>		
<i>atazanavir oral capsule 150 mg, 200 mg</i> (Reyataz)	Tier 4	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	Tier 4	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	Tier 4	QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	Tier 4	QL (4 EA per 1 day)
INVIRASE ORAL TABLET 500 MG	Tier 4	QL (4 EA per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 4	QL (1800 ML per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 4	QL (12 EA per 1 day)



Drug	Status	Notes
NORVIR ORAL SOLUTION 80 MG/ML	Tier 4	QL (480 ML per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 4	QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i> (Norvir)	Tier 4	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 4	
<b>Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr</b>		
ISENTRESS HD ORAL TABLET 600 MG	Tier 4	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 4	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	Tier 4	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Tier 4	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 4	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 4	QL (6 EA per 1 day)
<b>Arv Cmb Nucleoside,Nucleotide,&amp;Non-Nucleoside Rti</b>		
COMPLERA ORAL TABLET 200-25-300 MG	Tier 4	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 4	QL (1 EA per 1 day)
<i>efavirenz-emtricitabin-tenofof oral tablet 600-200-300 mg</i> (Atripla)	Tier 4	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofof disop oral tablet 400-300-300 mg</i> (Symfi Lo)	Tier 4	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofof disop oral tablet 600-300-300 mg</i> (Symfi)	Tier 4	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 4	QL (1 EA per 1 day)
<b>Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor</b>		
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 4	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 4	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 4	QL (1 EA per 1 day)
<b>Arv Comb-Nrtis &amp; Integrase Inhibitor</b>		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 4	QL (1 EA per 1 day)
<b>Cytochrome P450 Inhibitors</b>		
TYBOST ORAL TABLET 150 MG	Tier 2	QL (1 EA per 1 day)
<b>Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo</b>		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 4	PA; SP

Drug	Status	Notes
<b>Hep C Virus - Ns5a &amp; Ns5b Polymerase Inhib. Combo.</b>		
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Tier 4	PA; SP
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 4	PA; SP
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Tier 4	PA; SP
<b>Hep C Virus, Nucleotide Analog Ns5b Polymerase Inh</b>		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Tier 4	PA; SP
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 4	PA; SP
<b>Hepatitis B Treatment Agents</b>		
<i>adefovir oral tablet 10 mg</i> (Hepsera)	Tier 4	SP; QL (1 EA per 1 day)
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	Tier 4	SP; QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	Tier 4	SP; QL (1 EA per 1 day)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	Tier 2	QL (720 ML per 30 days)
<i>lamivudine oral tablet 100 mg</i> (EpiVir HBV)	Tier 1	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	Tier 4	SP; ST: Requires prior prescription for Tenofovir Disoproxil Fumarate within the past 120 days; QL (1 EA per 1 day)
<b>Hepatitis C Treatment Agents</b>		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 4	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 4	PA; SP
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
<b>Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb</b>		
MAVYRET ORAL TABLET 100-40 MG	Tier 4	PA; SP
<b>Inflammatory Disease</b>		
<b>Anti-Arthritic And Chelating Agents</b>		
CUPRIMINE ORAL CAPSULE 250 MG	Tier 4	PA; SP
D-PENAMINE ORAL TABLET 125 MG	Tier 4	PA; SP
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	Tier 4	PA; SP
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	Tier 4	PA; SP
<b>Anti-Arthritic, Folate Antagonist Agents</b>		
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Tier 2	QL (1.6 ML per 28 days)

Drug	Status	Notes
<b>Anti-Flam. Interleukin-1 Receptor Antagonist</b>		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 4	SP
<b>Anti-Inflammatory Tumor Necrosis Factor Inhibitor</b>		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 4	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 4	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 4	PA; SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 4	PA; SP
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	Tier 4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 4	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 4	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 4	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 4	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	Tier 4	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 4	PA; SP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 4	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 4	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 4	PA; SP

Drug	Status	Notes
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 4	PA; SP
<b>Anti-Inflammatory, Pyrimidine Synthesis Inhibitor</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	Tier 1	
<b>Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.</b>		
OTEZLA ORAL TABLET 30 MG	Tier 4	PA; SP
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	Tier 4	PA; SP
<b>Antinflammatory, Sel.Costim.Mod., T-Cell Inhibitor</b>		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 4	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	Tier 4	PA; SP
<b>Bradykinin B2 Receptor Antagonists</b>		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)	Tier 4	PA; SP
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Tier 4	PA; SP
<b>C1 Esterase Inhibitors</b>		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 4	PA; SP
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	Tier 4	PA; SP
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 4	PA; SP
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 4	PA; SP
<b>Glucocorticoids</b>		
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 4	PA; SP
BETALOAN SUIK KIT 6 MG/ML	Tier 3	
<i>budesonide oral capsule, delayed, extend.release 3 mg</i> (Entocort EC)	Tier 1	
<i>budesonide oral tablet, delayed and ext.release 9 mg</i> (Uceris)	Tier 1	ST: Requires prior prescription for Balsalazide Disodium within the past 120 days
DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG	Tier 1	

Drug	Status	Notes
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 3	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i> (Decadron)	Tier 1	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>	Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Tier 4	PA; SP
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Tier 4	PA; SP
HEMADY ORAL TABLET 20 MG	Tier 3	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	Tier 1	
MEDROL ORAL TABLET 2 MG	Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML	Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML	Tier 3	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)	Tier 1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	Tier 1	
MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS), 5 MG (48 TABS)	Tier 2	
MILLIPRED ORAL TABLET 5 MG	Tier 2	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	Tier 1	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	Tier 1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	Tier 1	
PREDNISONONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Tier 1	

Drug	Status	Notes
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	Tier 3	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Tier 3	
TRILOAN II SUIK KIT 40 MG/ML	Tier 3	
TRILOAN SUIK KIT 40 MG/ML	Tier 3	
<b>Gold Salts</b>		
RIDAURA ORAL CAPSULE 3 MG	Tier 3	
<b>Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib</b>		
BENLYSTA SUBCUTANEOUS AUTO- INJECTOR 200 MG/ML	Tier 4	PA; SP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 4	PA; SP
<b>Interleukin-6 (Il-6) Receptor Inhibitors</b>		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 4	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 4	PA; SP
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 4	PA; SP
<b>Janus Kinase (Jak) Inhibitors</b>		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	Tier 4	PA; SP
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 4	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 4	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 4	PA; SP
<b>Mineralocorticoids</b>		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	
<b>Monoclonal Antibody-Human Interleukin 12/23 Inhib</b>		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 4	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 4	PA; SP
<b>Nsaid &amp; Topical Irritant Counter-Irritant Comb.</b>		
COMFORT PAC-IBUPROFEN KIT 800 MG	Tier 3	
COMFORT PAC-MELOXICAM KIT 15 MG	Tier 3	
COMFORT PAC-NAPROXEN KIT 500 MG	Tier 3	

Drug	Status	Notes
<b>Nsaids (Cox Non-Specific Inhib)&amp; Prostaglandin Cmb</b>		
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50)	Tier 1	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75)	Tier 1	
<b>Nsaids, Cyclooxygenase 2 Inhibitor - Type</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	Tier 1	
<b>Nsaids, Cyclooxygenase Inhibitor-Type</b>		
<i>diclofenac potassium oral tablet 50 mg</i> (Cataflam)	Tier 1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	Tier 1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg</i> (Lodine)	Tier 1	
<i>etodolac oral tablet 500 mg</i>	Tier 1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Tier 1	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	Tier 1	
INDOCIN ORAL SUSPENSION 25 MG/5 ML	Tier 2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	Tier 1	
<i>ketorolac injection cartridge 15 mg/ml, 30 mg/ml</i>	Tier 1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	Tier 1	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	Tier 1	
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	Tier 1	

Drug	Status	Notes
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 1	
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)	Tier 1	
<i>nabumetone oral tablet 500 mg, 750 mg</i> (Relafen)	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	Tier 1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	Tier 1	
<i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i> (EC-Naproxen)	Tier 1	
<i>naproxen sodium oral tablet 275 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	Tier 1	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	Tier 1	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	Tier 1	
RELAFEN ORAL TABLET 500 MG, 750 MG	Tier 3	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
<i>tolmetin oral capsule 400 mg</i>	Tier 1	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML	Tier 3	
TORONOVA SUIK KIT 30 MG/ML	Tier 3	
<b>Plasma Kallikrein Inhibitors</b>		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 4	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 4	PA; SP
<b>Local Anesthesia</b>		
<b>Local Anesthetics</b>		
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %	Tier 1	
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML	Tier 3	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	Tier 1	
<i>lidocaine hcl mucous membrane solution 2 %</i> (Lidocaine Viscous)	Tier 1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	Tier 1	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)	Tier 3	



Drug	Status	Notes
<b>Periodontal Anesthetics</b>		
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %	Tier 3	
<b>Lower Gastrointestinal Disorders - Bowel Inflammation</b>		
<b>Chronic Inflammation of the Colon, 5-Aminosalicylates, Rectal Treatment</b>		
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	Tier 1	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	Tier 1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i> (Rowasa)	Tier 1	
<b>Drug Treatment of Chronic Inflammation of the Colon, 5-Aminosalicylates</b>		
<i>balsalazide oral capsule 750 mg</i> (Colazal)	Tier 1	
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	Tier 1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	Tier 1	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i> (Asacol HD)	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	Tier 2	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	Tier 1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	Tier 1	
<b>Hemorrhoidal Preparation, Anti-Inflammation Steroid/Local Anesthetic</b>		
ANA-LEX KIT RECTAL KIT 2-2 %	Tier 1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i> (Analpram-HC)	Tier 1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)</i> (Analpram-HC Singles)	Tier 1	
<i>lidocaine hcl-hydrocortisone ac rectal cream 3-0.5 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortisone ac rectal gel 3 %-2.5 % (7 gram)</i>	Tier 1	
<i>lidocaine hcl-hydrocortisone ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 %	Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 %	Tier 2	
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 %	Tier 3	

Drug	Status	Notes
<b>Ibs Agents,Mixed Opioid Recep Agonists/Antagonists</b>		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 3	PA
<b>Irritable Bowel Agents,Guanylate Cylase-C Agonist</b>		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	QL (1 EA per 1 day)
<b>Local Anorectal Nitrate Preparations</b>		
RECTIV RECTAL OINTMENT 0.4 % (W/W)	Tier 3	
<b>Rectal Preparations</b>		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)	Tier 1	
<i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC)	Tier 1	
<b>Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)</b>		
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Tier 3	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	Tier 1	
UCERIS RECTAL FOAM 2 MG/ACTUATION	Tier 3	ST: Requires prior prescription for Mesalamine W/cleansing Wipes or Mesalamine within the past 120 days
<b>Lower Gastrointestinal Disorders - Other</b>		
<b>Ammonia Inhibitors</b>		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	Tier 4	SP
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 1	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	Tier 1	
LITHOSTAT ORAL TABLET 250 MG	Tier 3	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Tier 4	PA; SP
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)	Tier 4	PA; SP
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	Tier 4	PA; SP
<b>Antidiarrheal - G.I. Chloride Channel Inhibitors</b>		
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	Tier 3	ST: Requires prior prescription for Antiretrovirals within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
<b>Antidiarrheal - Tryptophan Hydroxylase Inhibitor</b>		
XERMELO ORAL TABLET 250 MG	Tier 4	PA; SP
<b>Antidiarrheals</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	Tier 1	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	Tier 1	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
<b>Bile Salts</b>		
CHENODAL ORAL TABLET 250 MG	Tier 4	PA; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 4	PA; SP
<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	Tier 1	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	Tier 1	
<b>Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog</b>		
OALIVA ORAL TABLET 10 MG, 5 MG	Tier 4	PA; SP
<b>Ileal Bile Acid Transporter (Ibat) Inhibitor</b>		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Tier 4	PA; SP
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	Tier 4	PA; SP
<b>Irritable Bowel Synd. Agent, 5HT-3 Antagonist-Type</b>		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	Tier 1	
<b>Laxatives And Cathartics</b>		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	Tier 2	\$0 COPAY IF AGE 45-75 YEARS
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 1	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	Tier 1	\$0 COPAY IF AGE 45-75 YEARS
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	Tier 1	\$0 COPAY IF AGE 45-75 YEARS
GAVILYTE-N ORAL RECON SOLN 420 GRAM	Tier 1	\$0 COPAY IF AGE 45-75 YEARS
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	Tier 1	
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	Tier 1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	Tier 1	ST: Requires prior prescription for Linzess or Movantik within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
NULYTELY LEMON-LIME ORAL RECON SOLN 420 GRAM	Tier 3	\$0 COPAY IF AGE 45-75 YEARS
OSMOPREP ORAL TABLET 1.5 GRAM	Tier 3	\$0 COPAY IF AGE 45-75 YEARS
<i>peg 3350-electrolytes oral recon soln</i> (GaviLyte-G) 236-22.74-6.74 -5.86 gram	Tier 1	\$0 COPAY IF AGE 45-75 YEARS
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> (MoviPrep)	Tier 1	\$0 COPAY IF AGE 45-75 YEARS
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	Tier 1	\$0 COPAY IF AGE 45-75 YEARS
PEG-PREP ORAL KIT 5-210 MG-GRAM	Tier 1	\$0 COPAY IF AGE 45-75 YEARS
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	Tier 3	\$0 COPAY IF AGE 45-75 YEARS
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	Tier 2	\$0 COPAY IF AGE 45-75 YEARS
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM	Tier 2	\$0 COPAY IF AGE 45-75 YEARS
TRILYTE WITH FLAVOR PACKETS ORAL RECON SOLN 420 GRAM	Tier 1	\$0 COPAY IF AGE 45-75 YEARS
<b>Narcotic Antagonists, Peripherally-Acting</b>		
<i>alvimopan oral capsule 12 mg</i> (Entereg)	Tier 1	
ENTEREG ORAL CAPSULE 12 MG	Tier 3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Tier 3	PA; QL (3 EA per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 3	PA; QL (0.6 ML per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	Tier 3	PA; QL (0.6 ML per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	Tier 3	PA; QL (0.4 ML per 1 day)
<b>Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs</b>		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	PA; SP
<b>Medical Supplies</b>		
<b>Bandages And Related Supplies</b>		
ACESO AG TOPICAL BANDAGE 4 X 4 "	Tier 3	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "	Tier 3	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 "	Tier 3	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL	Tier 3	

Drug	Status	Notes
CURAFIL GEL WOUND TOPICAL GEL	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET	Tier 3	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 "	Tier 3	
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD	Tier 3	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD	Tier 3	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75"	Tier 3	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 "	Tier 3	
NUVA III TOPICAL SHEET 10 CM X 12 CM	Tier 3	
NUVAGEL TOPICAL SHEET 10 CM X 12 CM	Tier 3	
NUVAZIL II TOPICAL SHEET 10 CM X 12 CM	Tier 3	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM	Tier 3	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM	Tier 3	
POLYTOZA TOPICAL SHEET 5 CM X 14 CM	Tier 3	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 "	Tier 3	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 "	Tier 3	
SILADERM TOPICAL SHEET 5 CM X 14 CM	Tier 3	
SPECTRAGEL TOPICAL GEL	Tier 3	
STRATACTX TOPICAL GEL	Tier 3	
STRATAGRT TOPICAL GEL	Tier 3	
STRATAVRT TOPICAL GEL	Tier 3	
SZOSIL TOPICAL STRIP 1.4 X 6 "	Tier 3	
<b>Catheters And Related Devices</b>		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-"	Tier 3	

Drug	Status	Notes
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8-14 FR-	Tier 3	
APOGEE IC INTERMITT CATHETER 14-6 FR-	Tier 3	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-	Tier 3	
BARDEX I.C. FOLEY CATHETER 24 FR	Tier 3	
CURITY DRAINAGE BAG 2,000 ML	Tier 3	
DOVER COATED LATEX FOLEY COMBO PACK	Tier 3	
DOVER FOLEY CATHETER 24 FR	Tier 3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR	Tier 3	
DOVER RED RUBBER ROBINSON CATH 8 FR	Tier 3	
DOVER UNIVERSAL TRAY	Tier 3	
FEMALE CATHETER 14 FR	Tier 3	
KENGUARD FOLEY CATHETER 18-16 FR-	Tier 3	
KENGUARD FOLEY CATHETER TRAY	Tier 3	
LOFRIC 12-16 FR-", 14-16 FR-	Tier 3	
LOFRIC ORIGO 14-16 FR-	Tier 3	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-	Tier 3	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-	Tier 3	
MONO-FLO DRAINAGE BAG 2,000 ML	Tier 3	
ROBINSON CLEAR VINYL CATHETER 16 FR	Tier 3	
SELF-CATHETER, FEMALE 14 FR	Tier 3	
SILASTIC FOLEY CATHETER 20 FR	Tier 3	
SPEEDICATH (FEMALE) 16 FR	Tier 3	
TOUCH-TROL 10 FR	Tier 3	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8"	Tier 3	
<b>Durable Medical Equipment,Misc</b>		
ALL FLOW 1000 KIT	Tier 3	
ALL FLOW 1000 PFT FILTER	Tier 3	
ALL FLOW 3000 KIT	Tier 3	
ALL FLOW 3000 PFT FILTER	Tier 3	
ALL FLOW 4000 KIT	Tier 3	
ALL FLOW 4000 PFT FILTER	Tier 3	
ALL FLOW 5000 KIT	Tier 3	
ALL FLOW 5000 PFT FILTER	Tier 3	
ALL FLOW 6000 PFT FILTER	Tier 3	
AMIELLE VAGINAL TRAINER KIT	Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY	Tier 3	

Drug	Status	Notes
CEFALY COMBO PACK	Tier 3	
HYPERSONIQ NEBULIZER CARTRIDGE	Tier 3	
INNOSPIRE REPLACEMENT FILTER	Tier 3	
INSPIRATION ELITE FILTER	Tier 3	
NOSE CLIP	Tier 3	
PARI BABY CONV KIT - SIZE 1 KIT	Tier 3	
PARI BABY CONV KIT - SIZE 2 KIT	Tier 3	
PARI BABY CONV KIT - SIZE 3 KIT	Tier 3	
PARI TREK S PORTABLE PWR KIT	Tier 3	
PILLOW MASK CHILD	Tier 3	
PRO COMFORT TENS ELECTRODE PAD	Tier 3	
PRO COMFORT TENS UNIT COMBO PACK	Tier 3	
PRO-CEPTION VAGINAL	Tier 3	
PRONEB ULTRA II FILTER ASSEM	Tier 3	
REUSABLE NEBULIZER KIT KIT	Tier 3	
RUBBER MOUTHPIECE	Tier 3	
SAMI THE SEAL MASK	Tier 3	
SIDESTREAM MASK	Tier 3	
SILICONE MASK	Tier 3	QL (2 EA per 180 days)
TENS 502 DEVICE	Tier 3	
TENS 504 DEVICE	Tier 3	
<b>Durable Medical Equipment,Misc(Group 1)</b>		
1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE	Tier 2	
ACCU-CHEK FASTCLIX LANCET DRUM	Tier 2	
ACCU-CHEK MULTICLIX LANCET	Tier 2	
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 2	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS	Tier 2	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE	Tier 2	
ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
ADVOCATE LANCET 26 GAUGE, 30 GAUGE	Tier 2	
ALTERNATE SITE LANCET 26 GAUGE	Tier 2	
ASSURE HAEMOLANCE PLUS 1.2 MM, 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 2	
ASSURE LANCE 25 GAUGE, 28 GAUGE	Tier 2	
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
BD MICROTAINER LANCET 1.5 X 2 MM, 21 GAUGE, 30 GAUGE	Tier 2	
BD ULTRA FINE LANCETS 33 GAUGE	Tier 2	
BD ULTRA-FINE II LANCETS 30 GAUGE	Tier 2	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 2	
BUTTERFLY TOUCH LANCET 30 GAUGE	Tier 2	
CAREONE THIN LANCET	Tier 2	
CAREONE ULTRA THIN LANCET	Tier 2	
CARESENS LANCETS 30 GAUGE	Tier 2	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE	Tier 2	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
CLEVER CHEK LANCETS 30 GAUGE	Tier 2	
COAGUCHEK LANCETS	Tier 2	
COLOR LANCETS 21 GAUGE	Tier 2	
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE	Tier 2	
COMFORT LANCETS	Tier 2	
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE	Tier 2	
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	Tier 2	
DROPLET LANCETS 30 GAUGE	Tier 2	
EASY COMFORT LANCETS 30 GAUGE	Tier 2	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 2	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 2	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 2	
EASY TWIST AND CAP LANCETS 28 GAUGE	Tier 2	
EMBRACE LANCETS 30 GAUGE	Tier 2	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 2	
E-Z JECT THIN LANCETS 28 GAUGE	Tier 2	
EZ SMART LANCETS 28 GAUGE	Tier 2	
EZ-LETS 26 GAUGE	Tier 2	
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE	Tier 2	
FINE 30 UNIVERSAL LANCETS 30 GAUGE	Tier 2	
FINGERSTIX LANCETS	Tier 2	



Drug	Status	Notes
FORACARE LANCETS 30 GAUGE	Tier 2	
FREESTYLE LANCETS 28 GAUGE	Tier 2	
FREESTYLE UNISTIK 2	Tier 2	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
GOJJI LANCETS 30 GAUGE	Tier 2	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE	Tier 2	
INCONTROL SUPER THIN LANCETS 30 GAUGE	Tier 2	
INCONTROL ULTRA THIN LANCETS 28 GAUGE	Tier 2	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
INVACARE LANCETS 30 GAUGE	Tier 2	
<i>lancets</i> (Accu-Chek Fastclix Lancet Drum)	Tier 2	
<i>lancets 21 gauge</i> (Assure Haemolance Plus)	Tier 2	
<i>lancets 26 gauge</i> (Advocate Lancet)	Tier 2	
<i>lancets 28 gauge, 30 gauge</i> (1st Tier Unilet ComforTouch)	Tier 2	
<i>lancets 33 gauge</i> (BD Ultra Fine Lancets)	Tier 2	
LANCETS, SUPER THIN	Tier 2	
LANCETS, THIN , 23 GAUGE, 28 GAUGE	Tier 2	
LANCETS, ULTRA THIN , 26 GAUGE	Tier 2	
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
MEDISENSE THIN LANCETS 28 GAUGE	Tier 2	
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE	Tier 2	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	Tier 2	
MICRO THIN LANCETS 33 GAUGE	Tier 2	
MICROLET LANCET	Tier 2	
MONOLET LANCETS 21 GAUGE	Tier 2	
MONOLET THIN LANCETS 28 GAUGE	Tier 2	
MYGLUCOHEALTH LANCETS 30 GAUGE	Tier 2	
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE	Tier 2	
NOVA SUREFLEX LANCETS	Tier 2	
ON CALL LANCET 30 GAUGE	Tier 2	
ON CALL PLUS LANCET 30 GAUGE	Tier 2	
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE	Tier 2	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	Tier 2	

Drug	Status	Notes
ONETOUCH SURESOFT LANCING DEV 28 GAUGE	Tier 2	
ONETOUCH ULTRASOFT LANCETS	Tier 2	
ON-THE-GO LANCETS 30 GAUGE	Tier 2	
PIP LANCET 28 GAUGE, 30 GAUGE	Tier 2	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	Tier 2	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE	Tier 2	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	Tier 2	
PRODIGY TWIST TOP LANCET 28 GAUGE	Tier 2	
PURE COMFORT LANCETS 30 GAUGE	Tier 2	
PURE COMFORT SAFETY LANCETS 30 GAUGE	Tier 2	
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE	Tier 2	
READYLANCER SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
RELIAMED TWIST AND CAP LANCET 28 GAUGE	Tier 2	
RELION THIN LANCETS 26 GAUGE	Tier 2	
RELION ULTRA THIN PLUS LANCETS	Tier 2	
RIGHTEST GL300 LANCETS 30 GAUGE	Tier 2	
SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE	Tier 2	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
SAFETY-LET LANCETS 30 GAUGE	Tier 2	
SINGLE-LET	Tier 2	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE	Tier 2	
SMARTEST LANCET	Tier 2	
SOFT TOUCH LANCETS	Tier 2	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
STERILANCE TL 30 GAUGE, 32 GAUGE	Tier 2	
SUPER THIN LANCETS , 28 GAUGE, 30 GAUGE	Tier 2	

Drug	Status	Notes
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
SURE-LANCE , 26 GAUGE, 28 GAUGE	Tier 2	
SURE-LANCE ULTRA THIN 30 GAUGE	Tier 2	
SURE-TOUCH LANCET	Tier 2	
TECHLITE LANCETS 25 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
TELCARE LANCETS 30 GAUGE	Tier 2	
THIN LANCETS 26 GAUGE	Tier 2	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE	Tier 2	
TRUE COMFORT LANCET 30 GAUGE	Tier 2	
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
TWIST LANCETS 30 GAUGE, 32 GAUGE	Tier 2	
ULTILET BASIC LANCETS 30 GAUGE	Tier 2	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
ULTILET SAFETY LANCETS 23 GAUGE	Tier 2	
ULTRA FINE LANCETS 30 GAUGE	Tier 2	
ULTRA THIN II LANCETS 30 GAUGE	Tier 2	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE	Tier 2	
ULTRA THIN PLUS LANCETS 33 GAUGE	Tier 2	
ULTRA TLC LANCETS	Tier 2	
ULTRA-CARE LANCETS 30 GAUGE	Tier 2	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	Tier 2	
ULTRA-THIN II LANCETS 28 GAUGE	Tier 2	
UNILET COMFORTOUCH LANCET , 26 GAUGE	Tier 2	
UNILET EXCELITE II LANCET	Tier 2	
UNILET EXCELITE LANCET	Tier 2	
UNILET GP LANCET	Tier 2	
UNILET LANCET 28 GAUGE, 33 GAUGE	Tier 2	
UNILET LANCETS 30 GAUGE	Tier 2	
UNILET SUPER THIN LANCETS 30 GAUGE	Tier 2	
UNISTIK 3 COMFORT LANCET	Tier 2	
UNISTIK 3 EXTRA LANCET 21 GAUGE	Tier 2	
UNISTIK 3 GENTLE 30 GAUGE	Tier 2	
UNISTIK 3 LANCETS 21 GAUGE	Tier 2	

Drug	Status	Notes
UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 2	
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE	Tier 2	
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 2	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	Tier 2	
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
VIVAGUARD LANCET 30 GAUGE	Tier 2	
<b>Feeding Devices</b>		
ENTERAL GRAVITY BAG SET-ENFIT	Tier 3	
KANGAROO 924 SAFETY SCREW	Tier 3	
KANGAROO EPUMP SET	Tier 3	
KANGAROO GRAVITY SET	Tier 3	
RELIZORB CARTRIDGE	Tier 3	
<b>Incontinence Supplies</b>		
FLEXI-SEAL SIGNAL FMS RECTAL	Tier 3	
<b>Medical Supplies,Miscellaneous</b>		
VARITHENA ADMINISTRATION PACK	Tier 3	
<b>Medical Supplies,Miscellaneous(Group 2)</b>		
EAR POPPER INFLATION DEVICE NASAL DEVICE	Tier 3	
PCCA ACCUPEN-15 DEVICE	Tier 3	
<b>Medical Supplies,Miscellaneous(Group 3)</b>		
<i>myelogram tray tray</i>	Tier 3	
<b>Ostomy Supplies</b>		
ASSURA EASICLOSE MINI POUCH 10 1/4-470 "-ML	Tier 3	
NUTRIPOINT BALLOON KIT	Tier 3	
SENSURA CLICK OSTOMY POUCH	Tier 3	
SENSURA FLEX OSTOMY BASE PLATE	Tier 3	
SENSURA FLEX OSTOMY POUCH	Tier 3	
SENSURA OSTOMY BASE PLATE	Tier 3	
<b>Parenteral Administration Sets</b>		
ACCU-CHEK LINKASSIST INS DEV	Tier 3	
ACCU-CHEK RAPID-D LINK 70 CM	Tier 3	
ACCU-CHEK RAPID-D LINK INFUSION SET 10 X 20 MM-CM	Tier 3	
ACCU-CHEK SPIRIT ADAPTER	Tier 3	
ACCU-CHEK SPIRIT CARTRIDGE SYS	Tier 3	
ACCU-CHEK SPIRIT CLIP CASE	Tier 3	

Drug	Status	Notes
BD INSYTE AUTOGUARD INFUSION SET 24 GAUGE X 3/4"	Tier 3	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"	Tier 3	
FILTERED EXTENSION SET INFUSION SET	Tier 3	
HI-VOLUME PUMPING CHAMBER SET	Tier 3	
INSUFLON INFUSION SET 25 X 18 MM	Tier 3	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 "	Tier 3	
I-PORT	Tier 3	
I-PORT ADVANCE 6 MM INJEC PORT	Tier 3	
I-PORT ADVANCE 9 MM INJEC PORT	Tier 3	
MICROBORE EXTENSION SET INFUSION SET	Tier 3	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY	Tier 3	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 "	Tier 3	
PARADIGM SILHOUETTE INFUS SET	Tier 3	
PHASEAL ASSEMBLY FIXTURE DEVICE	Tier 3	
PHASEAL CONNECTOR LUER LOCK	Tier 3	
PHASEAL INFUSION ADAPTER	Tier 3	
PHASEAL INFUSION CLAMP	Tier 3	
PHASEAL INJECTOR LUER	Tier 3	
PHASEAL INJECTOR LUER LOCK	Tier 3	
PHASEAL SECONDARY SET INFUSION SET	Tier 3	
PHASEAL Y-SITE	Tier 3	
RATE FLOW REGULATOR IV SET INFUSION SET	Tier 3	
SURE-T INFUSION SET	Tier 3	
<b>Syringes And Accessories</b>		
ADVOCATE SYRINGES SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8"	Tier 3	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 3/8"	Tier 3	

Drug	Status	Notes
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8"	Tier 3	
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 2	
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 27 X 1/2"	Tier 3	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2"	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	Tier 2	
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 2	
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 2	
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2"	Tier 2	
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	Tier 2	
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	Tier 2	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"	Tier 2	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"	Tier 2	
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 2	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 27 X 1/2"	Tier 3	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 2	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 2	

Drug	Status	Notes
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"	Tier 2	
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 2	
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"	Tier 2	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	Tier 2	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Tier 2	
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 2	

Drug	Status	Notes
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 2	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	Tier 2	
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 2	
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML	Tier 2	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 2	
EASY TOUCH UNI-SLIP SYRINGE 1 ML	Tier 2	
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1"	Tier 3	
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	Tier 2	
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 2	
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 2	
<i>insulin syr/ndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i> (UltiCare Insulin Syr(half unit))	Tier 2	
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2"	Tier 2	
<i>insulin syringe needleless syringe 1 ml</i> (BD Insulin Syringe Slip Tip)	Tier 2	



Drug	Status	Notes
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge</i> (Ultilet Insulin Syringe)	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 5/16</i> (Advocate Syringes)	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 30</i> (Ultra Comfort Insulin Syringe)	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 1/2"</i> (BD Insulin Syringe Ultra-Fine)	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 1/4", 1 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 1/4"</i> (Sure Comfort Insulin Syringe)	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 15/64", 1 ml 31 gauge x 15/64", 1/2 ml 31 gauge x 15/64"</i> (BD Veo Insulin Syringe UF)	Tier 2	
<i>insulin syringe-needle u-100 syringe 1 ml 27 gauge x 1/2", 1 ml 28 gauge x 1/2"</i> (BD Insulin Syringe)	Tier 2	
<i>insulin syringe-needle u-100 syringe 1 ml 28 gauge, 1 ml 30 gauge x 7/16", 1/2 ml 28 gauge, 1/2 ml 29, 1/2 ml 30 gauge</i> (Lite Touch Insulin Syringe)	Tier 2	
<i>insulin syringe-needle u-100 syringe 1 ml 29 gauge x 7/16"</i>	Tier 2	
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 1/2"</i> (BD Eclipse Luer-Lok)	Tier 2	
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"</i> (Thinpro Insulin Syringe)	Tier 2	
<i>insulin syringe-needle u-100 syringe 1/2 ml 27 gauge x 1/2"</i> (Easy Touch Insulin Syringe)	Tier 2	
<i>insulin syringe-needle u-100 syringe 1/2 ml 28 gauge x 1/2"</i> (BD Lo-Dose Micro-Fine IV)	Tier 2	
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1"	Tier 3	
INTERLINK LEVER LOCK CANNULA	Tier 3	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML	Tier 3	
KENDALL DISINFECTANT CAP	Tier 3	

Drug	Status	Notes
LITE TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	Tier 2	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	Tier 2	
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1"	Tier 3	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	Tier 2	
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2"	Tier 3	
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 3	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2"	Tier 2	
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 2	
MINIMED SYRINGE RESERVOIR 1.8 ML, 3 ML	Tier 3	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML, 3 ML, 35 ML, 6 ML, 60 ML	Tier 3	
MONOJECT ENFIT SYRINGE CAP	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 12 ML	Tier 3	
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2"	Tier 2	

Drug	Status	Notes
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML , 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 3 ML 20 GAUGE X 1"	Tier 3	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML	Tier 3	
MONOJECT REGULAR LUER SYRINGE 12 ML	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE , 12 ML 21X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 6 ML	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 12 ML, 3 ML, 6 ML	Tier 3	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	Tier 2	
MONOJECT SYRINGE SYRINGE 3 ML, 6 ML, 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2"	Tier 3	
MONOJECT TB LUER LOK SYRINGE 1 ML	Tier 3	
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE	Tier 2	
NORM-JECT SYRINGE 10 ML, 20 ML	Tier 3	
NORM-JECT TUBERKULIN SYRINGE 1 ML	Tier 3	
PARADIGM RESERVOIR 1.8 ML, 3 ML	Tier 3	
PISTON SYRINGE WITH ENFIT SYRINGE 60 ML	Tier 3	
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	Tier 2	

Drug	Status	Notes
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 2	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"	Tier 2	
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	
SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2"	Tier 3	
<i>syringe (disposable) syringe 5 ml</i>	(BD Bulk Syringe Slip Tip)	Tier 3
<i>syringe with needle, safety syringe 1 ml 25 gauge x 5/8"</i>	(Monoject Magellan Syringe)	Tier 3
<i>syringe with needle, safety syringe 3 ml 22 gauge x 1"</i>	(SurGuard2 Safety)	Tier 3
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	Tier 2	

Drug	Status	Notes
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	Tier 2	
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Tier 2	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Tier 2	
TOOMEY SYRINGE SYRINGE 70 ML	Tier 3	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	Tier 2	
TRUE COMFORT PRO INS SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Tier 2	
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	

Drug	Status	Notes
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1"	Tier 3	
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	Tier 2	
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4"	Tier 2	
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	Tier 2	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"	Tier 3	
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16"	Tier 2	
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29	Tier 2	
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	Tier 2	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	Tier 2	
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	Tier 2	

Drug	Status	Notes
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2"	Tier 2	
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"	Tier 2	
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	
<b>Miscellaneous Agents</b>		
<b>Amyloidosis Agents-Transthyretin (Ttr) Suppression</b>		
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML	Tier 4	PA; SP
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	Tier 4	PA; SP
<b>Anaphylaxis Therapy Agents</b>		
<i>epinephrine injection auto-injector 0.15</i> (Auvi-Q) <i>mg/0.15 ml, 0.3 mg/0.3 ml</i>	Tier 1	QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.15</i> (EpiPen Jr) <i>mg/0.3 ml</i>	Tier 1	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	Tier 2	QL (4 EA per 1 FILL)
<b>Genetic D/O Tx-Exon Inclusion Antisense Oligonucle</b>		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 4	PA; SP
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML	Tier 4	PA; SP
<b>Miscellaneous Agents</b>		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 3	

Drug	Status	Notes
<b>Parasympathetic Agents</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	Tier 1	
<b>Pharmacological Chaperone-Alpha-Galactosid.A Stabz</b>		
GALAFOLD ORAL CAPSULE 123 MG	Tier 4	PA; SP
<b>Pku Treatment Agents - Phenylalanine Ammonia Lyase</b>		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 4	PA; SP
<b>Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase</b>		
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Kuvan)	Tier 4	PA; SP
<i>sapropterin oral tablet, soluble 100 mg</i> (Kuvan)	Tier 4	PA; SP
<b>Systemic Enzyme Inhibitors</b>		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA; SP
<b>Topical Anticholinergic Hyperhidrosis Tx Agents</b>		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 2	PA
<b>Neoplastic Disease</b>		
<b>Alkylating Agents</b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 4	SP
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 4	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 4	PA; SP
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Tier 1	
LEUKERAN ORAL TABLET 2 MG	Tier 4	SP
<i>melphalan oral tablet 2 mg</i> (Alkeran)	Tier 1	
MYLERAN ORAL TABLET 2 MG	Tier 4	SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg</i> (Temodar)	Tier 4	PA; SP
<i>temozolomide oral capsule 20 mg, 5 mg</i>	Tier 4	PA; SP
<b>Antiandrogenic Agents</b>		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	Tier 4	PA; SP
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	Tier 1	
ERLEADA ORAL TABLET 60 MG	Tier 4	PA; SP
<i>flutamide oral capsule 125 mg</i>	Tier 1	
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	Tier 4	SP; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG	Tier 4	PA; SP
XTANDI ORAL CAPSULE 40 MG	Tier 4	PA; SP
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 4	PA; SP



Drug	Status	Notes
YONSA ORAL TABLET 125 MG	Tier 4	PA; SP
<b>Antibiotic Antineoplastics</b>		
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG	Tier 4	PA; SP
<b>Antimetabolites</b>		
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	Tier 4	PA; SP
INQOVI ORAL TABLET 35-100 MG	Tier 4	PA; SP
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 4	PA; SP
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 4	PA; SP
PURIXAN ORAL SUSPENSION 20 MG/ML	Tier 4	SP; ST: Requires prior prescription for Mercaptopurine within the past 120 days
TABLOID ORAL TABLET 40 MG	Tier 4	SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 2	
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 4	SP; ST: Requires prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, or Trexall within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)
<b>Antineoplastic Aromatase Inhibitors</b>		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	Tier 1	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	Tier 1	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>letrozole oral tablet 2.5 mg</i> (Femara)	Tier 1	
<b>Antineoplastic - Braf Kinase Inhibitors</b>		
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA; SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA; SP
ZELBORAF ORAL TABLET 240 MG	Tier 4	PA; SP; QL (8 EA per 1 day)

Drug	Status	Notes
<b>Antineoplastic - Hedgehog Pathway Inhibitor</b>		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 4	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG	Tier 4	PA; SP; QL (1 EA per 1 day)
ODOMZO ORAL CAPSULE 200 MG	Tier 4	PA; SP
<b>Antineoplastic - Janus Kinase (Jak) Inhibitors</b>		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 4	PA; SP
<b>Antineoplastic - Kras Protein Inhibitor</b>		
LUMAKRAS ORAL TABLET 120 MG	Tier 4	PA; SP
<b>Antineoplastic - Mek1 And Mek2 Kinase Inhibitors</b>		
COTELLIC ORAL TABLET 20 MG	Tier 4	PA; SP; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 4	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 4	PA; SP
MEKTOVI ORAL TABLET 15 MG	Tier 4	PA; SP; QL (6 EA per 1 day)
<b>Antineoplastic - Mtor Kinase Inhibitors</b>		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	Tier 4	PA; SP
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 4	PA; SP
<i>everolimus (antineoplastic) oral tablet</i> (Afinitor) <i>2.5 mg, 5 mg, 7.5 mg</i>	Tier 4	PA; SP
<b>Antineoplastic - Protein Methyltransferase Inhibit</b>		
TAZVERIK ORAL TABLET 200 MG	Tier 4	PA; SP
<b>Antineoplastic - Topoisomerase I Inhibitors</b>		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 4	SP
<b>Antineoplastic Comb - Kinase And Aromatase Inhibit</b>		
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	Tier 4	PA; SP
<b>Antineoplastic Immunomodulator Agents</b>		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 4	PA; SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 4	PA; SP

Drug	Status	Notes
<b>Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs</b>		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 4	SP; QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 4	SP; QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Tier 4	SP; QL (2 EA per 365 days)
ORGOVYX ORAL TABLET 120 MG	Tier 4	PA; SP
<b>Antineoplastic Systemic Enzyme Inhibitors</b>		
ALECENSA ORAL CAPSULE 150 MG	Tier 4	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 4	PA; SP
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 4	PA; SP
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 4	PA; SP
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 4	PA; SP
BOSULIF ORAL TABLET 100 MG	Tier 4	PA; SP; QL (3 EA per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	Tier 4	PA; SP; QL (1 EA per 1 day)
BRUKINSA ORAL CAPSULE 80 MG	Tier 4	PA; SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 4	PA; SP
CALQUENCE ORAL CAPSULE 100 MG	Tier 4	PA; SP
CAPRELSA ORAL TABLET 100 MG	Tier 4	PA; SP; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG	Tier 4	PA; SP; QL (1 EA per 1 day)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	Tier 4	PA; SP; QL (112 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 4	PA; SP
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i> (Tarceva)	Tier 4	PA; SP
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 4	PA; SP
GAVRETO ORAL CAPSULE 100 MG	Tier 4	PA; SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 4	PA; SP
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 4	PA; SP

Drug	Status	Notes
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 4	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 4	PA; SP
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	Tier 4	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 4	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	Tier 4	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 4	PA; SP
INREBIC ORAL CAPSULE 100 MG	Tier 4	PA; SP
IRESSA ORAL TABLET 250 MG	Tier 4	PA; SP
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	Tier 4	PA; SP
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	Tier 4	PA; SP
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Tier 4	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 4	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 4	PA; SP
NERLYNX ORAL TABLET 40 MG	Tier 4	PA; SP
NEXAVAR ORAL TABLET 200 MG	Tier 4	PA; SP; QL (4 EA per 1 day)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 4	PA; SP
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 4	PA; SP
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Tier 4	PA; SP
QINLOCK ORAL TABLET 50 MG	Tier 4	PA; SP
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Tier 4	PA; SP
RÖZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 4	PA; SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 4	PA; SP
RYDAPT ORAL CAPSULE 25 MG	Tier 4	PA; SP
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 4	PA; SP
STIVARGA ORAL TABLET 40 MG	Tier 4	PA; SP; QL (3 EA per 1 day)

Drug	Status	Notes
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	Tier 4	PA; SP
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 4	PA; SP
TAGRISSE ORAL TABLET 40 MG, 80 MG	Tier 4	PA; SP
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	Tier 4	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 4	PA; SP; QL (4 EA per 1 day)
TEPMETKO ORAL TABLET 225 MG	Tier 4	PA; SP
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	Tier 4	PA; SP
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 4	PA; SP
TURALIO ORAL CAPSULE 200 MG	Tier 4	PA; SP
UKONIQ ORAL TABLET 200 MG	Tier 4	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 4	PA; SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 4	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 4	PA; SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 4	PA; SP
VOTRIENT ORAL TABLET 200 MG	Tier 4	PA; SP
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 4	PA; SP
XOSPATA ORAL TABLET 40 MG	Tier 4	PA; SP
ZEJULA ORAL CAPSULE 100 MG	Tier 4	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 4	PA; SP
ZYKADIA ORAL TABLET 150 MG	Tier 4	PA; SP
<b>Antineoplastic,Histone Deacetylase Inhibitors,Hdis</b>		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 4	PA; SP
ZOLINZA ORAL CAPSULE 100 MG	Tier 4	SP
<b>Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors</b>		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 4	PA; SP
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 4	PA; SP

Drug	Status	Notes
<b>Antineoplastic-Cd19 Dir. Car-T Cell Immunotherapy</b>		
YESCARTA INTRAVENOUS SUSPENSION	Tier 4	PA; SP
<b>Antineoplastic-Hypoxia Inducible Factor (Hif) Inh</b>		
WELIREG ORAL TABLET 40 MG	Tier 4	PA; SP
<b>Antineoplastic-Isocitrate Dehydrogenase Inhibitors</b>		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 4	PA; SP
TIBSOVO ORAL TABLET 250 MG	Tier 4	PA; SP
<b>Antineoplastics Antibody/Antibody-Drug Complexes</b>		
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	Tier 4	PA; SP
<b>Antineoplastics,Miscellaneous</b>		
<i>etoposide oral capsule 50 mg</i>	Tier 1	
LYSODREN ORAL TABLET 500 MG	Tier 4	SP
MATULANE ORAL CAPSULE 50 MG	Tier 4	SP
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Tier 4	PA; SP
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	Tier 4	PA; SP
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 4	SP
<b>Antineoplastic-Select Inhib Of Nuclear Exp (Sine)</b>		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	Tier 4	PA; SP
<b>Anti-Programmed Cell Death-Ligand 1 (Pd-L1) Mab</b>		
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	Tier 4	PA; SP
<b>Chemotherapy Rescue/Antidote Agents</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	
MESNEX ORAL TABLET 400 MG	Tier 3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Tier 4	SP; QL (24 EA per 14 days)
<b>Intrapleural Sclerosing Agents, Antineoplast. Adj.</b>		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 3	
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 1	

Drug	Status	Notes
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Tier 3	
<b>Photoactivated, Antineopls. &amp; Premalignant Lesions</b>		
AMELUZ TOPICAL GEL 10 %	Tier 3	
LEVULAN TOPICAL SOLUTION 20 %	Tier 3	
<b>Radioactive Therapeutic Agents</b>		
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML	Tier 3	
LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML)	Tier 4	PA; SP
<i>sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)</i>	Tier 1	
<i>sodium iodide-131 oral capsule 3.7 mbq (100 microci)</i>	Tier 1	
<b>Selective Estrogen Receptor Modulators (Serm)</b>		
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 2	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 1	\$0 COPAY IF 35 YEARS OF AGE OR OLDER
<i>toremifene oral tablet 60 mg</i> (Fareston)	Tier 4	PA; SP
<b>Selective Retinoid X Receptor Agonists (Rxr)</b>		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Tier 4	PA; SP
<b>Steroid Antineoplastics</b>		
EMCYT ORAL CAPSULE 140 MG	Tier 4	SP
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	
<b>Neurological Disease - Miscellaneous Agents To Treat Multiple Sclerosis</b>		
AUBAGIO ORAL TABLET 14 MG, 7 MG	Tier 4	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	Tier 4	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 4	PA; SP
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	Tier 4	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 4	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 4	PA; SP
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG	Tier 4	PA; SP
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	Tier 4	PA; SP

Drug	Status	Notes
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	Tier 4	PA; SP
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	Tier 4	PA; SP
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Copaxone)	Tier 4	PA; SP
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	Tier 4	PA; SP
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 4	PA; SP
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; SP
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG	Tier 4	PA; SP
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 4	PA; SP
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	Tier 4	PA; SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 4	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 4	PA; SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 4	PA; SP
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 4	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 4	PA; SP
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 4	PA; SP



Drug	Status	Notes
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 4	PA; SP
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG	Tier 4	PA; SP
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)-0.46 MG (3)	Tier 4	PA; SP
<b>Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr</b>		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Tier 4	PA; SP
FIRDAPSE ORAL TABLET 10 MG	Tier 4	PA; SP
RUZURGI ORAL TABLET 10 MG	Tier 4	PA; SP
<b>Amyotrophic Lateral Sclerosis Agents</b>		
EXSERVAN ORAL FILM 50 MG	Tier 4	PA; SP
<i>riluzole oral tablet 50 mg</i> (Rilutek)	Tier 1	
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 4	PA; SP
<b>Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib</b>		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 2	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 2	
<b>Movement Disorders(Drug Therapy)</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 4	PA; SP
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 4	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 4	PA; SP
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	Tier 4	PA; SP
<b>Pseudobulbar Affect (Pba) Agents, Nmda Antagonists</b>		
NUDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA
<b>Oral/Pharyngeal Disorders</b>		
<b>Dental Aids And Preparations</b>		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	Tier 1	
ORALONE DENTAL PASTE 0.1 %	Tier 1	
PAROEX ORAL RINSE MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 1	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 1	
Q-CARE RX Q2 KIT 0.12 %	Tier 3	
Q-CARE RX Q4 KIT 0.12 %	Tier 3	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	Tier 1	

Drug	Status	Notes
<b>Nose Preparations, Miscellaneous (Rx)</b>		
<i>cocaine nasal solution 4 %</i> (Numbrino)	Tier 1	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 1	
NUMBRINO NASAL SOLUTION 4 %	Tier 1	
<b>Periodontal Collagenase Inhibitors</b>		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
<b>Other Drugs</b>		
<b>Abortifacient, Progesterone Receptor Antagonist-Typ</b>		
MIFEPREX ORAL TABLET 200 MG	Tier 3	
<i>mifepristone oral tablet 200 mg</i> (Mifeprex)	Tier 1	
<b>Agents For Stomatological Use</b>		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 3	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %	Tier 3	
<b>Appetite Stim. For Anorexia, Cachexia, Wasting Synd.</b>		
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 1	ST: Requires prior prescription for Megestrol Acetate 40mg/mL suspension within the past 120 days
<b>Blood Collection Set With Local Anesthetics</b>		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %	Tier 3	
LIDO BDK KIT 21 GAUGE X 1" - 2.5 %-2.5 %	Tier 3	
<b>Blood Testing Preparations, In-Vitro</b>		
COAGUCHEK XS	Tier 3	
<b>Bulk Chemicals</b>		
<i>alum, ammonium (bulk) powder</i>	Tier 3	
<i>ascorbic acid (vitamin c) (bulk) granules 100 %</i>	Tier 3	
<i>balsam peru (bulk) liquid</i>	Tier 3	
<i>benzoin (bulk) topical tincture</i>	Tier 3	
<i>citric acid anhydrous (bulk) granules 100 %</i>	Tier 3	
<i>citric acid monohydrate (bulk) granules 100 %</i>	Tier 3	
TRI-CHLOR TOPICAL SOLUTION 80 %	Tier 3	
<i>trichloroacetic acid topical recon soln 100 %, 20 %, 25 %, 30 %, 35 %, 40 %, 50 %, 75 %, 80 %, 90 %</i>	Tier 3	

Drug	Status	Notes
<b>Cardioplegic Solutions</b>		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM), 36 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM), 7.5 MEQ/238.75 ML (POTASSIUM)	Tier 3	
<i>cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)</i>	Tier 1	
<i>cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)</i>	Tier 1	

Drug	Status	Notes
cardioplegic soln perfusion solution 16 meq/l (= k+) (Plegisol)	Tier 1	
cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)	Tier 1	
microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 1	
microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 1	
<b>Cholinesterase Reactivat.&amp;Muscarinic Antg.Antidote</b>		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 3	
<b>Cholinesterase Reactivating,Organophos. Antidotes</b>		
pralidoxime intramuscular pen injector 600 mg/2 ml	Tier 3	
<b>Conception Assistance Supplies</b>		
CONCEPTION KIT	Tier 3	
<b>Condoms</b>		
AIMSCO LATEX CONDOM DEVICE	\$0	
CONDOMS-PREM LUBRICATED DEVICE	\$0	
DUREX AVANTI BARE REAL FEEL	\$0	
FANTASY CONDOM DEVICE	\$0	
FC2 FEMALE CONDOM	\$0	QL (30 EA per 30 days)
KIMONO CONDOMS(NON-LUBRICATED) DEVICE	\$0	
KIMONO MAXX CONDOMS DEVICE	\$0	
KIMONO MICROTHIN AQUA LUBE CON DEVICE	\$0	
KIMONO MICROTHIN CONDOMS DEVICE	\$0	
KIMONO MICROTHIN LARGE CONDOMS DEVICE	\$0	
KIMONO TEXTURED CONDOMS DEVICE	\$0	
TRUSTEX LATEX CONDOM DEVICE	\$0	
TRUSTEX LUBRICATED CONDOMS DEVICE	\$0	
TRUSTEX NON-LUB CONDOMS DEVICE	\$0	
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	\$0	
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	\$0	
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	\$0	
<b>Cryopreservative Agents</b>		
CRYOSERV SOLUTION 99 %	Tier 3	

Drug	Status	Notes
<b>Cystic Fibrosis - Inhaled Osmotic Agents</b>		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 4	SP; ST: Requires prior prescription for inhaled 7% Sodium Chloride solution within the past 120 days; QL (20 EA per 1 day); Age (Min 18 Years)
<b>Diluent Solutions</b>		
DILUENT FOR ROTARIX ORAL SYRINGE	Tier 3	
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION	Tier 3	
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION	Tier 3	
<b>Drugs To Treat Hereditary Tyrosinemia</b>		
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> (Orfadin)	Tier 4	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 4	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	Tier 4	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 4	PA; SP
<b>Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing</b>		
CERDELGA ORAL CAPSULE 84 MG	Tier 4	PA; SP
<i>miglustat oral capsule 100 mg</i> (Zavesca)	Tier 4	PA; SP
<b>Environment Allergens And Irritants, Other</b>		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH, MEDICATED	Tier 3	
<b>General Anesthetics - Benzodiazepine, Injectable</b>		
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 1	
<i>midazolam injection solution 5 mg/ml</i>	Tier 1	
<b>General Anesthetics, Inhalant</b>		
<i>desflurane inhalation liquid 100 %</i> (Suprane)	Tier 1	
<i>isoflurane inhalation liquid 99.9 %</i> (Terrell)	Tier 1	
<i>sevoflurane inhalation liquid</i> (Ultane)	Tier 1	
SUPRANE INHALATION LIQUID 100 %	Tier 3	
TERRELL INHALATION LIQUID 99.9 %	Tier 1	
<b>General Inhalation Agents</b>		
HYPERSAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 3	

Drug	Status	Notes
sodium chloride inhalation solution for nebulization 0.9 %, 10 %	Tier 1	
sodium chloride inhalation solution for nebulization 3 % (NebuSal)	Tier 1	
sodium chloride inhalation solution for nebulization 7 % (Pulmosal)	Tier 1	
<b>Homeopathic Drugs</b>		
AURUMHEEL ORAL DROPS	Tier 3	
CANTHARIS COMPOSITUM ORAL DROPS	Tier 3	
CRALONIN ORAL DROPS	Tier 3	
EYE ORAL TABLET,SOLUBLE	Tier 3	
LAMIOFLUR ORAL DROPS	Tier 3	
PLANTAGO-HOMACCORD ORAL DROPS	Tier 3	
POPULUS COMPOSITUM ORAL DROPS	Tier 3	
PSORINOHEEL ORAL DROPS	Tier 3	
RENEEL ORAL TABLET,SOLUBLE	Tier 3	
SABAL-HOMACCORD ORAL DROPS	Tier 3	
SYZYGIIUM COMPOSITUM ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL TABLET,SOLUBLE	Tier 3	
<b>Metabolic Deficiency Agents</b>		
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	Tier 3	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	Tier 4	SP
levocarnitine (with sugar) oral solution 100 mg/ml (Carnitor)	Tier 1	
levocarnitine oral solution 100 mg/ml (Carnitor (sugar-free))	Tier 1	
levocarnitine oral tablet 330 mg (Carnitor)	Tier 1	
<b>Metabolic Disease Enzyme Replace, Hypophosphatasia</b>		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Tier 4	PA; SP
<b>Metabolic Disease Enzyme Replacement, Gaucher's Dx</b>		
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	Tier 4	PA; SP
<b>Metabolic Dx Enzyme Replace, Mucopolysaccharidosis</b>		
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	Tier 4	PA; SP

Drug	Status	Notes
<b>Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.</b>		
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 4	PA; SP
<b>Metallic Poison,Agents To Treat</b>		
CHEMET ORAL CAPSULE 100 MG	Tier 3	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	Tier 4	PA; SP
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	Tier 4	PA; SP
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	Tier 4	PA; SP
<i>deferiprone oral tablet 500 mg</i> (Ferriprox)	Tier 4	PA; SP
<i>deferoxamine injection recon soln 2 gram</i>	Tier 1	PA
<i>deferoxamine injection recon soln 500 mg</i> (Desferal)	Tier 1	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG	Tier 4	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 4	PA; SP
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	Tier 4	PA; SP
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 3	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 3	
<i>trientine oral capsule 250 mg</i> (Clovique)	Tier 4	PA; SP
WILZIN ORAL CAPSULE 25 MG (ZINC)	Tier 3	
<b>Muscarinic Receptor Antagonists</b>		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 3	
<b>Needles/Needleless Devices</b>		
1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
ADVOCATE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32"	Tier 2	

Drug	Status	Notes
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16"	Tier 2	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 2	
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 "	Tier 3	
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	Tier 2	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	Tier 2	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	Tier 2	
<i>blunt needle, disposable needle 18 x 1 1/2 "</i>	Tier 3	
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32"	Tier 2	
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 2	
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	Tier 2	



Drug	Status	Notes
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 2	
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32"	Tier 2	
EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 2	
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 2	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 X 5/8 ", 27 GAUGE X 1/2"	Tier 3	
<i>filter needles needle 19 x 1 "</i>	Tier 3	
<i>filter needles needle 19 x 1 1/2 "</i> (BD Filter Needle-5 Micron)	Tier 3	
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
INSUPEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	
LITE TOUCH INSULIN PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 2	

Drug	Status	Notes
MAGELLAN SAFETY NEEDLE NEEDLE 23 GAUGE X 5/8"	Tier 3	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	Tier 2	
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16"	Tier 2	
MICRODOT INSULIN PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	Tier 2	
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1"	Tier 3	
MONOJECT HYPODERMIC NEEDLES NEEDLE 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4"	Tier 3	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	Tier 2	
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3"	Tier 2	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	Tier 2	
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	Tier 2	
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
<i>pen needle, diabetic needle 29 gauge x 1/2", 31 gauge x 1/4", 31 gauge x 3/16", 31 gauge x 5/16", 32 gauge x 5/32"</i>	(1st Tier Unifine Pentips)	Tier 2
<i>pen needle, diabetic needle 30 gauge x 5/16"</i>	(AboutTime Pen Needle)	Tier 2
<i>pen needle, diabetic needle 31 gauge x 1/3", 31 gauge x 1/6", 31 gauge x 15/64"</i>		Tier 2
<i>pen needle, diabetic needle 32 gauge x 1/4"</i>	(BD Ultra-Fine Micro Pen Needle)	Tier 2
<i>pen needle, diabetic needle 32 gauge x 3/16"</i>	(CareFine Pen Needle)	Tier 2
<i>pen needle, diabetic needle 33 gauge x 5/32"</i>	(Advocate Pen Needle)	Tier 2
PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM	Tier 3	

Drug	Status	Notes
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
RELION NEEDLES NEEDLE 31 GAUGE X 1/4"	Tier 2	
RELION PEN NEEDLES NEEDLE 32 GAUGE X 5/32"	Tier 2	
<i>safety needles needle 18 gauge x 1 1/2"</i> (SurGuard2 Safety)	Tier 3	
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 2	
SECURES SAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 2	
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 2	
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 X 5/8 ", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2"	Tier 3	
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	

Drug	Status	Notes
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 2	
ULTIGUARD SAFEPACK-PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32"	Tier 2	
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	
ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16"	Tier 2	
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2"	Tier 2	
UNIFINE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16"	Tier 2	
UNIFINE PENTIPS NEEDLE 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16"	Tier 2	

Drug	Status	Notes
UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	
VERIFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
<b>Ointment/Cream Bases</b>		
RADIAGEL TOPICAL GEL	Tier 3	
<b>Oral Lipid Supplements</b>		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 4	PA; SP
<b>Oral Mucositis/Stomatitis Agents</b>		
GELX MUCOUS MEMBRANE GEL	Tier 3	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Tier 3	
<b>Saliva Stimulant Agents</b>		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 3	
<b>Saliva Substitute Agents</b>		
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 3	
<b>Sexual Dysfunction Devices</b>		
RAPPORT VACUUM THERAPY KIT	Tier 3	
<b>Skin Tissue Replacement</b>		
APLIGRAF TOPICAL DISK	Tier 3	
DERMAGRAFT TOPICAL SHEET 2 X 3 "	Tier 3	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 5 X 6 CM, 7 X 7 CM	Tier 3	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 3	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 3	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM	Tier 3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM	Tier 3	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM	Tier 3	
<b>Solvents</b>		
<i>isopropyl alcohol solution 70 %</i> (Alcohol, Rubbing)	Tier 3	
<i>isopropyl alcohol solution 91 %, 99 %</i>	Tier 3	
MURI-LUBE OIL	Tier 3	
<b>Somatostatic Agents</b>		
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	Tier 4	PA; SP

Drug	Status	Notes
<i>octreotide acetate injection solution</i> 1,000 mcg/ml, 200 mcg/ml	Tier 4	SP
<i>octreotide acetate injection solution</i> 100 (Sandostatin) mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 4	SP
<i>octreotide acetate injection syringe</i> 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 4	SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 4	PA; SP
<b>Support Hosiery</b>		
T.E.D. ANTI-EMBOLISM STOCKING	Tier 3	
T.E.D. KNEE LENGTH-M-LONG	Tier 3	
T.E.D. KNEE LENGTH-S-REGULAR	Tier 3	
<b>Suspending Agents</b>		
GELFILM IMPLANT FILM	Tier 3	
<i>hydroxypropyl cellulose powder</i>	Tier 3	
<i>hypromellose powder</i> (Methocel E 4 M)	Tier 3	
<b>Tissue/Wound Adhesives</b>		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML)	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML	Tier 3	
<b>Urine Acetone Test Aids</b>		
KETONE CARE STRIP	Tier 3	QL (50 EA per 30 days)
KETONE URINE TEST STRIP	Tier 3	QL (50 EA per 30 days)
KETOSTIX STRIP	Tier 3	QL (50 EA per 30 days)
TRUEPLUS KETONE STRIP	Tier 3	QL (50 EA per 30 days)
<b>Urine Multiple Test Aids</b>		
CHEK-STIX CONTROL STRIP	Tier 3	QL (50 EA per 30 days)
CHEMSTRIP 10 MD STRIP	Tier 3	QL (50 EA per 30 days)
CHEMSTRIP 10/SG STRIP	Tier 3	QL (50 EA per 30 days)
CHEMSTRIP 2 GP STRIP	Tier 3	QL (50 EA per 30 days)
CHEMSTRIP 50B STRIP	Tier 3	QL (50 EA per 30 days)
CHEMSTRIP 7 STRIP	Tier 3	QL (50 EA per 30 days)
CHEMSTRIP 9 STRIP	Tier 3	QL (50 EA per 30 days)
COMBISTIX REAGENT STRIP	Tier 3	QL (50 EA per 30 days)
HEMA-COMBISTIX STRIP	Tier 3	QL (50 EA per 30 days)
LABSTIX REAGENT STRIP	Tier 3	QL (50 EA per 30 days)
MULTISTIX 10 SG STRIP	Tier 3	QL (50 EA per 30 days)
MULTISTIX 5 STRIP	Tier 3	QL (50 EA per 30 days)
MULTISTIX 7 STRIP	Tier 3	QL (50 EA per 30 days)
MULTISTIX 8 SG STRIP	Tier 3	QL (50 EA per 30 days)
MULTISTIX 9 SG STRIP	Tier 3	QL (50 EA per 30 days)
MULTISTIX 9 STRIP	Tier 3	QL (50 EA per 30 days)
MULTISTIX STRIP	Tier 3	QL (50 EA per 30 days)

Drug	Status	Notes
URISTIX 4 STRIP	Tier 3	QL (50 EA per 30 days)
URISTIX REAGENT STRIP	Tier 3	QL (50 EA per 30 days)
<b>Vaccine Adjuvants</b>		
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION	Tier 3	QL (2 ML per 1 LIFETIME); Age (Min 50 Years)
<b>Vehicles</b>		
<i>citric acid (bulk) powder</i>	Tier 3	
<b>Other Respiratory Disorders</b>		
<b>Antifibrotic Therapy - Pyridone Analogs</b>		
ESBRIET ORAL CAPSULE 267 MG	Tier 4	PA; SP
ESBRIET ORAL TABLET 267 MG, 801 MG	Tier 4	PA; SP
<b>Cystic Fib. Transmemb Conduct. Reg. (Cftr) Potentiator</b>		
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	Tier 4	PA; SP
KALYDECO ORAL TABLET 150 MG	Tier 4	PA; SP
<b>Cystic Fibrosis-Cftr Potentiator &amp; Corrector Comb.</b>		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	Tier 4	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 4	PA; SP
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 4	PA; SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 4	PA; SP
<b>Lung Surfactants</b>		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 3	
<b>Mucolytics</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 4	PA; SP
<b>Pulmonary Fibrosis - Systemic Enzyme Inhibitors</b>		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 4	PA; SP

Drug	Status	Notes
<b>Pain Management - Analgesics</b>		
<b>Analgesic, Non-Salicylate &amp; Barbiturate Comb.</b>		
<i>butalbital-acetaminophen oral tablet 50-300 mg</i> (Bupap)	Tier 1	ST: Requires prior prescription for Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	Tier 1	
TENCON ORAL TABLET 50-325 MG	Tier 1	
<b>Analgesic, Salicylate, Barbiturate, &amp; Xanthine Cmb</b>		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
<b>Analgesic, Non-Salicylate, Barbiturate, &amp; Xanthine Cmb</b>		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	Tier 1	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Zebutal)	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	Tier 1	
FIORICET ORAL CAPSULE 50-300-40 MG	Tier 1	
ZEBUTAL ORAL CAPSULE 50-325-40 MG	Tier 1	
<b>Analgesic/Antipyretics, Salicylates</b>		
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	\$0	
<i>aspirin oral tablet, delayed release (drlec) 325 mg</i> (Aspir-Trin)	\$0	
ASPIR-TRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG	\$0	
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	
<i>diffunisal oral tablet 500 mg</i>	Tier 1	
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG	\$0	
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	Tier 1	
<b>Analgesics, Narcotic Agonist And Nsaid Combination</b>		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
XYLON 10 ORAL TABLET 10-200 MG	Tier 1	



Drug	Status	Notes
<b>Analgesics, Narcotics</b>		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 1	
BUPRENEX INJECTION SOLUTION 0.3 MG/ML	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection solution 0.3 mg/ml</i> (Buprenex)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	Tier 1	
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	Tier 3	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Actiq)	Tier 1	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 3 days)

Drug	Status	Notes
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i> (Zohydro ER)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>hydrocodone bitartrate oral tablet, oral only, ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (Hysingla ER)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>hydromorphone rectal suppository 3 mg</i>	Tier 1	
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>meperidine injection cartridge 10 mg/ml</i>	Tier 1	
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>methadone injection solution 10 mg/ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 ML per 1 day)
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 ML per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
<i>methadone oral tablet, soluble 40 mg</i> (Methadose)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
METHADOSE ORAL TABLET, SOLUBLE 40 MG	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	PA
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 2	

Drug	Status	Notes
<i>morphine oral tablet extended release</i> (MS Contin) 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>morphine rectal suppository</i> 10 mg, 20 mg, 30 mg, 5 mg	Tier 1	
<i>nalbuphine injection solution</i> 10 mg/ml, 20 mg/ml	Tier 1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Tier 2	QL (6 EA per 1 day)
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG	Tier 3	
<i>oxycodone oral capsule</i> 5 mg	Tier 1	
<i>oxycodone oral concentrate</i> 20 mg/ml	Tier 1	PA
<i>oxycodone oral solution</i> 5 mg/5 ml	Tier 1	
<i>oxycodone oral tablet</i> 10 mg, 20 mg	Tier 1	
<i>oxycodone oral tablet</i> 15 mg, 30 mg, 5 mg (Roxicodone)	Tier 1	
<i>oxycodone oral tablet,oral only,ext.rel.12 hr</i> 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg (OxyContin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr</i> 80 mg (OxyContin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>oxymorphone oral tablet</i> 10 mg, 5 mg	Tier 1	
<i>oxymorphone oral tablet extended release</i> 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
QDOLO ORAL SOLUTION 5 MG/ML	Tier 3	PA
<i>tramadol oral tablet 50 mg</i> (Ultram)	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)

Drug	Status	Notes
<b>Antimigraine Preparations</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i> (D.H.E.45)	Tier 1	QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (8 ML per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 2	PA
ERGOMAR SUBLINGUAL TABLET 2 MG	Tier 3	QL (10 EA per 7 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i> (Cafergot)	Tier 1	QL (10 EA per 7 days)
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	Tier 2	QL (5 EA per 7 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i> (Amerge)	Tier 1	QL (18 EA per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	Tier 2	PA
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 2	PA
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	Tier 1	QL (18 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i> (Imitrex)	Tier 1	QL (6 EA per 15 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	Tier 1	QL (9 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	Tier 1	QL (3 EA per 5 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	Tier 1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	Tier 1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	Tier 1	QL (5 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	QL (4 ML per 28 days)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Tier 3	QL (12 ML per 28 days); Age (Min 18 Years)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 2	PA
<i>zolmitriptan nasal spray,non-aerosol 2.5 mg</i> (Zomig)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i> (Zomig)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (6 EA per 15 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
<b>Calcitonin Gene-Related Peptide (Cgrp) Inhibitors</b>		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 2	PA
<b>Narc. &amp; Non-Sal. Analgesic, Barbiturate &amp; Xanthine Cmb</b>		
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<b>Narcotic &amp; Salicylate Analgesics, Barb.&amp; Xanthine</b>		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<b>Narcotic Analgesic &amp; Non-Salicylate Analgesic Comb</b>		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	Tier 3	ST: Requires prior prescription for Hydrocodone/acetaminophen within the past 120 days; QL (12 EA per 1 day)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i> (Apadaz)	Tier 1	ST: Requires prior prescription for Hydrocodone/acetaminophen within the past 120 days; QL (12 EA per 1 day)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg</i> (Vicodin HP)	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 7.5-300 mg</i>	Tier 1	QL (13 EA per 1 day)
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	Tier 3	QL (200 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-300 mg</i> (Primlev)	Tier 1	QL (13 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-300 mg</i> (Prolate)	Tier 1	QL (13 EA per 1 day)
PRIMLEV ORAL TABLET 10-300 MG	Tier 1	QL (13 EA per 1 day)



Drug	Status	Notes
PRIMLEV ORAL TABLET 5-300 MG, 7.5-300 MG	Tier 3	QL (13 EA per 1 day)
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	Tier 1	QL (13 EA per 1 day)
<i>tramadol-acetaminophen oral tablet</i> (Ultracet) 37.5-325 mg	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
VICODIN HP ORAL TABLET 10-300 MG	Tier 1	QL (13 EA per 1 day)
<b>Narcotic Withdrawal Therapy Agents</b>		
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	Tier 3	QL (1 EA per 1 day)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	Tier 3	QL (2 EA per 1 day)
<i>buprenorphine hcl sublingual tablet 2</i> <i>mg, 8 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film</i> (Suboxone) <i>12-3 mg, 8-2 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>buprenorphine-naloxone sublingual film</i> (Suboxone) <i>2-0.5 mg, 4-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>buprenorphine-naloxone sublingual</i> <i>tablet 2-0.5 mg, 8-2 mg</i>	Tier 1	QL (3 EA per 1 day)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 8-2 MG	Tier 3	QL (2 EA per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG	Tier 3	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 0.7- 0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6- 2.1 MG	Tier 2	QL (2 EA per 1 day)
<b>Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist</b>		
LUCEMYRA ORAL TABLET 0.18 MG	Tier 3	PA
<b>Skeletal Muscle Relaxant,Salicylate,Narc Analgesic</b>		
<i>carisoprodol-aspirin-codeine oral tablet</i> <i>200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<b>Parkinsons Disease</b>		
<b>Antiparkinsonism Drugs,Anticholinergic</b>		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2</i> <i>mg</i>	Tier 1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	
<b>Antiparkinsonism Drugs,Other</b>		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	Tier 4	PA; SP
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	Tier 1	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg</i> (Sinemet)	Tier 1	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	Tier 1	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 4	PA; SP
<i>entacapone oral tablet 200 mg</i> (Comtan)	Tier 1	
INBRIJA INHALATION CAPSULE 42 MG	Tier 4	PA; SP
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 4	PA; SP
KYNMOBI SUBLINGUAL FILM 10 MG, 10-15-20-25-30 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 4	PA; SP
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Tier 2	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG	Tier 3	PA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 3	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	Tier 1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i> (Mirapex ER)	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	Tier 1	QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 3	ST: Requires prior prescription for Carbidopa/levodopa within the past 120 days; QL (10 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	Tier 1	ST: Requires prior prescription for Entacapone within the past 120 days; QL (3 EA per 1 day)
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 3	ST: Requires prior prescription for Carbidopa/levodopa, Duopa, or Rytary within the past 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET, DISINTEGRATING 1.25 MG	Tier 3	ST: Requires prior prescription for Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)
<b>Decarboxylase Inhibitors</b>		
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	Tier 1	
<b>Seizure Disorder</b>		
<b>Anticonvulsant - Benzodiazepine Type</b>		
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	Tier 1	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	Tier 1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	Tier 1	QL (1 EA per 1 FILL)
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	Tier 1	QL (1 EA per 1 FILL)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 3	QL (10 EA per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Tier 3	PA

Drug	Status	Notes
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Tier 3	QL (10 EA per 30 days)
<b>Anticonvulsant - Cannabinoid Type</b>		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 4	PA; SP
<b>Anticonvulsants</b>		
APTIOM ORAL TABLET 200 MG, 400 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 365 days; QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 365 days; QL (2 EA per 1 day)
BANZEL ORAL TABLET 200 MG	Tier 3	ST: Requires prior prescription for Divalproex Sodium, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid within the past 120 days; QL (16 EA per 1 day)

Drug	Status	Notes
BANZEL ORAL TABLET 400 MG	Tier 3	ST: Requires prior prescription for Divalproex Sodium, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid within the past 120 days; QL (8 EA per 1 day)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	Tier 3	SP
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 3	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 3	QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	Tier 1	
<i>carbamazepine oral tablet 200 mg</i> (Epilex)	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 3	
CELONTIN ORAL CAPSULE 300 MG	Tier 3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Tier 3	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Tier 3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	Tier 3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 4	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	Tier 4	PA; SP
DILANTIN EXTENDED ORAL CAPSULE 100 MG	Tier 3	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	Tier 3	
DILANTIN ORAL CAPSULE 30 MG	Tier 2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	Tier 3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	Tier 1	

Drug	Status	Notes
<i>divalproex oral tablet, delayed release (dr/ec)</i> 125 mg, 250 mg, 500 mg (Depakote)	Tier 1	
EPITOL ORAL TABLET 200 MG	Tier 1	
<i>ethosuximide oral capsule</i> 250 mg (Zarontin)	Tier 1	
<i>ethosuximide oral solution</i> 250 mg/5 ml (Zarontin)	Tier 1	
<i>felbamate oral suspension</i> 600 mg/5 ml (Felbatol)	Tier 1	ST: Requires prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR within the past 120 days; QL (30 ML per 1 day)
<i>felbamate oral tablet</i> 400 mg (Felbatol)	Tier 1	ST: Requires prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR within the past 120 days; QL (9 EA per 1 day)
<i>felbamate oral tablet</i> 600 mg (Felbatol)	Tier 1	ST: Requires prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR within the past 120 days; QL (6 EA per 1 day)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 4	PA; SP
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (680 ML per 28 days)

Drug	Status	Notes
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	Tier 1	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	Tier 1	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	Tier 3	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	Tier 3	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Tier 3	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green))	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
<i>lamotrigine oral tablet extended release 24hr 100 mg</i> (Lamictal XR)	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i> (Lamictal XR)	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i> (Lamictal XR)	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	Tier 1	
<i>lamotrigine oral tablet,disintegrating 100 mg</i> (Lamictal ODT)	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)
<i>lamotrigine oral tablet,disintegrating 200 mg</i> (Lamictal ODT)	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day)



Drug	Status	Notes
lamotrigine oral tablet, disintegrating 25 mg, 50 mg (Lamictal ODT)	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
lamotrigine oral tablets, dose pack 25 mg (35) (Subvenite Starter (Blue) Kit)	Tier 1	
lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7) (Subvenite Starter (Orange) Kit)	Tier 1	
lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14) (Subvenite Starter (Green) Kit)	Tier 1	
levetiracetam oral solution 100 mg/ml (Keppra)	Tier 1	
levetiracetam oral solution 500 mg/5 ml (5 ml)	Tier 1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg (Keppra)	Tier 1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg (Keppra XR)	Tier 1	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml) (Trileptal)	Tier 1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg (Trileptal)	Tier 1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (1 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>phenytoin oral suspension 100 mg/4 ml</i>	Tier 1	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	Tier 1	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	Tier 1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	Tier 1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	Tier 1	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	Tier 1	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	Tier 1	ST: Requires prior prescription for Divalproex Sodium, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid within the past 120 days; QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i> (Banzel)	Tier 1	ST: Requires prior prescription for Divalproex Sodium, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid within the past 120 days; QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i> (Banzel)	Tier 1	ST: Requires prior prescription for Divalproex Sodium, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid within the past 120 days; QL (8 EA per 1 day)
SABRIL ORAL TABLET 500 MG	Tier 4	SP; QL (6 EA per 1 day)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	Tier 3	ST: Requires prior prescription for Levetiracetam within the past 120 days; QL (2 EA per 1 day)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	Tier 3	ST: Requires prior prescription for Levetiracetam within the past 120 days; QL (4 EA per 1 day)
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 1	
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS, DOSE PACK 25 MG (35)	Tier 1	

Drug	Status	Notes
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	Tier 1	
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	Tier 1	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	Tier 3	
TEGRETOL ORAL TABLET 200 MG	Tier 3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	Tier 3	
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i> (Gabitril)	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i> (Gabitril)	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (3 EA per 1 day)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	Tier 1	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg</i> (Qudexy XR)	Tier 1	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
<i>topiramate oral capsule, sprinkle, er 24hr</i> (Qudexy XR) 150 mg, 200 mg	Tier 1	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (2 EA per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg,</i> (Topamax) 25 mg, 50 mg	Tier 1	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG	Tier 2	QL (2 EA per 1 day)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 25 MG	Tier 2	QL (8 EA per 1 day)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 50 MG	Tier 2	QL (4 EA per 1 day)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	Tier 4	SP; QL (6 EA per 1 day)
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	Tier 4	SP; QL (6 EA per 1 day)
VIGADRONE ORAL POWDER IN PACKET 500 MG	Tier 4	SP; QL (6 EA per 1 day)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	Tier 3	SP
VIMPAT ORAL SOLUTION 10 MG/ML	Tier 2	QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	QL (2 EA per 1 day)
VIMPAT ORAL TABLETS, DOSE PACK 50 MG (14)- 100 MG (14)	Tier 2	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1- 100MG X1), 350 MG/DAY (200 MG X1- 150MG X1)	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 120 days; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 120 days; QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 120 days; QL (1 EA per 1 day)
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	Tier 1	
<i>zonisamide oral capsule 50 mg</i>	Tier 1	
<b>Skeletal Muscle Disorder</b>		
<b>Agents To Tx Periodic Paralysis - Carbon Anhyd Inh</b>		
KEVEYIS ORAL TABLET 50 MG	Tier 4	PA; SP

Drug	Status	Notes
<b>Skeletal Muscle Relax.&amp; Top.Irritant Counter-Irritant</b>		
COMFORT PAC-CYCLOBENZAPRINE KIT 10 MG	Tier 3	
COMFORT PAC-TIZANIDINE KIT 4 MG	Tier 3	
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>baclofen oral tablet 20 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>baclofen oral tablet 5 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	Tier 1	QL (4 EA per 1 day)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>dantrolene oral capsule 100 mg</i>	Tier 1	
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	Tier 1	
<i>metaxalone oral tablet 400 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>metaxalone oral tablet 800 mg</i> (Skelaxin)	Tier 1	QL (4 EA per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	Tier 1	QL (6 EA per 1 day)
NORGESIC FORTE ORAL TABLET 50-770-60 MG	Tier 3	QL (4 EA per 1 day)
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i> (Orphengesic Forte)	Tier 1	QL (4 EA per 1 day)
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	Tier 1	QL (4 EA per 1 day)
OZOBAX ORAL SOLUTION 5 MG/5 ML	Tier 3	PA
<i>tizanidine oral capsule 2 mg</i> (Zanaflex)	Tier 1	QL (18 EA per 1 day)
<i>tizanidine oral capsule 4 mg</i> (Zanaflex)	Tier 1	QL (9 EA per 1 day)
<i>tizanidine oral capsule 6 mg</i> (Zanaflex)	Tier 1	QL (6 EA per 1 day)
<i>tizanidine oral tablet 2 mg</i>	Tier 1	QL (18 EA per 1 day)
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	Tier 1	QL (9 EA per 1 day)
<b>Smoking Cessation</b>		
<b>Smoking Deterrent Agents (Ganglionic Stim,Others)</b>		
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	\$0	QL (1 EA per 1 day); Age (Min 18 Years)
NICORETTE BUCCAL GUM 2 MG, 4 MG	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i> (Nicorette)	\$0	QL (9 EA per 1 day); Age (Min 18 Years)

Drug	Status	Notes
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i> (Nicorette)	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> (Nicorette)	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> (Nicoderm CQ)	\$0	QL (1 EA per 1 day); Age (Min 18 Years)
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	\$0	QL (1 EA per 1 day); Age (Min 18 Years)
NICOTROL INHALATION CARTRIDGE 10 MG	\$0	ST: Requires prior prescription for Nicotine transdermal patch within the past 120 days; QL (1008 EA per 90 days); Age (Min 18 Years)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	\$0	ST: Requires prior prescription for Nicotine transdermal patch within the past 120 days; QL (160 ML per 90 days); Age (Min 18 Years)
QUIT 2 BUCCAL GUM 2 MG	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
QUIT 2 BUCCAL LOZENGE 2 MG	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
QUIT 4 BUCCAL GUM 4 MG	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
QUIT 4 BUCCAL LOZENGE 4 MG	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
<b>Smoking Deterrent-Nicotinic Recept.Partial Agonist</b>		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	\$0	QL (2 EA per 1 day); Age (Min 18 Years)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	\$0	QL (2 EA per 1 day); Age (Min 18 Years)
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	\$0	QL (2 EA per 1 day); Age (Min 18 Years)
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	\$0	QL (2 EA per 1 day); Age (Min 18 Years)
<b>Smoking Deterrents, Other</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0	QL (2 EA per 1 day); Age (Min 18 Years)
<b>Upper Gastrointestinal Disorders - Digestive</b>		
<b>Gastric Enzymes</b>		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 4	PA; SP

Drug	Status	Notes
<b>Pancreatic Enzymes</b>		
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 2	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT	Tier 3	
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	Tier 2	
<b>Upper Gastrointestinal Disorders - Spastic Disease</b>		
<b>Anticholinergics/Antispasmodics</b>		
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
<b>Belladonna Alkaloids</b>		
ED-SPAZ ORAL TABLET, DISINTEGRATING 0.125 MG	Tier 1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i> (Hyosyne)	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> (Hyosyne)	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Oscimin SR)	Tier 1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i> (Ed-Spaz)	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML	Tier 1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	Tier 1	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	Tier 1	



Drug	Status	Notes
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG- 0.25 MG (0.375 MG)	Tier 3	
<b>Upper Gastrointestinal Disorders - Ulcer Disease</b>		
<b>Anticholinergics, Quaternary Ammonium</b>		
<i>chlordiazepoxide-clidinium oral capsule</i> (Librax (with clidinium)) 5-2.5 mg	Tier 1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	Tier 3	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<b>Anti-Ulcer Preparations</b>		
<i>misoprostol oral tablet 100 mcg, 200</i> (Cytotec) <i>mcg</i>	Tier 1	
<i>sucralfate oral suspension 100 mg/ml</i> (Carafate)	Tier 1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	Tier 1	
<b>Anti-Ulcer-H.Pylori Agents</b>		
<i>amoxicil-clarithromy-lansopraz oral</i> <i>combo pack 500-500-30 mg</i>	Tier 1	QL (112 EA per 10 days)
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Tier 3	
PYLERA ORAL CAPSULE 140-125-125 MG	Tier 3	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Tier 3	QL (168 EA per 14 days); Age (Min 18 Years)
<b>Histamine H2-Receptor Inhibitors</b>		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 1	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	Tier 1	
<i>cimetidine oral tablet 300 mg, 400 mg,</i> <i>800 mg</i>	Tier 1	
<i>famotidine oral suspension 40 mg/5 ml</i> <i>(8 mg/ml)</i>	Tier 1	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	Tier 1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	Tier 1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	
<i>nizatidine oral solution 150 mg/10 ml</i>	Tier 1	
<b>Intestinal Motility Stimulants</b>		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	Tier 4	PA; SP
<i>metoclopramide hcl oral solution 5 mg/5</i> <i>ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5</i> (Reglan) <i>mg</i>	Tier 1	
<i>metoclopramide hcl oral</i> <i>tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	

Drug	Status	Notes
<b>Proton-Pump Inhibitors</b>		
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG	Tier 3	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 365 days; QL (1 EA per 1 day)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Nexium)	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)	Tier 1	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (2 EA per 1 day)
<i>esomeprazole strontium oral capsule, delayed release(dr/ec) 49.3 mg</i>	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days; QL (4 EA per 1 day)
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Prevacid 24Hr)	Tier 1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	Tier 1	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i> (Prevacid SoluTab)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days

Drug	Status	Notes
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day)
<i>omeprazole oral capsule, delayed release(drlec) 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i> (Zegerid)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix)	Tier 1	ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i> (Protonix)	Tier 1	
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	Tier 3	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i> (AcipHex Sprinkle)	Tier 1	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 365 days; QL (1 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i> (AcipHex)	Tier 1	QL (1 EA per 1 day)
<b>Urinary Tract - Functional Disorders</b>		
<b>Benign Prostatic Hypertrophy/Micturition Agents</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	Tier 1	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	Tier 1	

Drug	Status	Notes
<i>finasteride oral tablet 5 mg</i> (Proscar)	Tier 1	
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	Tier 1	ST: Requires prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL within the past 120 days
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	Tier 1	
<b>Bph Agents,5-Alpha-Red Inh &amp; Alpha-1-Adr Antg Cmb</b>		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	Tier 1	ST: Requires prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL within the past 120 days
<b>Cystine-Depleting Agents, Nephropathic Cystinosis</b>		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 4	SP
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 4	PA; SP
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Tier 4	PA; SP
<b>Kidney Stone Agents</b>		
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	Tier 4	SP
THIOLA ORAL TABLET 100 MG	Tier 4	SP
<i>tiopronin oral tablet 100 mg</i> (Thiola)	Tier 4	SP
<b>Overactive Bladder Agents, Beta-3 Adrenergic Recep</b>		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	Tier 2	
<b>Polycystic Kidney Disease Agent, Avp Recep. Antag</b>		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 4	PA; SP
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	Tier 4	PA; SP
<b>Urinary Ph Modifiers</b>		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 3	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	Tier 3	

Drug	Status	Notes
ORACIT ORAL SOLUTION 490-640 MG/5 ML	Tier 3	
<i>pot,sodium citrate-citric acid oral solution</i> (Cytra-3) 550-500-334 mg/5 ml	Tier 1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	Tier 1	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	Tier 1	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	Tier 1	
<i>potassium citrate-citric acid oral solution</i> (Cytra-K) 1,100-334 mg/5 ml	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 3	
<i>sodium citrate-citric acid oral solution</i> (Cytra-2) 500-334 mg/5 ml	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 3	
<b>Urinary Tract Analgesic Agents</b>		
ELMIRON ORAL CAPSULE 100 MG	Tier 2	PA
<b>Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Tier 1	
<b>Urinary Tract Antispasmodic, M(3) Selective Antag.</b>		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 1	ST: Requires prior prescription for Oxybutynin Chloride within the past 120 days
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	Tier 1	
<b>Urinary Tract Antispasmodic/Antiincontinence Agent</b>		
<i>flavoxate oral tablet 100 mg</i>	Tier 1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	Tier 3	ST: Requires prior prescription for Oxybutynin Chloride within the past 120 days
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	Tier 1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	Tier 3	ST: Requires prior prescription for Oxybutynin Chloride within the past 120 days
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	Tier 1	

Drug	Status	Notes
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	Tier 1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	Tier 2	ST: Requires prior prescription for Oxybutynin Chloride within the past 120 days
<i>trospium oral capsule, extended release 24hr 60 mg</i>	Tier 1	
<i>trospium oral tablet 20 mg</i>	Tier 1	
<b>Vaginal Disorders</b>		
<b>Vaginal Antibiotics</b>		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 3	ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, Tinidazole, or Vandazole within the past 365 days; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	Tier 1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %	Tier 3	
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole)	Tier 1	
NUVESSA VAGINAL GEL 1.3 %	Tier 3	
VANDAZOLE VAGINAL GEL 0.75 %	Tier 2	
<b>Vaginal Antifungals</b>		
GNAZOLE-1 VAGINAL CREAM 2 %	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
<b>Vaginal Antiseptics</b>		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 %	Tier 3	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	Tier 3	
<b>Vaginal Estrogen For Sexual Dysfunction</b>		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	ST: Requires prior prescription for Estring, Intrarosa, Osphena, or Premarin within the past 120 days; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	Tier 3	ST: Requires prior prescription for Estring, Intrarosa, Osphena, or Premarin within the past 120 days; QL (18 EA per 28 days)

Drug	Status	Notes
<b>Vaginal Estrogen Preparations</b>		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)	Tier 1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	Tier 2	QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	Tier 3	ST: Requires prior prescription for Estring, Intrarosa, Osphena, or Premarin within the past 120 days; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG	Tier 1	
<b>Vitamin And/Or Mineral Deficiency</b>		
<b>Fluoride Preparations</b>		
CLINPRO 5000 DENTAL PASTE 1.1 %	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
DENTAGEL DENTAL GEL 1.1 %	Tier 1	
<i>fluoride (sodium) dental cream 1.1 %</i> (Denta 5000 Plus)	Tier 1	
<i>fluoride (sodium) dental gel 1.1 %</i> (DentaGel)	Tier 1	
<i>fluoride (sodium) dental paste 1.1 %</i> (Clinpro 5000)	Tier 1	
<i>fluoride (sodium) dental solution 0.2 %</i> (PreviDent)	Tier 1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	\$0	Age (Max 6 Years)
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> (Ludent Fluoride)	\$0	Age (Max 6 Years)
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	Tier 3	
PREVIDENT DENTAL SOLUTION 0.2 %	Tier 3	
SF 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
SF DENTAL GEL 1.1 %	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL GEL 1.1 %	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Fluoridex Sensitivity Relief)	Tier 1	
<b>Folic Acid Preparations</b>		
<i>folic acid injection solution 5 mg/ml</i>	Tier 1	
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	

Drug	Status	Notes
<b>Iron Replacement</b>		
CHILDREN'S IRON ORAL DROPS 15 MG IRON (75 MG)/ML	\$0	Age (Max 1 Years)
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i> (Children's Iron)	\$0	Age (Max 1 Years)
PEDIA IRON ORAL DROPS 15 MG IRON (75 MG)/ML	\$0	Age (Max 1 Years)
PEDIATRIC FE-VITE ORAL DROPS 15 MG IRON (75 MG)/ML	\$0	Age (Max 1 Years)
<b>Multivitamin Preparations</b>		
CALCIUM PNV ORAL CAPSULE 28-1-250 MG	Tier 1	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 3	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 3	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG	Tier 1	
<b>Prenatal Vitamin Preparations</b>		
ATABEX OB ORAL TABLET 29-1 MG	Tier 3	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG	Tier 1	
BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG	Tier 1	
BRAINSTRONG PRENATAL ORAL COMBO PACK 33 MG IRON- 800 MCG-350 MG	Tier 3	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG	Tier 3	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG	Tier 3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	Tier 3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	Tier 3	
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG -25 MG/25 MG	Tier 3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	Tier 3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG	Tier 3	
CLASSIC PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	Tier 3	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	Tier 1	
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250-200 MG	Tier 3	
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1	
DERMACINRX PRENATRIX ORAL TABLET 27 MG IRON- 1 MG	Tier 3	
DERMACINRX PRENATRYL ORAL TABLET 27 MG IRON- 1 MG	Tier 3	
DERMACINRX PRETRATE ORAL TABLET 27 MG IRON- 1 MG	Tier 3	
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG -267 MG-233 MG	Tier 3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG	Tier 3	
EXPECTA PRENATAL ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG	Tier 3	
EXTRA-VIRT PLUS DHA ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 1	
KPN ORAL TABLET	Tier 1	
KPN ORAL TABLET 9 MG IRON- 267 MCG	Tier 3	
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG	Tier 1	
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG	Tier 3	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG	Tier 1	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	Tier 1	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG	Tier 1	
MYNATAL ORAL TABLET 90-1-50 MG	Tier 1	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	Tier 1	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	Tier 1	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	Tier 1	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE 28 MG IRON -1 MG	Tier 3	
NATAVI PNV ORAL CAPSULE 13.5 MG IRON- 0.5 MG-150 MG	Tier 3	

Drug	Status	Notes
NEONATAL COMPLETE ORAL TABLET 29-1 MG	Tier 3	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG	Tier 3	
NEONATAL-DHA ORAL COMBO PACK 29-1-200-500 MG	Tier 3	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	Tier 3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	Tier 3	
NESTABS ORAL TABLET 32-1,000 MG- MCG	Tier 3	
NEWGEN ORAL TABLET 32-1,000 MG- MCG	Tier 1	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 3	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	Tier 3	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	Tier 3	
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG	Tier 1	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG	Tier 3	
OBTREX DHA (WITH QUATREFOLIC) ORAL COMB PACK, TABLET DR, CAPSULE DR 29 MG IRON-1 MG - 350 MG	Tier 3	
O-CAL PRENATAL ORAL TABLET 15 MG IRON- 1,000 MCG	Tier 1	
ONE A DAY WOMEN'S PRENATAL DHA ORAL COMBO PACK 28 MG IRON- 800 MCG	Tier 3	
ONE DAILY PRENATAL ORAL COMBO PACK 28 MG IRON- 800 MCG, 28-800- 440 MG-MCG-MG	Tier 1	
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON- 800 MCG-235 MG	Tier 3	
PERRY PRENATAL ORAL CAPSULE 13.5-0.4 MG	Tier 1	
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG	Tier 1	
<i>pnv cmb#95-ferrous fumarate-fa oral</i> (Prenatal) <i>tablet 28 mg iron- 800 mcg</i>	Tier 1	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	Tier 1	

Drug	Status	Notes
PNV-FERROUS FUMARATE-DOCU-FA ORAL TABLET 29 MG IRON- 1 MG-25 MG	Tier 1	
PNV-SELECT ORAL TABLET 27-1 MG	Tier 1	
PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-400 MG	Tier 1	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG	Tier 1	
PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-430 MG	Tier 1	
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG	Tier 1	
PREGEN DHA ORAL CAPSULE 28 MG- 1,000MCG- 35 MG-200 MG	Tier 3	
PRENA1 CHEW ORAL TABLET, CHEW, IR - DR, BIPHASE 1.4 MG	Tier 1	
PRENA1 PEARL ORAL CAPSULE, IR - DELAY REL, BIPHASE 30-1.4-200 MG	Tier 1	
PRENA1 TRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG	Tier 1	
PRENAISSANCE ORAL CAPSULE 29- 1.25-55-325 MG	Tier 1	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG	Tier 1	
PRENATA ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	Tier 3	
PRENATABS FA ORAL TABLET 29-1 MG	Tier 1	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	Tier 1	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON- 975 MCG-200 MG	Tier 1	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG	Tier 3	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	Tier 1	
PRENATAL 19 ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	Tier 1	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG	Tier 3	
PRENATAL FORMULA ORAL TABLET 28 MG IRON- 800 MCG	Tier 1	
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG	Tier 3	

Drug	Status	Notes
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG	Tier 3	
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG	Tier 1	
PRENATAL MULTI ORAL TABLET 27-800 MG-MCG	Tier 3	
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG	Tier 1	
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG	Tier 3	
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG	Tier 1	
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG	Tier 1	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG, 28-800 MG-MCG	Tier 1	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	Tier 1	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG	Tier 3	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG	Tier 1	
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	Tier 1	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG	Tier 1	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	Tier 1	
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG	Tier 1	
<i>prenatal vit-iron fum-folic ac oral tablet</i> (Prenatal Tablet) 28 mg iron- 800 mcg	Tier 1	
<i>prenatal vits96-iron fum-folic oral tablet</i> 27 mg iron- 800 mcg	Tier 1	
PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG	Tier 1	
PRENATE ELITE ORAL TABLET 26 MG IRON- 1 MG	Tier 3	
PREPLUS ORAL TABLET 27 MG IRON- 1 MG	Tier 1	
PRETAB ORAL TABLET 29-1 MG	Tier 1	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	Tier 3	
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG	Tier 1	

Drug	Status	Notes
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG	Tier 3	
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1	
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG	Tier 3	
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG	Tier 3	
STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG	Tier 3	
TENDERA-OB ORAL CAPSULE 27 MG IRON-1 MG -205 MG	Tier 3	
THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG	Tier 3	
THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG	Tier 3	
THERANATAL ORAL TABLET 27 MG IRON- 1 MG	Tier 3	
THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT	Tier 3	
THERANATAL PLUS ORAL COMBO PACK 27 MG IRON- 1 MG-300 MG	Tier 3	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	Tier 3	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	Tier 3	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	Tier 3	
TRINATE ORAL TABLET 28 MG IRON- 1 MG	Tier 1	
TRIVEEN-DUO DHA ORAL COMBO PACK 29-1-400 MG	Tier 1	
TRIVEEN-PRX RNF ORAL CAPSULE 26-1.2-55-300 MG	Tier 1	
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 27 MG-800 MCG- 250 MG- 200 MG	Tier 3	
VENA-BAL DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG	Tier 1	
VINATE GT ORAL TABLET 90-1-50 MG	Tier 1	

Drug	Status	Notes
VINATE II ORAL TABLET 29 MG IRON-1 MG	Tier 1	
VINATE ULTRA ORAL TABLET 90-1-50 MG	Tier 1	
VIRT-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	Tier 1	
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	Tier 3	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG - 50 MG-200 MG	Tier 3	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON-0.33 MG	Tier 1	
VITAFOL NANO ORAL TABLET 18 MG IRON- 1 MG	Tier 1	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	Tier 3	
VITAFOL-OB ORAL TABLET 65-1 MG	Tier 3	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	Tier 1	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	Tier 3	
VITAMED MD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	Tier 3	
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG	Tier 3	
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30-1.4-200 MG	Tier 3	
VITATRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG	Tier 3	
VIVA DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	Tier 1	
VP-CH PLUS ORAL CAPSULE 29 MG IRON-1 MG -50 MG-265 MG	Tier 1	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG	Tier 1	
VP-PNV-DHA ORAL CAPSULE 28 MG IRON- 1 MG-200 MG	Tier 1	
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG	Tier 1	
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG-200 MG	Tier 1	
<b>Prenatal Vitamins Without Iron</b>		
ALIVE PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG	Tier 3	
NATAVI PRIMA ORAL CAPSULE 4 MG IRON- 0.5 MG-150 MG	Tier 3	

Drug	Status	Notes
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG- 25 MG-5 MG	Tier 1	
PRENATAL ORAL TABLET,CHEWABLE 400 MCG	Tier 1	
<b>Vitamin B Preparations</b>		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 1	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 1	
POTABA ORAL CAPSULE 500 MG	Tier 3	
<b>Vitamin B1 Preparations</b>		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 1	
<b>Vitamin B12 Preparations</b>		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 1	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	Tier 1	
<i>mecobalamin (vitamin b12) injection recon soln 10,000 mcg</i>	Tier 1	
<b>Vitamin B6 Preparations</b>		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 1	
<b>Vitamin C Preparations</b>		
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 1	
<b>Vitamin D Preparations</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg (Rocaltrol)</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml (Rocaltrol)</i>	Tier 1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit) (Vitamin D2)</i>	Tier 1	
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	Tier 1	
<b>Weight Reduction</b>		
<b>Anorexic Agents</b>		
<i>benzphetamine oral tablet 50 mg</i>	Tier 1	
<i>diethylpropion oral tablet 25 mg</i>	Tier 1	
<i>diethylpropion oral tablet extended release 75 mg</i>	Tier 1	
LOMAIRA ORAL TABLET 8 MG	Tier 1	
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	Tier 1	
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Tier 1	
<i>phentermine oral capsule 15 mg, 30 mg</i>	Tier 1	
<i>phentermine oral capsule 37.5 mg (Adipex-P)</i>	Tier 1	
<i>phentermine oral tablet 37.5 mg (Adipex-P)</i>	Tier 1	

Drug	Status	Notes
<b>Anti-Obesity - Melanocortin 4 Receptor Agonists</b>		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 4	PA; SP
<b>Anti-Obesity - Opioid Antag/Norepi &amp; Da Reup Inhib</b>		
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG	Tier 2	PA
<b>Anti-Obesity Glucagon-Like Peptide-1 Recep Agonist</b>		
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	Tier 2	PA
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	Tier 2	PA
<b>Fat Absorption Decreasing Agents</b>		
XENICAL ORAL CAPSULE 120 MG	Tier 3	PA







<i>albuterol sulfate</i> .....	10	ALLERGY RELIEF D12.....	3	<i>amiodarone</i> .....	35
ALCAINE.....	105	ALLERGY RELIEF D-24HR.....	3	<i>amitriptyline</i> .....	22
<i>alclometasone</i> .....	70	ALLERGY RELIEF,NASAL		<i>amitriptyline-chlordiazepoxide</i> .....	22
ALCOHOL PADS.....	77	DECONGEST.....	3	<i>amlodipine</i> .....	40
ALCOHOL PREP PADS.....	77	ALLERGY RELIEF-D		<i>amlodipine-atorvastatin</i> .....	49
<i>alcohol swabs</i> .....	77	(CETIRIZINE).....	3	<i>amlodipine-benazepril</i> .....	36
ALCOHOL WIPES.....	77	ALLERGY RELIEF-D		<i>amlodipine-olmesartan</i> .....	37
ALDACTAZIDE.....	42	(LORATADINE).....	3	<i>amlodipine-valsartan</i> .....	37
ALECENSA.....	170	ALLERGY-CONGESTION		<i>amlodipine-valsartan-hcthiazyd</i> .....	37
<i>alendronate</i> .....	98	RELIEF-D.....	3	<i>ammonium lactate</i> .....	78
ALFERON N.....	122	ALLER-TEC.....	6	AMNESTEEM.....	62
<i>alfuzosin</i> .....	218	ALLER-TEC D.....	3	<i>amoxapine</i> .....	22
ALINIA.....	132	ALLEVYN LIFE DRESSING.....	147	<i>amoxicil-clarithromy-lansopraz</i> .....	216
<i>aliskiren</i> .....	43	<i>allopurinol</i> .....	111	<i>amoxicillin</i> .....	127
ALIVE PRENATAL.....	229	<i>almotriptan malate</i> .....	197	<i>amoxicillin-pot clavulanate</i> .....	127
ALKINDI SPRINKLE.....	139	ALOCRI.....	107	<i>amphetamine sulfate</i> .....	23
ALL DAY ALLERGY (CETIRIZINE)...	6	ALOMIDE.....	107	<i>ampicillin</i> .....	127
ALL DAY ALLERGY-D.....	3	ALORA.....	119	<i>amyl nitrite</i> .....	49
ALL FLOW 1000 KIT.....	149	<i>alosetron</i> .....	146	ANACAINE.....	81
ALL FLOW 1000 PFT FILTER.....	149	ALPHAGAN P.....	108	<i>anagrelide</i> .....	116
ALL FLOW 3000 KIT.....	149	<i>alprazolam</i> .....	25	ANA-LEX KIT.....	144
ALL FLOW 3000 PFT FILTER.....	149	ALPRAZOLAM INTENSOL.....	24	ANALPRAM-HC.....	81
ALL FLOW 4000 KIT.....	149	ALREX.....	103	ANASTIA.....	81
ALL FLOW 4000 PFT FILTER.....	149	ALTABAX.....	68	<i>anastrozole</i> .....	168
ALL FLOW 5000 KIT.....	149	ALTACAINE.....	105	ANDRODERM.....	118
ALL FLOW 5000 PFT FILTER.....	149	ALTAFLUOR BENOX.....	105	ANGELIQ.....	118
ALL FLOW 6000 PFT FILTER.....	149	ALTAVERA (28).....	50	ANORO ELLIPTA.....	11
ALLERCLEAR.....	6	ALTERA NEBULIZER.....	13	<i>anticoag citrate phos dextrose</i> .....	112
ALLERCLEAR D-12HR.....	3	ALTERA NEBULIZER SYSTEM.....	13	ANUCORT-HC.....	145
ALLERCLEAR D-24HR.....	3	ALTERNATE SITE LANCET.....	150	APADAZ.....	199
ALLER-CORT.....	7	ALTOPREV.....	44	APLIGRAF.....	188
ALLER-EASE.....	6	ALTRENO.....	65	APOGEE IC INTERMIT	
ALLER-FEX.....	6	<i>alum, ammonium (bulk)</i> .....	177	CATHETER.....	149
ALLER-FLO.....	7	ALUNBRIG.....	170	APOGEE PLUS INTERMIT	
ALLERGIST TRAY 1/2 ML		<i>alvimopan</i> .....	147	CATHETER.....	149
27GX3/8".....	156	ALYACEN 1/35 (28).....	50	APOKYN.....	200
ALLERGIST TRAY		ALYACEN 7/7/7 (28).....	50	<i>apraclonidine</i> .....	108
INTRADERMAL BEV.....	156	ALYQ.....	42	<i>aprepitant</i> .....	8, 9
ALLERGIST TRAY REGULAR		AMABELZ.....	119	APRI.....	50
BEVEL.....	157	<i>amantadine hcl</i> .....	200	APTIOM.....	203
ALLERGY AND CONGESTION		<i>ambisentan</i> .....	43	APTIVUS.....	133
RELIEF.....	3	<i>amcinonide</i> .....	70	AQUA CARE SODIUM CHLORIDE.....	78
ALLERGY COMPLETE-D.....	3	AMELUZ.....	174	AQUA CARE STERILE WATER.....	78
ALLERGY RELIEF (CETIRIZINE).....	6	AMETHIA.....	50	AQUA GLYCOLIC HC.....	70
ALLERGY RELIEF		AMETHYST (28).....	50	ARAKODA.....	132
(FEXOFENADINE).....	6	AMIELLE VAGINAL TRAINER.....	149	ARANELLE (28).....	50
ALLERGY RELIEF		<i>amiloride</i> .....	42	ARANESP (IN POLYSORBATE)...	113
(FLUTICASONE).....	7	<i>amiloride-hydrochlorothiazide</i> .....	42	ARCALYST.....	138
ALLERGY RELIEF (LORATADINE)..	6	<i>aminocaproic acid</i> .....	112	<i>arformoterol</i> .....	10

ARGYLE TRACHEOSTOMY CARE TRAY .....	149	AUROVELA FE 1-20 (28) .....	51	BASAGLAR KWIKPEN U-100 INSULIN .....	92
ARIKAYCE .....	130	AURUMHEEL .....	181	BAVENCIO .....	173
<i>aripiprazole</i> .....	27, 28	AURYXIA .....	94	BAXDELA .....	127
ARISTADA .....	28	AUSTEDO .....	176	B-COMPLEX INJECTION .....	230
<i>armodafinil</i> .....	32	AUTOSOFT 30 .....	89	BD ALCOHOL SWABS .....	77
ARMOUR THYROID .....	100	AUTOSOFT 90 .....	89	BD ALLERGIST TRAY REG BEVEL .....	157
ARNUITY ELLIPTA .....	11	AUTOSOFT XC INFUSION SET 23" .....	89	BD AUTOSHIELD DUO PEN NEEDLE .....	183
ARTISS .....	189	AUTOSOFT XC INFUSION SET 32" .....	89	BD ECLIPSE LUER-LOK .....	157
ASCOMP WITH CODEINE .....	199	AUTOSOFT XC INFUSION SET 43" .....	89	BD FILTER NEEDLE-5 MICRON ..	183
<i>ascorbic acid (vitamin c)</i> .....	230	AVAR .....	68	BD INSULIN SYRINGE .....	157
<i>ascorbic acid(vitamin c)(bulk)</i> .....	177	AVAR LS .....	68	BD INSULIN SYRINGE (HALF UNIT) .....	157
<i>asenapine maleate</i> .....	29	AVEIDAOXIA .....	64	BD INSULIN SYRINGE MICRO-FINE .....	157
ASHLYNA .....	50	AVIANE .....	51	BD INSULIN SYRINGE SAFETY-LOK .....	157
<i>aspirin</i> .....	115, 191	AVITA .....	65	BD INSULIN SYRINGE SLIP TIP ..	157
ASPIRIN CHILDRENS .....	115	AVITENE .....	116	BD INSULIN SYRINGE U-500 .....	157
ASPIRIN LOW DOSE .....	115	AVITENE FLOUR .....	116	BD INSULIN SYRINGE ULTRA-FINE .....	157
<i>aspirin-dipyridamole</i> .....	115	AVONEX .....	174	BD INSYTE AUTOGUARD .....	156
ASPIR-TRIN .....	191	AYUNA .....	51	BD LO-DOSE MICRO-FINE IV .....	157
ASSURA EASICLOSE MINI POUCH .....	155	AYYAKIT .....	170	BD LO-DOSE ULTRA-FINE .....	157
ASSURE HAEMOLANCE PLUS ..	150	AZASAN .....	123	BD MICROTAINER LANCET .....	151
ASSURE ID INSULIN SAFETY .....	157	AZASITE .....	106	BD NANO 2ND GEN PEN NEEDLE .....	183
ASSURE ID PEN NEEDLE .....	183	<i>azathioprine</i> .....	123	BD POSIFLUSH NORMAL SALINE 0.9 .....	95
ASSURE LANCE .....	150	<i>azelaic acid</i> .....	64	BD PRE-FILLED NORMAL SALINE .....	95
ASSURE LANCE PLUS .....	150	<i>azelastine</i> .....	7, 103	BD PRE-FILLED SALINE BLUNT CAN .....	95
ASTAGRAF XL .....	123	<i>azelastine-fluticasone</i> .....	7	BD SAFETYGLIDE ALLERGIST TRAY .....	157
ASTHMAPACK CHILDREN'S .....	13	AZELEX .....	62	BD SAFETYGLIDE INSULIN SYRINGE .....	157
ASTRINGYN .....	116	<i>azithromycin</i> .....	125	BD SAFETYGLIDE SYRINGE .....	157
ATABEX OB .....	223	AZOPT .....	108	BD SAF-T-INTIMA .....	156
<i>atazanavir</i> .....	135	AZURETTE (28) .....	51	BD ULTRA FINE LANCETS .....	151
<i>atenolol</i> .....	39	B COMPLEX 100 .....	230	BD ULTRA-FINE II LANCETS .....	151
<i>atenolol-chlorthalidone</i> .....	40	<i>bacitracin</i> .....	106	BD ULTRA-FINE MICRO PEN NEEDLE .....	183
<i>atomoxetine</i> .....	35	<i>bacitracin-polymyxin b</i> .....	106	BD ULTRA-FINE MINI PEN NEEDLE .....	183
<i>atorvastatin</i> .....	44, 45	<i>baclofen</i> .....	213	BD ULTRA-FINE NANO PEN NEEDLE .....	183
<i>atovaquone</i> .....	132	BAL-CARE DHA .....	223		
<i>atovaquone-proguanil</i> .....	132	BAL-CARE DHA ESSENTIAL .....	223		
ATRAPRO CP .....	78	BALCOLTRA .....	51		
ATROPEN .....	182	<i>balsalazide</i> .....	144		
<i>atropine</i> .....	110	<i>balsam peru (bulk)</i> .....	177		
ATROVENT HFA .....	9	BALVERSA .....	170		
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AUROVELA 1/20 (21) .....	51	BASADROX .....	64		
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BD ULTRA-FINE ORIG PEN NEEDLE .....	183	BP 10-1 .....	68	<i>butalbital-acetaminop-caf-cod</i> 198, 199
BD ULTRA-FINE SHORT PEN NEEDLE .....	183	BPO .....	79	<i>butalbital-acetaminophen</i> .....
BD VEO INSULIN SYR (HALF UNIT) .....	158	BRAFTOVI .....	168	<i>butalbital-acetaminophen-caff</i> .....
BD VEO INSULIN SYRINGE UF ...	158	BRAINSTRONG PRENATAL .....	223	<i>butalbital-aspirin-caffeine</i> .....
BELBUCA .....	192	BRAVELLE .....	96	<i>butorphanol</i> .....
<i>belladonna alkaloids-opium</i> .....	192	BREATHERITE MDI SPACER .....	13	BUTTERFLY TOUCH LANCET .....
BELSOMRA .....	33	BREATHERITE SPACER-MASK, NEO .....	13	BYDUREON BCISE .....
<i>benazepril</i> .....	37	BREATHERITE SPACER- MASK,ADULT .....	14	BYETTA .....
<i>benazepril-hydrochlorothiazide</i> .....	36	BREATHERITE SPACER- MASK,CHILD .....	14	BYLVAY .....
BENLYSTA .....	141	BREATHERITE SPACER- MASK,INFANT .....	14	BYSTOLIC .....
<i>benzhydrocodone-acetaminophen</i> .....	199	BREATHERITE SPACER- MASK,S.CHLD .....	14	<i>cabergoline</i> .....
<i>benznidazole</i> .....	132	BREATHERITE VALVED MDI CHAMBER .....	14	CABLIVI .....
<i>benzoin (bulk)</i> .....	177	BREATHERITE VALVED MDI SPACER .....	14	CABOMETRYX .....
<i>benzonatate</i> .....	59	BREO ELLIPTA .....	11	CADEAU DHA .....
<i>benzoyl peroxide</i> .....	79	BREXAFEMME .....	130	CADIRA COMPLIANT BLOOD STAT .....
<i>benzphetamine</i> .....	230	BREZTRI AEROSPHERE .....	11	<i>caffeine citrate</i> .....
<i>benztropine</i> .....	200	BRIELLYN .....	51	<i>calcipotriene</i> .....
BERINERT .....	139	BRILINTA .....	115	<i>calcipotriene-betamethasone</i> .....
BESIVANCE .....	106	<i>brimonidine</i> .....	108	<i>calcitonin (salmon)</i> .....
BETADINE OPHTHALMIC PREP ..	78	<i>brimonidine-dorzolamide (pf)</i> .....	108	<i>calcitriol</i> .....
BETALOAN SUIK .....	139	BRIVIACT .....	204	<i>calcium acetate(phosphat bind)</i> .....
<i>betamethasone dipropionate</i> .....	70	BROMFED DM .....	61	CALCIUM PNV .....
<i>betamethasone valerate</i> .....	70	<i>bromfenac</i> .....	103	CALQUENCE .....
<i>betamethasone, augmented</i> .....	71	<i>bromocriptine</i> .....	200	CAMILA .....
BETASERON .....	174	<i>brompheniramine-pseudoeph-dm</i> ...	61	CAMRESE .....
<i>betaxolol</i> .....	39, 108	BROMSITE .....	103	CAMRESE LO .....
<i>bethanechol chloride</i> .....	167	BRONCHITOL .....	180	<i>candesartan</i> .....
BETIMOL .....	108	BRUKINSA .....	170	<i>candesartan-hydrochlorothiazid</i> .....
BETOPTIC S .....	108	<i>budesonide</i> .....	7, 11, 12, 139	<i>cantharidin in acetone</i> .....
<i>bexarotene</i> .....	174	BULLSEYE MINI SAFETY LANCETS .....	151	CANTHARIS COMPOSITUM .....
<i>bicalutamide</i> .....	167	<i>bumetanide</i> .....	42	CAPCOF .....
BIDIL .....	44	BUNAVAIL .....	200	<i>capecitabine</i> .....
BIJUVA .....	118	BUPRENEX .....	192	CAPEX .....
BIKTARVY .....	136	<i>buprenorphine</i> .....	192	CAPLYTA .....
<i>bimatoprost</i> .....	108	<i>buprenorphine hcl</i> .....	192, 200	CAPRELSA .....
<i>bisoprolol fumarate</i> .....	39	<i>buprenorphine-naloxone</i> .....	200	<i>captopril</i> .....
<i>bisoprolol-hydrochlorothiazide</i> .....	40	<i>bupropion hcl</i> .....	19	<i>captopril-hydrochlorothiazide</i> .....
BLEPH-10 .....	106	<i>bupropion hcl (smoking deter)</i> .....	214	CARBAGLU .....
BLEPHAMIDE .....	106	<i>buspirone</i> .....	25	<i>carbamazepine</i> .....
BLEPHAMIDE S.O.P. ....	106	BUTALBITAL COMPOUND W/CODEINE .....	199	CARBATROL .....
BLISOVI 24 FE .....	51			<i>carbidopa</i> .....
BLISOVI FE 1.5/30 (28) .....	51			<i>carbidopa-levodopa</i> .....
BLISOVI FE 1/20 (28) .....	51			<i>carbidopa-levodopa-entacapone</i> ...
<i>blunt needle, disposable</i> .....	183			<i>carbinoxamine maleate</i> .....
<i>bosentan</i> .....	43			CARDIOPLEGIA DEL NIDO FORMULA .....
BOSULIF .....	170			CARDIOPLEGIA HIGH POTASSIUM .....

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CARDIOPLEGIA IND 8:1 NON-ENRCH.....	178	<i>cefadroxil</i> .....	124	CHILDREN'S CETIRIZINE.....	6
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CARDIOPLEGIA INDUCTION 8:1	178	<i>cefdinir</i> .....	125	CHILDREN'S WAL-ZYR.....	6
CARDIOPLEGIA MAIN 8:1 NO-ENRCH.....	178	<i>cefditoren pivoxil</i> .....	125	CHILD'S ALL DAY ALLERGY(CETIR).....	6
CARDIOPLEGIA MAINT 4:1 PLASMA.....	178	<i>cefepime</i> .....	125	CHLOOXIA.....	71
CARDIOPLEGIA MAINT 4:1 RINGER.....	178	<i>cefepodoxime</i> .....	125	<i>chlordiazepoxide hcl</i> .....	25
CARDIOPLEGIA MAINTENANCE 4:1.....	178	<i>cefprozil</i> .....	124	<i>chlordiazepoxide-clidinium</i> .....	216
CARDIOPLEGIA MAINTENANCE 8:1.....	178	<i>cefuroxime axetil</i> .....	124	<i>chlorhexidine gluconate</i> .....	176
CARDIOPLEGIA REPERFUSATE 4:1.....	178	<i>celecoxib</i> .....	142	<i>chloroquine phosphate</i> .....	132
<i>cardioplegic no.17(induct 4:1)</i> .....	178	CELLCEPT.....	123	<i>chlorpromazine</i> .....	31
<i>cardioplegic no.19 (maint 4:1)</i> .....	178	CELONTIN.....	204	<i>chlorthalidone</i> .....	44
<i>cardioplegic soln</i> .....	179	CEM-UREA.....	79	<i>chlorzoxazone</i> .....	213
<i>cardioplegic solution no.25</i> .....	179	CENTANY AT.....	66	CHOLBAM.....	146
CARDIZEM LA.....	40	<i>cephalexin</i> .....	124	<i>cholestyramine (with sugar)</i> .....	47
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