



HometownRx Formulary – January 2022

This formulary is intended to assist you to better understand your pharmacy coverage.

Knowing your pharmacy benefit and effective use of the formulary (drug list) will help you be engaged in your treatment options and health. This document will help you get the answers to these questions:

- What medications are covered?
- What are my lower cost medication options?
- How is this formulary developed to ensure I have the best products?
- What can I do if the medication I need is not covered?
- Why do I need to obtain an approval (prior authorization) to get what my provider ordered?

What is a Formulary?

The formulary is a list of preferred brand and generic drug products for HometownRx members. The drug list includes drugs used to treat common diseases or health problems. A team of doctors and pharmacists (Pharmacy and Therapeutics (P&T) Committee) meet to decide which drugs should be on the drug list. The P&T Committee reviews new and existing drugs and chooses drugs that work best and are proven to be safe. Consequently, the formulary is updated regularly and subject to change without notice. The formulary is a good source for you and your provider to determine the best drug for your condition, at the lowest out-of-pocket expense to you. Ultimately, specific drug product selection for an individual member is dependent on your prescriber.

How to Search For Drugs

The formulary that begins on page 1 provides coverage information about the drugs covered by HometownRx. If you have trouble finding your drug in the list, please turn to the Index at the end of the formulary. The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., HUMIRA) and generic drugs are listed in lower-case italics (e.g., *adalimumab*). The information in the Requirements/Limits column tells you if HometownRx has any special requirements for coverage of your drug.

Benefit Coverage and Limitations

Certain drug products have been excluded from this formulary. If you choose to use an excluded drug product HometownRx may not reimburse for these drug products and may require you to pay 100% of the cost. Furthermore, if you choose to use a drug that is not on formulary or excluded, the cost, does not accumulate towards meeting your annual deductible or out-of-pocket maximums.

Certain classes of medication are not covered under your pharmacy benefit. These medication classes may include but are not limited to: non-FDA approved drugs, over the counter (OTC) medications, drugs to treat impotency or sexual disorders, fertility agents, weight loss drugs, hematinics, reusable needles, disposable syringes, ostomy supplies, infant formulas, dietary supplements, hypopigmentation agents, diagnostic agents, cosmetic medications, and compounded medications.

An ancillary charge (as know as a Brand Penalty [BP]) may apply to brand medications when an equivalent generic is available. If a member or provider chooses a brand medication over the generic medication, the



member may be responsible for their copay/coinsurance plus the cost difference between the brand medication and the generic medication (ancillary charge). Ancillary charges do not accumulate towards meeting your annual deductible or out-of-pocket maximums.

The formulary applies only to outpatient drugs provided to members, and does not apply to medications used in inpatient settings.

What if my drug is not listed on the formulary?

To avoid delays in access to your treatment, your provider may check the formulary to prescribe a covered drug that is best for you. The HometownRx formulary offers a wide coverage of available drugs. However, in instances where the drug is rejected due to “Drug Not Covered”, you may either:

- Ask your pharmacy to contact your provider to change the prescription to a covered formulary alternative.
- If your provider believes the non-covered product is “medically necessary” for your condition, your provider may request an “Exception” for coverage. See the next section for information on how to request an exception.

How do I request an exception?

Members or providers can ask HometownRx to make an exception to our coverage rules. Exceptions are reviewed for medical necessity, your inability to use covered drugs (e.g., side effects, contraindications, allergies), current covered products may not be effective for you, and new drug entrants that have not yet been reviewed and placed on the formulary. Reviews will consider superiority of the request over current covered options.

Exception requests can be submitted by making the request to HometownRx:

- You or your provider can call us at 1-888-807-7655, or submit a written request for prior authorization review via fax at 1-858-790-7100.

Why do some drugs require prior authorization?

Drug coverage review is used to encourage appropriate and cost-effective use of prescription drugs by allowing coverage only when certain conditions are met. Some reasons for pre-authorization may include:

- Compliance with dosing guidelines
- Avoid duplicate therapies
- Help health care providers check medically accepted criteria that helps ensure high efficacy and low side effects

HometownRx implements prior authorization criteria based on the Food and Drug Administration (FDA) approved labelling, evidence-based national best-practice guidelines, and peer-reviewed journals.

What can I expect to pay?

What you expect to pay depends on the type of drugs your provider ordered for you. Each drug is placed in a tier level; different tiers represent the different levels of payment for covered medications. Tier structures are developed to encourage you to use quality products at the most cost-effective option to you. The lower cost



option does not represent a lower quality product. Rather it is the best cost option considering covered products within that treatment category. You can be assured that drugs provided through your pharmacy benefit has been through rigorous processes to be approved by the FDA.

How can I save on prescriptions?

Here are some other tips to pay less out of pocket for your prescription drugs:

- Ask your provider to consider prescribing generic drugs instead of brand-name drugs, and whether the generic drug is right for you.
- Ask your provider to consider prescribing drugs that are on the HometownRx Formulary.
- Check to see if your plan includes our mail-order pharmacy service. Depending upon your plan, mail order may save you money.

What if I have additional questions?

Please contact us:

Phone: 1-888-807-7655

If you have impaired hearing, dial TTY # 711

E-mail: Pharmacy-HometownHealth@HometownHealth.com

Web site: www.hometownhealth.com

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Drug	Status	Notes
Allergy		
2Nd Gen Antihistamine & Decongestant Combinations		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	Tier 3	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets 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	
Allergenic Extracts, Therapeutics		
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
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Tier 4	PA
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Tier 4	PA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Tier 4	PA
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Tier 4	PA
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Tier 4	PA
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Tier 4	PA
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Tier 4	PA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Tier 4	PA
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Tier 4	PA
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Tier 4	PA

Drug	Status	Notes
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Tier 4	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Tier 4	PA
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Tier 2	PA
Antihistamines - 1St Generation		
<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>carbinoxamine maleate oral tablet 6 mg</i> (RyVent)	Tier 1	ST: Requires prior prescriptions for Carbinoxamine tablet (4mg) and solution (4mg/5mL) within the past 365 days; QL (4 EA per 1 day); Age (Min 2 Years)
<i>clemastine oral syrup 0.5 mg/5 ml</i>	Tier 1	
<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	
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i> (Ryclora)	Tier 1	QL (236 ML per 1 FILL)
DIPHEN ORAL ELIXIR 12.5 MG/5 ML (diphenhydramine hcl)	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)
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (promethazine)	Tier 3	
<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	
RYCLORA ORAL SOLUTION 2 MG/5 ML (dexchlorpheniramine maleate)	Tier 3	QL (236 ML per 1 FILL)

Drug	Status	Notes
RYVENT ORAL TABLET 6 MG (carbinoxamine maleate)	Tier 3	ST: Requires prior prescriptions for Carbinoxamine tablet (4mg) and solution (4mg/5mL) within the past 365 days; QL (4 EA per 1 day); Age (Min 2 Years)
VISTARIL ORAL CAPSULE 25 MG, 50 MG (hydroxyzine pamoate)	Tier 2	
Antihistamines - 2Nd Generation		
<i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))	Tier 1	
CLARINEX ORAL TABLET 5 MG (desloratadine)	Tier 3	QL (1 EA per 1 day)
<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 tablets within the past 120 days; QL (1 EA per 1 day)
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	Tier 1	
Nasal Antihistamine		
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	Tier 1	QL (60 ML per 30 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i>	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)
PATANASE NASAL SPRAY, NON-AEROSOL 0.6 % (olopatadine)	Tier 3	QL (30.5 GM per 30 days)
Nasal Antihistamine & Anti-Inflam. Steroid Comb.		
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i> (Dymista)	Tier 1	ST: Requires prior prescription for Flunisolide or Fluticasone Propionate within the past 365 days; QL (23 GM per 30 days)
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY (azelastine-fluticasone)	Tier 3	ST: Requires prior prescription for Flunisolide or Fluticasone Propionate within the past 365 days; QL (23 GM per 30 days)
TICALAST NASAL KIT, SPRAY SUSPENSION AND SPRAY 137 MCG-50 MCG- 0.9 %	Tier 3	

Drug	Status	Notes
Nasal Anti-Inflammatory Steroids		
BECONASE AQ NASAL SPRAY, NON-AEROSOL 42 MCG (0.042 %)	Tier 3	ST: Requires prior prescription for Flunisolide or Fluticasone Propionate within the past 120 days; QL (25 GM 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)
NASONEX NASAL SPRAY, NON-AEROSOL 50 MCG/ACTUATION (mometasone)	Tier 2	QL (17 GM per 30 days)
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	Tier 3	ST: Requires prior prescription for Flunisolide or Fluticasone Propionate within the past 120 days; QL (5 GM per 12 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 2	ST: Requires prior prescription for Flunisolide or Fluticasone Propionate 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 or Fluticasone Propionate within the past 120 days; QL (10.6 GM per 30 days)
SINUVA SINUS IMPLANT 1,350 MCG	Tier 3	PA
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)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for Flunisolide or Fluticasone Propionate within the past 120 days; QL (6.1 GM per 30 days)
Antiemesis/Antivertigo		
Antiemetic, Cannabinoid-Type		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	Tier 1	ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (dronabinol)	Tier 2	ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; 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)
Antiemetic/Antivertigo Agents		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 2	QL (1 EA per 28 days)
ANTIVERT ORAL TABLET 50 MG (meclizine)	Tier 3	QL (2 EA per 1 day)
<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)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	Tier 1	QL (3 EA per 21 days)
BONJESTA ORAL TABLET, IR, DELAYED REL, BIPHASIC 20-20 MG	Tier 3	QL (60 EA per 30 days)
COMPRO RECTAL SUPPOSITORY 25 MG (prochlorperazine)	Tier 1	
DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC) 10-10 MG (doxylamine-pyridoxine (vit b6))	Tier 3	QL (120 EA per 30 days)
<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 CAPSULE 80 MG (aprepitant)	Tier 2	QL (2 EA per 21 days)
EMEND ORAL CAPSULE, DOSE PACK 125 MG (1)- 80 MG (2) (aprepitant)	Tier 2	QL (3 EA per 21 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, 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	

Drug	Status	Notes
<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 (promethazine)	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	
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING 10 MG/0.4 ML	Tier 3	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS (scopolamine base)	Tier 3	
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	
VARUBI ORAL TABLET 90 MG	Tier 3	QL (2 EA per 14 days)
ZOFRAN ORAL TABLET 4 MG, 8 MG (ondansetron hcl)	Tier 2	
ZUPLENZ ORAL FILM 4 MG	Tier 3	ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (2 EA per 3 days)
ZUPLENZ ORAL FILM 8 MG	Tier 3	ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (1 EA per 3 days)
Asthma And Copd		
5-Lipoxygenase Inhibitors		
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	Tier 1	ST: Requires prior prescriptions for Montelukast Sodium and Zafirlukast within the past 365 days; QL (2 EA per 1 day)
ZYFLO ORAL TABLET 600 MG	Tier 3	ST: Requires prior prescriptions for Montelukast Sodium and Zafirlukast within the past 365 days; QL (4 EA per 1 day)

Drug	Status	Notes
Anticholinergic, Orally Inhaled Short Acting		
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	
Anticholinergics, Orally Inhaled Long Acting		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for Spiriva Respimat or Spiriva within the past 120 days; QL (30 EA 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)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for Spiriva Respimat or Spiriva within the past 120 days; QL (1 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	Tier 3	ST: Requires prior prescription for Lonhala Magnair within the past 120 days; QL (90 ML per 30 days)
Beta-Adrenergic Agents		
<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	
Beta-Adrenergic Agents, Inhaled, Short Acting		
<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	

Drug	Status	Notes
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	Tier 1	
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for generic Albuterol Sulfate 90mcg HFA inhaler within the past 120 days
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (albuterol sulfate)	Tier 3	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for generic Albuterol Sulfate 90mcg HFA inhaler within the past 120 days
PROVENTIL HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (albuterol sulfate)	Tier 3	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (albuterol sulfate)	Tier 3	
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION 1.25 MG/0.5 ML (levalbuterol hcl)	Tier 3	
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION (levalbuterol tartrate)	Tier 2	
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML (levalbuterol hcl)	Tier 3	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled, Long Acting		
<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)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML (arformoterol)	Tier 3	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
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML (formoterol fumarate)	Tier 2	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 2	QL (60 EA per 30 days)
Beta-Adrenergic And Anticholinergic Combinations		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Tier 3	ST: Requires prior prescription for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 2	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (1 EA per 30 days)
<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)
Beta-Adrenergic And Glucocorticoid Combinations		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone propion-salmeterol)	Tier 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)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for Advair Diskus, Advair HFA, Breo Ellipta, or Symbicort within the past 120 days; QL (1 EA per 30 days)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION (fluticasone propion-salmeterol)	Tier 3	ST: Requires prior prescription for Advair Diskus, Advair HFA, Breo Ellipta, or Symbicort within the past 120 days; QL (1 EA per 30 days)

Drug	Status	Notes
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	Tier 2	QL (60 EA per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for Advair Diskus, Advair HFA, Breo Ellipta, or Symbicort within the past 120 days; QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for Advair Diskus, Advair HFA, Breo Ellipta, or Symbicort within the past 120 days; QL (13 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i> (AirDuo RespiClick)	Tier 3	ST: Requires prior prescription for Advair Diskus, Advair HFA, Breo Ellipta, or Symbicort within the past 120 days; QL (1 EA per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide-formoterol)	Tier 2	QL (30.6 GM per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled		
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)
Glucocorticoids, Orally Inhaled		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, or Flovent HFA within the past 365 days; QL (12.2 GM per 30 days)
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, or Flovent HFA within the past 365 days; QL (1 EA per 30 days)

Drug	Status	Notes
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTION, 200 MCG/ACTION, 50 MCG/ACTION	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTION, 200 MCG/ACTION, 50 MCG/ACTION	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, or Flovent HFA within the past 365 days; QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTION (30), 220 MCG/ ACTION (120), 220 MCG/ ACTION (30), 220 MCG/ ACTION (60)	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, or Flovent HFA within the past 365 days; QL (1 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)
<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/ACTION, 50 MCG/ACTION	Tier 2	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTION	Tier 2	QL (120 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTION	Tier 2	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTION	Tier 2	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTION	Tier 2	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTION, 90 MCG/ACTION	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, or Flovent HFA within the past 365 days; QL (1 EA per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML (budesonide)	Tier 2	QL (120 ML per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML (budesonide)	Tier 2	QL (60 ML per 30 days)

Drug	Status	Notes
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, or Flovent HFA within the past 365 days; QL (21.2 GM per 30 days)
Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 4	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 4	PA
Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 4	PA
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	Tier 4	PA
Leukotriene Receptor Antagonists		
ACCOLATE ORAL TABLET 10 MG, 20 MG (zafirlukast)	Tier 3	
<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	
SINGULAIR ORAL GRANULES IN PACKET 4 MG (montelukast)	Tier 2	
SINGULAIR ORAL TABLET 10 MG (montelukast)	Tier 2	
SINGULAIR ORAL TABLET, CHEWABLE 4 MG, 5 MG (montelukast)	Tier 2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	Tier 1	
Mast Cell Stabilizers		
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	Tier 1	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML (cromolyn)	Tier 3	
Mast Cell Stabilizers, Orally Inhaled		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
Monoclonal Antibodies To Immunoglobulin E(Ige)		
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	Tier 4	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 4	PA
Monoclonal Antibody - Interleukin-5 Antagonists		
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	Tier 4	PA

Drug	Status	Notes
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 4	PA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	Tier 4	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 4	PA
Phosphodiesterase-4 (Pde4) Inhibitors		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Tier 2	ST: Requires prior prescription for Advair Diskus, Breo Ellipta, Serevent Diskus, Spiriva Respimat, or Spiriva within the past 120 days; QL (1 EA per 1 day)
Respiratory Aids, Devices, Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER (inhalational spacing device)	Tier 3	
AEROCHAMBER MINI SPACER (inhalational spacing device)	Tier 3	
AEROCHAMBER MV SPACER (inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER (inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER (inhalational spacing device)	Tier 3	
AEROCHAMBER WITH FLOWSIGNAL SPACER (inhalational spacing device)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (inhalational spacing device)	Tier 3	
AEROECLIPSE II NEBULIZER	Tier 3	
AEROGear ACTION ASTHMA KIT KIT	Tier 3	
AERONEB GO NEBULIZER	Tier 3	
AEROTRACH PLUS SPACER (inhalational spacing device)	Tier 3	
AEROVENT PLUS SPACER (inhalational spacing device)	Tier 3	
AIRS DISPOSABLE NEBULIZER	Tier 3	
ALTERA NEBULIZER	Tier 3	

Drug	Status	Notes
ALTERA NEBULIZER SYSTEM	Tier 3	
ASTHMAPACK CHILDREN'S KIT	Tier 3	
AURA PORTANEB	Tier 3	
BREATHERITE MDI SPACER SPACER (inhalational spacing device)	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER	Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER	Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER	Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER	Tier 3	
BREATHERITE SPACER-MASK,S.CHLD SPACER	Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER (inhalational spacing device)	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER (inhalational spacing device)	Tier 3	
CLEVER CHOICE CHAMBER-LRG MASK SPACER	Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER	Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER	Tier 3	
CLEVER CHOICE NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
CLEVER CHOICE WHISPER AIRE PED DEVICE (nebulizer and compressor)	Tier 3	
COMPACT SPACE CHAMBER PLUS SPACER (inhalational spacing device)	Tier 3	
COMPACT SPACE CHAMBER SPACER (inhalational spacing device)	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER	Tier 3	
COMP-AIR NEBULIZER COMPRESSOR DEVICE (nebulizer and compressor)	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 (nebulizer and compressor)	Tier 3	
DEVILBISS TRAVELER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 3	

Drug		Status	Notes
EASIVENT HOLDING CHAMBER SPACER	(inhalational spacing device)	Tier 3	
EASIVENT MASK LARGE DEVICE		Tier 3	
EASIVENT MASK MEDIUM DEVICE		Tier 3	
EASIVENT MASK SMALL DEVICE		Tier 3	
EBASE CONTROLLER DEVICE		Tier 3	
FLEXICHAMBER SPACER	(inhalational spacing device)	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE		Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE		Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE		Tier 3	
FLYP NEBULIZER		Tier 3	
HOME NEBULIZER PLUS SIDESTREAM DEVICE	(nebulizer and compressor)	Tier 3	
INNOSPIRE DELUXE DEVICE	(nebulizer and compressor)	Tier 3	
INNOSPIRE ELEGANCE DEVICE	(nebulizer and compressor)	Tier 3	
INNOSPIRE ESSENCE DEVICE	(nebulizer and compressor)	Tier 3	
INNOSPIRE GO NEBULIZER		Tier 3	
INNOSPIRE MINI DEVICE	(nebulizer and compressor)	Tier 3	
INSPIRACHAMBER SPACER	(inhalational spacing device)	Tier 3	
INSPIRACHAMBER WITH MASK-LARGE SPACER		Tier 3	
INSPIRACHAMBER WITH MASK-MED SPACER		Tier 3	
INSPIRACHAMBER WITH MASK-SMALL SPACER		Tier 3	
LC PLUS		Tier 3	
LC PLUS NEBULIZER-PED MASK		Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE		Tier 3	
LITEAIRE MDI CHAMBER SPACER	(inhalational spacing device)	Tier 3	
LITETOUCH-LARGE MASK DEVICE		Tier 3	
LITETOUCH-SMALL MASK DEVICE		Tier 3	
MICROAIR MESH NEBULIZER		Tier 3	
MICROCHAMBER SPACER	(inhalational spacing device)	Tier 3	
MICROSPACER SPACER	(inhalational spacing device)	Tier 3	
MINI PLUS NEBULIZER		Tier 3	
MINI WRIGHT PEAK FLOW METER DEVICE	(peak flow meter)	Tier 3	

Drug	Status	Notes
MISTASSIST DEVICE	Tier 3	
MISTASSIST KIT DEVICE	Tier 3	
<i>nebulizer and compressor device</i> (Clever Choice Nebulizer)	Tier 3	
OMBRA COMPRESSOR SYSTEM DEVICE (nebulizer and compressor)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER (inhalational spacing device)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER	Tier 3	
PARI LC SPRINT NEBULIZER SET	Tier 3	
PARI LC SPRINT SINUS	Tier 3	
PARI SINUS AEROSOL SYSTEM DEVICE (nebulizer and compressor)	Tier 3	
PARI TREK S COMBO PACK DEVICE (nebulizer and compressor)	Tier 3	
PARI TREK S COMPACT COMPRESSOR DEVICE (nebulizer and compressor)	Tier 3	
PEDIATRIC BEAR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE (nebulizer and compressor)	Tier 3	
PEDIATRIC DINOSAUR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
PEDIATRIC DOG NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
PEDIATRIC FROG NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE	Tier 3	
POCKET CHAMBER SPACER (inhalational spacing device)	Tier 3	
PORTABLE NEBULIZER SYSTEM DEVICE (nebulizer and compressor)	Tier 3	
PRIMEAIRE SPACER (inhalational spacing device)	Tier 3	
PRO COMFORT SPACER-ADULT MASK SPACER	Tier 3	
PRO COMFORT SPACER-CHILD MASK SPACER	Tier 3	
PROCARE COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
PROCARE PEDIATRIC NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	

Drug	Status	Notes
PROCARE SPACER WITH ADULT MASK SPACER	Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER	Tier 3	
PROCHAMBER SPACER (inhalational spacing device)	Tier 3	
PRODIGY MINI-MIST NEBULIZER	Tier 3	
PULMO-AIDE COMPRESSOR DEVICE	Tier 3	
PULMONEB LT COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
RITEFLO AEROCHAMBER SPACER (inhalational spacing device)	Tier 3	
SAMI THE SEAL DEVICE (nebulizer and compressor)	Tier 3	
SIDESTREAM	Tier 3	
SIDESTREAM NEBULIZER	Tier 3	
SIDESTREAM PLUS	Tier 3	
SILICONE MASK - INFANT DEVICE	Tier 3	
SINUSTAR NEBULIZER	Tier 3	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
SOOTHENEB MESH NEBULIZER	Tier 3	
SPACE CHAMBER PLUS SPACER (inhalational spacing device)	Tier 3	
SPACE CHAMBER SPACER (inhalational spacing device)	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER	Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER	Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER	Tier 3	
SUNRISE COMPRESSOR-NEBULIZER DEVICE	Tier 3	
THRESHOLD IMT TRAINER DEVICE	Tier 3	
THRESHOLD PEP DEVICE DEVICE	Tier 3	
TRUNEb NEBULIZER	Tier 3	
TRUZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
VIOS AEROSOL DELIVERY SYSTEM DEVICE (nebulizer and compressor)	Tier 3	
VIXONE NEBULIZER	Tier 3	
VIXONE NEBULIZER-ADULT MASK	Tier 3	
VIXONE NEBULIZER-PEDIATRIC MSK	Tier 3	
VORTEX HOLDING CHAMBER SPACER (inhalational spacing device)	Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER	Tier 3	

Drug	Status	Notes
VORTEX VHC LADYBUG MASK-TODDLR SPACER	Tier 3	
WILLIS THE WHALE COMPRESSOR NEB DEVICE (nebulizer and compressor)	Tier 3	
Xanthines		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML (theophylline)	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	Tier 1	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 300 MG (theophylline)	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	
Autonomic Nervous System Disorders		
Alzheimer's Therapy, Nmda Receptor Antagonists		
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	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 ORAL TABLET 10 MG, 5 MG (memantine)	Tier 2	QL (60 EA per 30 days)
NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK 5-10 MG (memantine)	Tier 2	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)
NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR 14 MG, 21 MG, 28 MG, 7 MG (memantine)	Tier 2	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)

Drug	Status	Notes
Alzheimer's Thx,Nmda Recept Antag & Cholines Inhib		
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 IR, or Memantine 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 IR, or Memantine XR within the past 365 days; QL (1 EA per 1 day)
Amyloid Directed Monoclonal Antibody		
ADUHELM INTRAVENOUS SOLUTION 100 MG/ML	Tier 4	PA
Cholinesterase Inhibitors		
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (donepezil)	Tier 2	
<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	
EXELON PATCH TRANSDERMAL (rivastigmine) PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	Tier 2	QL (30 EA per 30 days)
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> (Razadyne ER)	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)
MESTINON ORAL SYRUP 60 MG/5 ML (pyridostigmine bromide)	Tier 2	
MESTINON ORAL TABLET 60 MG (pyridostigmine bromide)	Tier 2	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG (pyridostigmine bromide)	Tier 2	
<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	
RAZADYNE ER ORAL CAPSULE,EXT REL. PELLETS 24 HR 16 MG, 24 MG, 8 MG (galantamine)	Tier 3	QL (30 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	Tier 1	QL (30 EA per 30 days)

Drug	Status	Notes
Behavioral Health - Antidepressants		
Alpha-2 Receptor Antagonist Antidepressants		
<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	
REMERON ORAL TABLET 15 MG, 30 MG (mirtazapine)	Tier 2	
REMERON SOLTAB ORAL TABLET, DISINTEGRATING 15 MG, 30 MG, 45 MG (mirtazapine)	Tier 2	
Antidepressant - Nmda Receptor Antagonist		
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 4	PA
Maois - Non-Selective & Irreversible		
MARPLAN ORAL TABLET 10 MG	Tier 3	
NARDIL ORAL TABLET 15 MG (phenelzine)	Tier 2	
PARNATE ORAL TABLET 10 MG (tranylcypromine)	Tier 2	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	Tier 1	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	Tier 1	
Norepinephrine And Dopamine Reuptake Inhib (Ndris)		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	Tier 3	ST: Requires prior prescription for Bupropion HCL within the past 120 days; QL (1 EA per 1 day)
<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 extended release 24 hr 450 mg</i> (Forfivo XL)	Tier 1	ST: Requires prior prescription for Bupropion HCL within the past 120 days; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	Tier 1	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG (bupropion hcl)	Tier 3	ST: Requires prior prescription for Bupropion HCL within the past 120 days; QL (1 EA per 1 day)
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG (bupropion hcl)	Tier 2	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG (bupropion hcl)	Tier 2	

Drug	Status	Notes
Selective Serotonin Reuptake Inhibitor (Ssris)		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (citalopram)	Tier 2	
<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 (dr/lec) 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, Escitalopram, Fluoxetine, Fluvoxamine Maleate, Paroxetine, or Sertraline within the past 120 days; QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (escitalopram oxalate)	Tier 2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	Tier 1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	Tier 1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG (paroxetine hcl)	Tier 3	
PAXIL ORAL SUSPENSION 10 MG/5 ML (paroxetine hcl)	Tier 2	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (paroxetine hcl)	Tier 2	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	Tier 3	ST: Requires prior prescription for Paroxetine within the past 120 days; QL (1 EA per 1 day)
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (fluoxetine)	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	

Drug	Status	Notes
ZOLOFT ORAL CONCENTRATE 20 MG/ML (sertraline)	Tier 2	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (sertraline)	Tier 2	
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		
<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	
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG, 30 MG, 60 MG (duloxetine)	Tier 2	
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine 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	
<i>duloxetine oral capsule, delayed release(drlec) 40 mg</i>	Tier 1	ST: Requires prior prescription for 2-20mg Duloxetine capsules within the past 120 days; QL (1 EA per 1 day)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG (venlafaxine)	Tier 2	

Drug	Status	Notes
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Tier 2	ST: At least 2 prior prescriptions for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 365 days; QL (1 EA per 1 day)
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, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 365 days; QL (1 EA per 1 day)
PRISTIQ ORAL TABLET EXTENDED (desvenlafaxine succinate) RELEASE 24 HR 100 MG, 25 MG, 50 MG	Tier 2	
<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	
Ssri & 5Ht1a Partial Agonist Antidepressant		
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 2	ST: Requires prior prescription for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine 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, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
Ssri & Serotonin Receptor Modulator Antidepressant		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	ST: Requires prior prescription for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 120 days; QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combinations		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
Tricyclic Antidepressant/Phenothiazine Combinations		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
Tricyclic Antidepressants & Rel. Non- Sel. Ru-Inhib		
<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	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (clomipramine)	Tier 2	
<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	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (desipramine)	Tier 2	
<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	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (nortriptyline)	Tier 2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 1	

Drug	Status	Notes
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Behavioral Health - Other		
Adrenergics, Aromatic, Non-Catecholamine		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (dextroamphetamine-amphetamine)	Tier 2	QL (2 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG (dextroamphetamine-amphetamine)	Tier 1	QL (1 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG (dextroamphetamine-amphetamine)	Tier 1	QL (2 EA per 1 day)
ADZENYS ER ORAL SUSPEN, IR - ER, BIPHASIC 24HR 1.25 MG/ML (amphetamine)	Tier 3	ST: Requires prior prescription for generic Adderall or Adderall XR within the past 120 days; QL (450 ML per 30 days)
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	Tier 3	ST: Requires prior prescription for generic Adderall or Adderall XR within the past 120 days; QL (1 EA per 1 day)
<i>amphetamine oral suspen, ir - er, biphasic 24hr 1.25 mg/ml</i>	Tier 1	ST: Requires prior prescription for generic Adderall or Adderall XR within the past 120 days; QL (450 ML per 30 days)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)	Tier 1	PA
DESOXYN ORAL TABLET 5 MG (methamphetamine)	Tier 3	QL (150 EA per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 5 MG (dextroamphetamine)	Tier 2	QL (60 EA per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG (dextroamphetamine)	Tier 2	QL (120 EA per 30 days)
<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> (Zenzedi)	Tier 1	QL (180 EA per 30 days)

Drug	Status	Notes
<i>dextroamphetamine oral tablet 15 mg</i> (Zenedi)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 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 immediate release 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)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Tier 3	ST: Requires prior prescription for generic Adderall or Adderall XR 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 generic Adderall or Adderall XR within the past 120 days; QL (4 EA per 1 day)
EVEKEO ODT ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	Tier 3	ST: Requires prior prescription for generic Adderall or Adderall XR 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 generic Adderall or Adderall XR within the past 120 days; QL (8 EA per 1 day)
EVEKEO ORAL TABLET 10 MG, 5 MG (amphetamine sulfate)	Tier 3	PA
<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)
PROCENTRA ORAL SOLUTION 5 MG/5 ML (dextroamphetamine)	Tier 3	QL (1800 ML per 30 days)
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)

Drug	Status	Notes
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 (dextroamphetamine)	Tier 1	QL (180 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG (dextroamphetamine)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 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 immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
ZENZEDI ORAL TABLET 20 MG, 30 MG (dextroamphetamine)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
ZENZEDI ORAL TABLET 5 MG (dextroamphetamine)	Tier 1	QL (90 EA per 30 days)
Anti-Alcoholic Preparations		
<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>	Tier 1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	Tier 4	
Anti-Anxiety - Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 2	
<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	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (lorazepam)	Tier 2	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	

Drug	Status	Notes
<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 (diazepam)	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 (lorazepam)	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	
TRANXENE T-TAB ORAL TABLET 7.5 MG (clorazepate dipotassium)	Tier 2	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (diazepam)	Tier 2	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (alprazolam)	Tier 2	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG (alprazolam)	Tier 3	
Anti-Anxiety Drugs		
<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	
Anti-Mania Drugs		
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	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (lithium carbonate)	Tier 2	
Anti-Narcolepsy & Anti-Cataplexy, Sedative-Type Agt		
XYREM ORAL SOLUTION 500 MG/ML	Tier 4	PA
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 4	PA

Drug	Status	Notes
Antipsych,Dopamine Antag.,Diphenylbutylpiperidines		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	
Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	ST: At least 2 prior prescriptions for Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, 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, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (7 EA per 28 days)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
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 ORAL TABLET WITH SENSOR AND PATCH 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
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	ST: At least 2 prior prescriptions for Aripiprazole, Citalopram, Clozapine, Duloxetine, Escitalopram, Fluoxetine, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Quetiapine, Risperidone, Sertraline, Venlafaxine, or Ziprasidone 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 Aripiprazole, Citalopram, Clozapine, Duloxetine, Escitalopram, Fluoxetine, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Quetiapine, Risperidone, Sertraline, Venlafaxine, or Ziprasidone within the past 365 days; QL (3 EA per 1 day)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Aripiprazole, Citalopram, Clozapine, Duloxetine, Escitalopram, Fluoxetine, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Quetiapine, Risperidone, Sertraline, Venlafaxine, or Ziprasidone 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	

Drug	Status	Notes
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 Aripiprazole, Citalopram, Clozapine, Duloxetine, Escitalopram, Fluoxetine, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Quetiapine, Risperidone, Sertraline, Venlafaxine, or Ziprasidone within the past 365 days; QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
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	
Antipsychotics, Atypical, Dopamine, & Serotonin Antag		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	Tier 1	ST: At least 2 prior prescriptions for Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, 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, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (1 EA per 1 day)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	Tier 1	QL (3 EA per 1 day)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (3 EA per 1 day)

Drug	Status	Notes
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, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, 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, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (8 EA per 28 days)
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (ziprasidone hcl)	Tier 2	QL (2 EA per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 9 MG (paliperidone)	Tier 3	QL (1 EA per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG (paliperidone)	Tier 3	QL (2 EA per 1 day)
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)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg (Zyprexa)	Tier 1	QL (1 EA per 1 day)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg (Zyprexa Zydis)	Tier 1	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg (Invega)	Tier 1	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg (Invega)	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)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg (Seroquel)	Tier 1	QL (3 EA per 1 day)

Drug	Status	Notes
<i>quetiapine oral tablet extended release</i> (Seroquel XR) 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	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	
RISPERDAL ORAL SOLUTION 1 (risperidone) MG/ML	Tier 2	QL (8 ML per 1 day)
RISPERDAL ORAL TABLET 0.5 MG, 1 (risperidone) MG, 2 MG, 3 MG, 4 MG	Tier 2	QL (2 EA per 1 day)
<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 (Risperdal) mg, 3 mg, 4 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>risperidone oral tablet,disintegrating 0.25 (Risperdal) mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	QL (2 EA per 1 day)
SAPHRIS SUBLINGUAL TABLET 10 (asenapine maleate) MG, 2.5 MG, 5 MG	Tier 2	ST: At least 2 prior prescriptions for Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; 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, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (1 EA per 1 day)
SEROQUEL ORAL TABLET 100 MG, (quetiapine) 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	Tier 2	QL (3 EA per 1 day)
SEROQUEL XR ORAL TABLET (quetiapine) EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	ST: At least 2 prior prescriptions for Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (18 ML per 1 day)

Drug	Status	Notes
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	Tier 1	QL (2 EA per 1 day)
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (olanzapine)	Tier 2	QL (1 EA per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	Tier 4	
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG (olanzapine)	Tier 2	QL (1 EA per 1 day)
Antipsychotics, Dopamine Antagonists, Thioxanthenes		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Antipsychotics, Dopamine Antagonists, Butyrophenones		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	
Antipsychotics, Dopamine Antagonist, Dihydroindolones		
<i>molindone oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>molindone oral tablet 5 mg</i>	Tier 1	
Anti-Psychotics, Phenothiazines		
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Barbiturates		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
SECONAL SODIUM ORAL CAPSULE 100 MG	Tier 3	

Drug	Status	Notes
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 4	PA
HETLIOZ ORAL CAPSULE 20 MG	Tier 4	PA
<i>ramelteon oral tablet 8 mg</i> (Rozerem)	Tier 1	ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day)
ROZEREM ORAL TABLET 8 MG (ramelteon)	Tier 3	ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant - Ssris		
BRISDELLE ORAL CAPSULE 7.5 MG (paroxetine mesylate(menop.sym))	Tier 3	ST: Requires prior prescription for Paroxetine or Venlafaxine within the past 120 days; QL (1 EA per 1 day)
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i> (Brisdelle)	Tier 1	ST: Requires prior prescription for Paroxetine or Venlafaxine within the past 120 days; QL (1 EA per 1 day)
Monoamine Oxidase(Mao) Inhibitors		
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, Phenelzine Sulfate, or Tranylcypromine Sulfate within the past 120 days; QL (1 EA per 1 day)
Narcolepsy And Sleep Disorder Therapy Agents		
<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)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG (armodafinil)	Tier 3	QL (1 EA per 1 day)
NUVIGIL ORAL TABLET 50 MG (armodafinil)	Tier 3	QL (3 EA per 1 day)
PROVIGIL ORAL TABLET 100 MG, 200 MG (modafinil)	Tier 2	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 3	PA

Drug	Status	Notes
Narcolepsy Tx-H3- Recept.Antagonist/Inverse Agonist		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 4	PA
Narcotic Antagonists		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	Tier 2	QL (4 EA per 30 days)
LIFEMS NALOXONE INJECTION SYRINGE KIT 2 MG/2 ML	Tier 3	
<i>naltrexone oral tablet 50 mg</i>	Tier 1	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (naloxone)	Tier 2	QL (4 EA per 30 days)
Sedative-Hypnotics - Benzodiazepines		
DORAL ORAL TABLET 15 MG (quazepam)	Tier 3	ST: Requires prior prescription for Eszopiclone, Flurazepam HCL, Temazepam, Zaleplon, or Zolpidem Tartrate within the past 120 days
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
HALCION ORAL TABLET 0.25 MG (triazolam)	Tier 2	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 1	
<i>quazepam oral tablet 15 mg</i> (Doral)	Tier 1	ST: Requires prior prescription for Eszopiclone, Flurazepam HCL, Temazepam, Zaleplon, or Zolpidem Tartrate within the past 120 days
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (temazepam)	Tier 2	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)	Tier 1	
<i>triazolam oral tablet 0.125 mg</i>	Tier 1	
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	Tier 1	
Sedative-Hypnotics, Non-Barbiturate		
AMBIEN CR ORAL TABLET, EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG (zolpidem)	Tier 2	QL (1 EA per 1 day)
AMBIEN ORAL TABLET 10 MG, 5 MG (zolpidem)	Tier 2	QL (1 EA per 1 day)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 3	ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
<i>doxepin oral tablet 3 mg, 6 mg</i> (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)
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	Tier 3	ST: Requires prior prescription for Zolpidem IR within the past 180 days; QL (1 EA per 1 day)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	Tier 1	QL (1 EA per 1 day)
INTERMEZZO SUBLINGUAL TABLET 3.5 MG (zolpidem)	Tier 3	QL (1 EA per 1 day)
<i>ketamine sublingual troche 100 mg</i>	Tier 1	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (eszopiclone)	Tier 2	QL (1 EA per 1 day)
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	Tier 1	
SILENOR ORAL TABLET 3 MG, 6 MG (doxepin)	Tier 2	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)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	Tier 1	QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 1.75 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 3.5 mg</i> (Intermezzo)	Tier 1	QL (1 EA per 1 day)
ZOLPIMIST ORAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 3	ST: Requires prior prescription for Zolpidem Tartrate within the past 120 days; QL (7.7 ML per 30 days)
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)		
NUPLAZID ORAL CAPSULE 34 MG	Tier 4	PA
NUPLAZID ORAL TABLET 10 MG	Tier 4	PA
Ssri & Antipsych, Atyp, Dopamine & Serotonin Antag Comb		
<i>olanzapine-fluoxetine oral capsule 12-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i> (Symbyax)	Tier 1	QL (1 EA per 1 day)
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG (olanzapine-fluoxetine)	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
Tx For Adhd - Selective Alpha-2A Receptor Agonist		
<i>clonidine hcl oral tablet extended release</i> (Kapvay) 12 hr 0.1 mg	Tier 1	QL (120 EA per 30 days)
<i>guanfacine oral tablet extended release</i> (Intuniv ER) 24 hr 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	QL (1 EA per 1 day)
INTUNIV ER ORAL TABLET (guanfacine) EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	Tier 3	QL (1 EA per 1 day)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR 0.1 MG (clonidine hcl)	Tier 3	QL (120 EA per 30 days)
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy		
ADHANSIA XR ORAL CAPSULE, ER BIPHASIC 20-80 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	Tier 3	ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (1 EA per 1 day)
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (methylphenidate hcl)	Tier 3	ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (1 EA per 1 day)
AZSTARYS ORAL CAPSULE 26.1 MG-5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG-10.4 MG	Tier 3	ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (1 EA per 1 day)
CONCERTA ORAL TABLET (methylphenidate hcl) EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	Tier 1	QL (1 EA per 1 day)
CONCERTA ORAL TABLET (methylphenidate hcl) EXTENDED RELEASE 24HR 36 MG	Tier 1	QL (2 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG	Tier 3	ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG	Tier 3	ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; 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 oral Methylphenidate CD, ER or LA formulation or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
<i>dexmethylphenidate oral capsule,er</i> (Focalin XR) <i>biphasic 50-50 10 mg, 15 mg, 20 mg, 25 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)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (dexmethylphenidate)	Tier 2	QL (2 EA per 1 day)
FOCALIN XR ORAL CAPSULE,ER (dexmethylphenidate) BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 3	ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (1 EA per 1 day)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG (methylphenidate hcl)	Tier 1	QL (90 EA per 30 days)
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML (methylphenidate hcl)	Tier 2	
<i>methylphenidate hcl oral cap,er</i> (Aptensio XR) <i>sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 3	ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er</i> <i>biphasic 30-70 10 mg, 20 mg, 40 mg, 50 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 mg/5 ml, 5 mg/5 ml</i> (Methylin)	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 release 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i> (Relexxii)	Tier 1	ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet,chewable</i> <i>10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)

Drug	Status	Notes
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 3	ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 3	ST: Requires prior prescription for Methylphenidate LA or CD 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 LA or CD within the past 120 days; QL (60 ML per 30 days)
RITALIN LA ORAL CAPSULE,ER (methylphenidate hcl) BIPHASIC 50-50 10 MG, 20 MG, 40 MG	Tier 2	QL (1 EA per 1 day)
RITALIN LA ORAL CAPSULE,ER (methylphenidate hcl) BIPHASIC 50-50 30 MG	Tier 2	QL (2 EA per 1 day)
RITALIN ORAL TABLET 10 MG, 20 MG, (methylphenidate hcl) 5 MG	Tier 2	QL (90 EA per 30 days)
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		
<i>atomoxetine oral capsule 10 mg, 18 mg, (Strattera) 25 mg, 40 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 (Strattera) mg, 80 mg</i>	Tier 1	QL (30 EA per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Tier 3	ST: At least 2 prior prescriptions for Atomoxetine HCL, Clonidine HCL, or Guanfacine HCL within the past 365 days; QL (1 EA per 1 day); Age (Min 6 Years and Max 17 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 200 MG	Tier 3	ST: At least 2 prior prescriptions for Atomoxetine HCL, Clonidine HCL, or Guanfacine HCL within the past 365 days; QL (2 EA per 1 day); Age (Min 6 Years and Max 17 Years)
STRATTERA ORAL CAPSULE 10 MG, (atomoxetine) 18 MG, 25 MG, 40 MG	Tier 2	QL (60 EA per 30 days)
STRATTERA ORAL CAPSULE 100 MG, (atomoxetine) 60 MG, 80 MG	Tier 2	QL (30 EA per 30 days)

Drug	Status	Notes
Cardiovascular Disease - Arrhythmia		
Antiarrhythmics		
<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	Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG (disopyramide phosphate)	Tier 2	
NORPACE ORAL CAPSULE 100 MG, 150 MG (disopyramide phosphate)	Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (amiodarone)	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	
RYTHMOL SR ORAL CAPSULE, EXTENDED RELEASE 12 HR 225 MG, 325 MG, 425 MG (propafenone)	Tier 2	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (dofetilide)	Tier 2	
Cardiovascular Disease - Cardiac Stimulant		
Adrenergic Agents, Catecholamines		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	
Digitalis Glycosides		
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Tier 1	
DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	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) (digoxin)	Tier 2	

Drug	Status	Notes
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	Tier 3	
Cardiovascular Disease - Hypertension		
Ace Inhibitor/Calcium Channel Blocker Combination		
<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	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (amlodipine-benazepril)	Tier 2	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	Tier 3	ST: At least 2 prior prescriptions for Amlodipine Besylate, Amlodipine Besylate/benazepril, Benazepril HCL, Captopril, Enalapril Maleate, Epaned, Fosinopril Sodium, Lisinopril, Moexipril HCL, Perindopril Erbumine, Qbrelis, Quinapril HCL, Ramipril, or Trandolapril within the past 365 days; QL (1 EA per 1 day)
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-240 MG (trandolapril-verapamil)	Tier 3	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 1	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (quinapril-hydrochlorothiazide)	Tier 2	
<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	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril-hydrochlorothiazide)	Tier 2	

Drug	Status	Notes
<i>quinapril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet</i> (Accuretic) 20-25 mg	Tier 1	
VASERETIC ORAL TABLET 10-25 MG (enalapril-hydrochlorothiazide)	Tier 2	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (lisinopril-hydrochlorothiazide)	Tier 2	
Alpha/Beta-Adrenergic Blocking Agents		
<i>carvedilol oral tablet</i> 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)	Tier 1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i> 10 mg, 20 mg, 40 mg, 80 mg (Coreg CR)	Tier 1	
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG (carvedilol phosphate)	Tier 2	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (carvedilol)	Tier 2	
<i>labetalol oral tablet</i> 100 mg, 200 mg, 300 mg	Tier 1	
Alpha-Adrenergic Blocking Agents		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (doxazosin)	Tier 2	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 3	
DIBENZYLINE ORAL CAPSULE 10 MG (phenoxybenzamine)	Tier 4	PA
<i>doxazosin oral tablet</i> 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	Tier 1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (prazosin)	Tier 2	
<i>phenoxybenzamine oral capsule</i> 10 mg (Dibenzylin)	Tier 4	PA
<i>prazosin oral capsule</i> 1 mg, 2 mg, 5 mg (Minipress)	Tier 1	
<i>terazosin oral capsule</i> 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb		
<i>amlodipine-valsartan-hcthiazid oral tablet</i> (Exforge HCT) 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 1	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (amlodipine-valsartan-hcthiazid)	Tier 2	
<i>olmesartan-amlodipin-hcthiazid oral tablet</i> (Tribenzor) 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	Tier 1	

Drug		Status	Notes
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	(olmesartan-amlodipin-hcthiazid)	Tier 2	
Angiotensin Receptor Antag./Thiazide Diuretic Comb			
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	(candesartan-hydrochlorothiazid)	Tier 3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	(irbesartan-hydrochlorothiazide)	Tier 2	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	(olmesartan-hydrochlorothiazide)	Tier 2	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	(Atacand HCT)	Tier 1	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	(valsartan-hydrochlorothiazide)	Tier 2	
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
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	(losartan-hydrochlorothiazide)	Tier 2	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	(Avalide)	Tier 1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	(Hyzaar)	Tier 1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	(telmisartan-hydrochlorothiazid)	Tier 3	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	(Benicar HCT)	Tier 1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	(Micardis HCT)	Tier 1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	(Diovan HCT)	Tier 1	
Angiotensin Receptor Antgnst & Calc.Channel Blockr			
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	(Azor)	Tier 1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	(Exforge)	Tier 1	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	(amlodipine-olmesartan)	Tier 2	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	(amlodipine-valsartan)	Tier 2	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	(Twyinsta)	Tier 1	
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG	(telmisartan-amlodipine)	Tier 3	

Drug	Status	Notes
Antihypertensives, Ace Inhibitors		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (quinapril)	Tier 2	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (ramipril)	Tier 2	
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	
enalapril maleate oral solution 1 mg/ml (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)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Vasotec)	Tier 1	
EPANED ORAL SOLUTION 1 MG/ML (enalapril maleate)	Tier 3	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)
fosinopril oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg (Zestril)	Tier 1	
LOTENSIN ORAL TABLET 10 MG (benazepril)	Tier 3	
LOTENSIN ORAL TABLET 20 MG, 40 MG (benazepril)	Tier 2	
moexipril oral tablet 15 mg, 7.5 mg	Tier 1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
PRINIVIL ORAL TABLET 20 MG (lisinopril)	Tier 2	
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)
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Accupril)	Tier 1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg (Altace)	Tier 1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (enalapril maleate)	Tier 2	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (lisinopril)	Tier 2	

Drug	Status	Notes
Antihypertensives, Angiotensin Receptor Antagonist		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (candesartan)	Tier 3	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (irbesartan)	Tier 2	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (olmesartan)	Tier 2	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	Tier 1	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (losartan)	Tier 2	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (valsartan)	Tier 2	
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	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (telmisartan)	Tier 3	
<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	
Antihypertensives, Ganglionic Blockers		
VECAMYL ORAL TABLET 2.5 MG	Tier 3	PA
Antihypertensives, Miscellaneous		
DEMSEER ORAL CAPSULE 250 MG (metyrosine)	Tier 3	
<i>metyrosine oral capsule 250 mg</i> (Demser)	Tier 1	
Antihypertensives, Sympatholytic		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR (clonidine)	Tier 3	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR (clonidine)	Tier 3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR (clonidine)	Tier 3	
<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	

Drug	Status	Notes
clonidine transdermal patch weekly 0.2 mg/24 hr (Catapres-TTS-2)	Tier 1	
clonidine transdermal patch weekly 0.3 mg/24 hr (Catapres-TTS-3)	Tier 1	
guanfacine oral tablet 1 mg, 2 mg	Tier 1	
methyldopa oral tablet 250 mg, 500 mg	Tier 1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	Tier 1	
Antihypertensives, Vasodilators		
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg	Tier 1	
Beta-Adrenergic Blocking Agents		
acebutolol oral capsule 200 mg, 400 mg	Tier 1	
atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)	Tier 1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)	Tier 2	
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG (sotalol)	Tier 2	
betaxolol oral tablet 10 mg, 20 mg	Tier 1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	Tier 1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (nebivolol)	Tier 2	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (nadolol)	Tier 2	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 3	ST: Requires prior prescription for generic Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days)
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG (propranolol)	Tier 2	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	Tier 3	ST: Requires prior prescription for Propranolol HCL within the past 120 days
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	Tier 3	ST: Requires prior prescription for Propranolol HCL within the past 120 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	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	Tier 2	

Drug	Status	Notes
<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	
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	Tier 1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG (sotalol)	Tier 1	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)	Tier 1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (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
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (atenolol)	Tier 2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	Tier 2	
Beta-Adrenergic Blocking Agents/Thiazide & Related		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	Tier 1	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> (Ziac)	Tier 1	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR 100-12.5 MG (metoprolol su-hydrochlorothiaz)	Tier 3	QL (2 EA per 1 day)
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR 25-12.5 MG, 50-12.5 MG (metoprolol su-hydrochlorothiaz)	Tier 3	QL (1 EA per 1 day)
LOPRESSOR HCT ORAL TABLET 50-25 MG (metoprolol ta-hydrochlorothiaz)	Tier 3	

Drug	Status	Notes
<i>metoprolol ta-hydrochlorothiaz oral tablet</i> 100-25 mg, 100-50 mg, 50-25 mg	Tier 1	
<i>nadolol-bendroflumethiazide oral tablet</i> 80-5 mg	Tier 1	
<i>propranolol-hydrochlorothiazid oral tablet</i> 40-25 mg, 80-25 mg	Tier 1	
TENORETIC 100 ORAL TABLET 100-25 (atenolol-chlorthalidone) MG	Tier 2	
TENORETIC 50 ORAL TABLET 50-25 (atenolol-chlorthalidone) MG	Tier 2	
ZIAC ORAL TABLET 10-6.25 MG, 2.5- 6.25 MG, 5-6.25 MG (bisoprolol- hydrochlorothiazide)	Tier 2	
Calcium Channel Blocking Agents		
ADALAT CC ORAL TABLET (nifedipine) EXTENDED RELEASE 30 MG	Tier 2	
ADALAT CC ORAL TABLET (nifedipine) EXTENDED RELEASE 60 MG, 90 MG	Tier 3	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5</i> <i>mg</i> (Norvasc)	Tier 1	
CALAN SR ORAL TABLET EXTENDED (verapamil) RELEASE 120 MG, 180 MG, 240 MG	Tier 2	
CARDIZEM CD ORAL (diltiazem hcl) CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Tier 2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	Tier 3	
CARDIZEM LA ORAL TABLET (diltiazem hcl) EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 3	
CARDIZEM ORAL TABLET 120 MG, 30 (diltiazem hcl) MG, 60 MG	Tier 2	
CARTIA XT ORAL (diltiazem hcl) 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
<i>diltiazem hcl oral capsule,ext.rel 24h</i> <i>degradable 120 mg, 180 mg, 240 mg</i> (DILT-XR)	Tier 1	
<i>diltiazem hcl oral capsule,extended</i> <i>release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended</i> <i>release 24 hr 120 mg, 180 mg, 240 mg,</i> <i>300 mg, 360 mg</i> (Taztia XT)	Tier 1	
<i>diltiazem hcl oral capsule,extended</i> <i>release 24 hr 420 mg</i> (Tiadyt ER)	Tier 1	
<i>diltiazem hcl oral capsule,extended</i> <i>release 24hr 120 mg, 180 mg, 240 mg,</i> <i>300 mg</i> (Cartia XT)	Tier 1	

Drug	Status	Notes
<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 (diltiazem hcl)	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	
KATERZIA ORAL SUSPENSION 1 MG/ML	Tier 3	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	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	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (amlodipine)	Tier 2	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	Tier 4	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	Tier 4	PA
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG (nifedipine)	Tier 2	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG (nisoldipine)	Tier 3	
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (diltiazem hcl)	Tier 1	
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Tier 1	

Drug	Status	Notes
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Tier 2	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg (Verelan PM)	Tier 1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg (Verelan)	Tier 1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	Tier 1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg (Calan SR)	Tier 1	
VERELAN ORAL CAPSULE,EXT REL. PELLETS 24 HR 120 MG, 180 MG, 240 MG, 360 MG (verapamil)	Tier 2	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT 100 MG, 200 MG, 300 MG (verapamil)	Tier 2	
Loop Diuretics		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
EDECIN ORAL TABLET 25 MG (ethacrynic acid)	Tier 3	
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	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (furosemide)	Tier 2	
toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Tier 1	
Potassium Sparing Diuretics		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (spironolactone)	Tier 2	
amiloride oral tablet 5 mg	Tier 1	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	Tier 3	ST: Requires prior prescription for Spironolactone tablets within the past 120 days; QL (600 ML per 30 days)
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (triamterene)	Tier 3	
eplerenone oral tablet 25 mg, 50 mg (Inspra)	Tier 1	
INSPIRA ORAL TABLET 25 MG, 50 MG (eplerenone)	Tier 2	
KERENDIA ORAL TABLET 10 MG, 20 MG	Tier 3	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone)	Tier 1	
triamterene oral capsule 100 mg, 50 mg (Dyrenium)	Tier 1	

Drug	Status	Notes
Potassium Sparing Diuretics In Combination		
ALDACTAZIDE ORAL TABLET 25-25 MG (spironolacton-hydrochlorothiaz)	Tier 3	
ALDACTAZIDE ORAL TABLET 50-50 MG	Tier 3	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
MAXZIDE ORAL TABLET 75-50 MG (triamterene-hydrochlorothiazid)	Tier 2	
MAXZIDE-25MG ORAL TABLET 37.5-25 MG (triamterene-hydrochlorothiazid)	Tier 2	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> (Aldactazide)	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	Tier 1	
Pulm Anti-Htn, Soluble Guanylate Cyclase Stimulator		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 4	PA
Pulm. Anti-Htn, Sel. C-Gmp Phosphodiesterase T5 Inhib		
ADCIRCA ORAL TABLET 20 MG (tadalafil (pulm. hypertension))	Tier 4	PA
ALYQ ORAL TABLET 20 MG (tadalafil (pulm. hypertension))	Tier 4	PA
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML (sildenafil (pulm. hypertension))	Tier 4	PA
REVATIO ORAL TABLET 20 MG (sildenafil (pulm. hypertension))	Tier 2	PA
<i>sildenafil (pulm. hypertension) oral suspension for reconstitution 10 mg/ml</i> (Revatio)	Tier 4	PA
<i>sildenafil (pulm. hypertension) oral tablet 20 mg</i> (Revatio)	Tier 1	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Adcirca)	Tier 4	PA
Pulmonary Anti-Htn, Endothelin Receptor Antagonist		
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	Tier 4	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	Tier 4	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG (ambrisentan)	Tier 4	PA
OPSUMIT ORAL TABLET 10 MG	Tier 4	PA
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	Tier 4	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 4	PA

Drug	Status	Notes
Pulmonary Antihypertensives, Prostacyclin-Type		
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i> (Flolan)	Tier 4	PA
<i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i> (Veletri)	Tier 4	PA
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG (epoprostenol (glycine))	Tier 4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 4	PA
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (treprostinil sodium)	Tier 4	PA
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	Tier 4	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 4	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 4	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 4	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 4	PA
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	Tier 4	PA
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
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 4	PA
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG (epoprostenol)	Tier 4	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 4	PA
Renin Inhibitor, Direct		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	Tier 1	
TEKTURNA ORAL TABLET 150 MG, 300 MG (aliskiren)	Tier 3	
Renin Inhibitor, Direct/Thiazide Diuretic Comb		
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	Tier 3	

Drug	Status	Notes
Thiazide And Related Diuretics		
<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	
Vasodilators, Combination		
BIDIL ORAL TABLET 20-37.5 MG	Tier 2	
Cardiovascular Disease - Lipid Irregularity		
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib		
<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)
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (ezetimibe-rosuvastatin)	Tier 3	ST: Requires prior prescription for Atorvastatin Calcium and Rosuvastatin Calcium within the past 365 days; QL (1 EA per 1 day)
VYTORIN 10-10 ORAL TABLET 10-10 MG (ezetimibe-simvastatin)	Tier 2	QL (1 EA per 1 day)
VYTORIN 10-20 ORAL TABLET 10-20 MG (ezetimibe-simvastatin)	Tier 2	QL (1 EA per 1 day)
VYTORIN 10-40 ORAL TABLET 10-40 MG (ezetimibe-simvastatin)	Tier 2	QL (1 EA per 1 day)
VYTORIN 10-80 ORAL TABLET 10-80 MG (ezetimibe-simvastatin)	Tier 2	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Angiopoietin-Like 3 Inhibitor		
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML	Tier 4	PA
Antihyperlipidemic - Atp Citrate Lyase Inhibitor		
NEXLETOL ORAL TABLET 180 MG	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days

Drug	Status	Notes
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	Tier 3	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, 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)
<i>atorvastatin oral tablet 40 mg, 80 mg</i> (Lipitor)	Tier 1	QL (1 EA per 1 day)
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (rosuvastatin)	Tier 2	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) (simvastatin)	Tier 3	PA
FLOLIPID ORAL SUSPENSION 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 Atorvastatin, Lovastatin, Pravastatin, 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 Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
LESCOL XL ORAL TABLET (fluvastatin) EXTENDED RELEASE 24 HR 80 MG	Tier 3	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (atorvastatin)	Tier 2	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)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	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)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i> (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)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i> (Crestor)	Tier 1	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (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)
<i>simvastatin oral tablet 5 mg</i>	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)
<i>simvastatin oral tablet 80 mg</i> (Zocor)	Tier 1	PA; QL (1 EA per 1 day)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (simvastatin)	Tier 2	QL (1 EA per 1 day)
ZOCOR ORAL TABLET 80 MG (simvastatin)	Tier 2	PA; QL (1 EA per 1 day)

Drug	Status	Notes
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)
Antihyperlipidemic - Mtp Inhibitor		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	Tier 4	PA
Antihyperlipidemic - Pcsk9 Inhibitors		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
Antihyperlipidemic-Acly And Choles Absorp Inhib		
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
Bile Salt Sequestrants		
<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	

Drug	Status	Notes
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM (cholestyramine-aspartame)	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 GRANULES 5 GRAM (colestipol)	Tier 2	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM	Tier 3	
COLESTID ORAL GRANULES 5 GRAM (colestipol)	Tier 2	
COLESTID ORAL PACKET 5 GRAM (colestipol)	Tier 2	
COLESTID ORAL TABLET 1 GRAM (colestipol)	Tier 2	
<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 (cholestyramine-aspartame)	Tier 1	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	Tier 2	
QUESTRAN ORAL POWDER 4 GRAM (cholestyramine (with sugar))	Tier 2	
QUESTRAN ORAL POWDER IN PACKET 4 GRAM (cholestyramine (with sugar))	Tier 2	
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM (colesevelam)	Tier 2	
WELCHOL ORAL TABLET 625 MG (colesevelam)	Tier 2	
Lipotropics		
ANTARA ORAL CAPSULE 30 MG, 90 MG (fenofibrate micronized)	Tier 3	ST: Requires prior prescription for Gemfibrozil or generic Fenofibrate within the past 120 days
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	Tier 1	QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 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	
FENOGLIDE ORAL TABLET 120 MG, 40 MG (fenofibrate)	Tier 2	ST: Requires prior prescription for Antara, Fenofibrate, or Gemfibrozil within the past 120 days

Drug	Status	Notes
FIBRICOR ORAL TABLET 105 MG, 35 MG (fenofibric acid)	Tier 3	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	Tier 1	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (fenofibrate)	Tier 3	ST: Requires prior prescription for Antara, Fenofibrate, or Gemfibrozil within the past 120 days
LOPID ORAL TABLET 600 MG (gemfibrozil)	Tier 2	
LOVAZA ORAL CAPSULE 1 GRAM (omega-3 acid ethyl esters)	Tier 2	QL (4 EA per 1 day)
<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 (niacin)	Tier 1	
NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 500 MG, 750 MG (niacin)	Tier 2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	Tier 1	QL (4 EA per 1 day)
TRICOR ORAL TABLET 145 MG, 48 MG (fenofibrate nanocrystallized)	Tier 2	
TRILIPIX ORAL CAPSULE, DELAYED RELEASE (DR/EC) 135 MG, 45 MG (fenofibric acid (choline))	Tier 3	
VASCEPA ORAL CAPSULE 0.5 GRAM	Tier 1	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	Tier 1	QL (4 EA per 1 day)
ZETIA ORAL TABLET 10 MG (ezetimibe)	Tier 2	QL (1 EA per 1 day)
Cardiovascular Disease - Miscellaneous Agents		
Adrenergic Vasopressor Agents		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	Tier 4	PA
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (droxidopa)	Tier 4	PA
Angiotensin Recept-Nepriylsin Inhibitor Comb(Arni)		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 2	QL (2 EA per 1 day)
Antianginal & Anti-Ischemic Agents, Non-Hemodynamic		
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG (ranolazine)	Tier 2	QL (60 EA per 30 days)
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 500 MG (ranolazine)	Tier 2	QL (120 EA per 30 days)
<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)

Drug	Status	Notes
Antianginal, Heart Rate Reducing, I(F) Inhibitor		
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)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb		
<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)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (amlodipine-atorvastatin)	Tier 2	QL (1 EA per 1 day)
Protein Stabilizers		
VYNDAMAX ORAL CAPSULE 61 MG	Tier 4	PA
VYNDAQEL ORAL CAPSULE 20 MG	Tier 4	PA
Soluble Guanylate Cyclase (Sgc) Stimulator		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	PA
Cardiovascular Disease - Vasodilation Vasodilators, Coronary		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	Tier 3	ST: At least 2 prior prescriptions for generic sublingual Nitroglycerin products within the past 365 days
ISORDIL ORAL TABLET 40 MG (isosorbide dinitrate)	Tier 2	
ISORDIL TITRADOSE ORAL TABLET 5 MG (isosorbide dinitrate)	Tier 2	
<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 Titrados)	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 (nitroglycerin)	Tier 1	

Drug	Status	Notes
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (nitroglycerin)	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	
NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY (nitroglycerin)	Tier 2	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY (nitroglycerin)	Tier 3	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG (nitroglycerin)	Tier 2	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	Tier 1	
Vasodilators, Peripheral		
<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	
Contraception/Oxytocics		
Contraceptives, Implantable		
NEXPLANON SUBDERMAL IMPLANT 68 MG	PREV	QL (1 EA per 365 days)
Contraceptives, Injectable		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (medroxyprogesterone)	PREV	QL (1 ML per 84 days)
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML (medroxyprogesterone)	PREV	QL (1 ML per 84 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	PREV	QL (0.65 ML per 84 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	PREV	QL (1 ML per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	PREV	QL (1 ML per 84 days)
Contraceptives, Intravaginal		
GYNOL II VAGINAL GEL 3 %	PREV	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	Tier 3	PA
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	PREV	

Drug	Status	Notes
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	PREV	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	PREV	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	PREV	
Contraceptives, Oral		
AFIRMELLE ORAL TABLET 0.1-20 MG- MCG (levonorgestrel-ethinyl estradiol)	PREV	
AFTER PILL ORAL TABLET 1.5 MG (levonorgestrel)	PREV	
AFTERA ORAL TABLET 1.5 MG (levonorgestrel)	PREV	
ALTAVERA (28) ORAL TABLET 0.15- 0.03 MG (levonorgestrel-ethinyl estradiol)	PREV	
ALYACEN 1/35 (28) ORAL TABLET 1- 35 MG-MCG (norethindrone-ethin estradiol)	PREV	
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	PREV	
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol- e.estradiol)	PREV	QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28) (levonorgestrel-ethinyl estradiol)	PREV	
APRI ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	PREV	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	PREV	
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol- e.estradiol)	PREV	QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG- MCG (levonorgestrel-ethinyl estradiol)	PREV	
AUBRA ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estradiol)	PREV	
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone ac-eth estradiol)	PREV	
AUROVELA 1/20 (21) ORAL TABLET 1- 20 MG-MCG (norethindrone ac-eth estradiol)	PREV	
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol- iron)	PREV	
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol- iron)	PREV	
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol- iron)	PREV	
AVIANE ORAL TABLET 0.1-20 MG- MCG (levonorgestrel-ethinyl estradiol)	PREV	
AYUNA ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estradiol)	PREV	
AZURETTE (28) ORAL TABLET 0.15- 0.02 MGX21 /0.01 MG X 5 (desog- e.estradiol/e.estradiol)	PREV	

Drug	Status	Notes	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7)	PREV	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; QL (28 EA per 28 days)	
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	PREV		
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	(drospirenone-e.estradiol-lm.fa)	Tier 3	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	PREV		
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV	QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV	QL (91 EA per 84 days)
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	PREV		
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	PREV	
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	PREV	
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	PREV	
CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	PREV	
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	PREV		
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV	
CYRED ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	PREV	
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	PREV		

Drug		Status	Notes
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV	QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	
DEMULEN 1/50 (21) ORAL TABLET 1-50 MG-MCG (21)		Tier 2	ST: Requires prior prescription for a generic contraceptive within the past 120 days
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Mircette (28))	PREV	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri)	PREV	
DOLISHALE ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	PREV	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	(Beyaz)	PREV	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	(Safyral)	PREV	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(YAZ (28))	PREV	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Yasmin (28))	PREV	
ECONTRA EZ ORAL TABLET 1.5 MG	(levonorgestrel)	PREV	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	PREV	
ELINEST ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	PREV	
ELLA ORAL TABLET 30 MG		PREV	
EMOQUETTE ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	PREV	
ENSKYCE ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV	
ERRIN ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	PREV	
ESTROSTEP FE-28 ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)		Tier 3	ST: Requires prior prescription for a generic contraceptive within the past 120 days
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	PREV	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1-50 (28))	PREV	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	PREV	

Drug		Status	Notes
FEMYNOR ORAL TABLET 0.25-35 MCG	(norgestimate-ethinyl estradiol)	PREV	
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	
GENERESS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	Tier 3	
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
HAILEY ORAL TABLET 1.5-30 MCG	(norethindrone ac-eth estradiol)	PREV	
HEATHER ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	PREV	QL (91 EA per 84 days)
INCASSIA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	
ISIBLOOM ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV	
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV	QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	PREV	
JENCYCLA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	PREV	QL (91 EA per 84 days)
JULEBER ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	PREV	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	PREV	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	PREV	
KALLIGA ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV	

Drug		Status	Notes
KARIVA (28) ORAL TABLET 0.15-0.02 MG X 5	(desog-e.estradiol/e.estradiol)	PREV	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	PREV	
KELNOR 1-50 (28) ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	PREV	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	PREV	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	(LoSeasonique)	PREV	QL (91 EA per 84 days)
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(Quartette)	PREV	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Seasonique)	PREV	QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	PREV	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	PREV	
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	PREV	
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	PREV	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG		PREV	
LESSINA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	PREV	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	PREV	
<i>levonorgestrel oral tablet 1.5 mg</i>	(Plan B One-Step)	PREV	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	PREV	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	PREV	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	(Amethyst (28))	PREV	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	PREV	QL (91 EA per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	PREV	

Drug		Status	Notes
LEVORA-28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	PREV	
LILLOW (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	PREV	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		PREV	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 2	ST: Requires prior prescription for a generic contraceptive within the past 120 days
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Tier 2	ST: Requires prior prescription for a generic contraceptive within the past 120 days
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 2	ST: Requires prior prescription for a generic contraceptive within the past 120 days
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 2	ST: Requires prior prescription for a generic contraceptive within the past 120 days
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV	QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	PREV	
LOSEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 3	ST: Requires prior prescription for a generic contraceptive within the past 120 days; QL (91 EA per 84 days)
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	PREV	
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	PREV	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	PREV	
LYLEQ ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	
LYZA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	PREV	
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	

Drug	Status	Notes
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone ac-eth estradiol)	PREV	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (norethindrone ac-eth estradiol)	PREV	
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	PREV	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	PREV	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	PREV	
MILI ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	PREV	
MINASTRIN 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4) (norethindrone-e.estradiol-iron)	Tier 2	
MIRCETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)	Tier 2	ST: Requires prior prescription for a generic contraceptive within the past 120 days
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	PREV	
MY CHOICE ORAL TABLET 1.5 MG (levonorgestrel)	PREV	
MY WAY ORAL TABLET 1.5 MG (levonorgestrel)	PREV	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	PREV	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	PREV	
NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)	PREV	
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)	PREV	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	PREV	
NORA-BE ORAL TABLET 0.35 MG (norethindrone (contraceptive))	PREV	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Wymzya Fe)	PREV	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i> (Generess Fe)	PREV	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Ortho Micronor)	PREV	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Loestrin 1.5/30 (21))	PREV	

Drug	Status	Notes
norethindrone ac-eth estradiol oral tablet (Loestrin 1/20 (21)) 1-20 mg-mcg	PREV	
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4) (Taytulla)	PREV	
norethindrone-e.estradiol-iron oral tablet (Loestrin Fe 1/20 (28-Day)) 1 mg-20 mcg (21)/75 mg (7)	PREV	
norethindrone-e.estradiol-iron oral tablet (Loestrin Fe 1.5/30 (28-Day)) 1.5 mg-30 mcg (21)/75 mg (7)	PREV	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4) (Minastrin 24 Fe)	PREV	
norgestimate-ethinyl estradiol oral tablet (Tri-Lo-Estarylla) 0.18/0.215/0.25 mg-25 mcg	PREV	
norgestimate-ethinyl estradiol oral tablet (Ortho Tri-Cyclen (28)) 0.18/0.215/0.25 mg-35 mcg (28)	PREV	
norgestimate-ethinyl estradiol oral tablet (Estarylla) 0.25-35 mg-mcg	PREV	
NORLYDA ORAL TABLET 0.35 MG (norethindrone (contraceptive))	PREV	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	PREV	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	PREV	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	PREV	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	PREV	
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	PREV	
NYMYO ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	PREV	
OCELLA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	PREV	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	PREV	
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	PREV	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estradiol)	PREV	
ORTHO MICRONOR ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Tier 2	
ORTHO TRI-CYCLEN (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	Tier 2	ST: Requires prior prescription for a generic contraceptive within the past 120 days
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 2	ST: Requires prior prescription for a generic contraceptive within the past 120 days
PHILITH ORAL TABLET 0.4-35 MG-MCG	PREV	

Drug	Status	Notes
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)	PREV	
PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG	PREV	
PIRMELLA ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	PREV	
PLAN B ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	Tier 2	
PORTIA 28 ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	PREV	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	PREV	
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (l norgest/e.estradiol-e.estrad)	Tier 3	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	PREV	
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (l norgest/e.estradiol-e.estrad)	PREV	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7) (drospirenone-e.estradiol-lm.fa)	Tier 3	
SEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	Tier 3	ST: Requires prior prescription for a generic contraceptive within the past 120 days; QL (91 EA per 84 days)
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estrad)	PREV	QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG (norethindrone (contraceptive))	PREV	
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)	PREV	
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	PREV	QL (91 EA per 84 days)
SLYND ORAL TABLET 4 MG (28)	PREV	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 (norgestimate-ethinyl estradiol)	PREV	
SRONYX ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	PREV	
SYEDA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	PREV	
TAKE ACTION ORAL TABLET 1.5 MG (levonorgestrel)	PREV	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	PREV	

Drug		Status	Notes
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
TAYSOFY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 3	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)		PREV	
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	PREV	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	PREV	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)		PREV	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	PREV	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	PREV	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	PREV	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	PREV	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	PREV	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	PREV	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	PREV	
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	PREV	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	PREV	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	PREV	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	PREV	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	PREV	
TULANA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG		PREV	
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol-lm.fa)	PREV	

Drug	Status	Notes
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG- MCG	PREV	
VESTURA (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	PREV	
VIENVA ORAL TABLET 0.1-20 MG- MCG (levonorgestrel-ethinyl estradiol)	PREV	
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog- e.estradiol/e.estradiol)	PREV	
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog- e.estradiol/e.estradiol)	PREV	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	PREV	
VYLIBRA ORAL TABLET 0.25-35 MG- MCG (norgestimate-ethinyl estradiol)	PREV	
WERA (28) ORAL TABLET 0.5-35 MG- MCG	PREV	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG- 35MCG(21) AND 75 MG (7) (noreth-ethinyl estradiol- iron)	PREV	
YASMIN (28) ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	Tier 2	
YAZ (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	Tier 2	
ZARAH ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	PREV	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG (ethynodiol diac-eth estradiol)	PREV	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG (ethynodiol diac-eth estradiol)	PREV	
ZUMANDIMINE (28) ORAL TABLET 3- 0.03 MG (drospirenone-ethinyl estradiol)	PREV	
Diaphragms/Cervical Cap		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	PREV	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	PREV	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	PREV	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	PREV	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	PREV	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	PREV	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	PREV	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	PREV	

Drug	Status	Notes
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	PREV	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	PREV	
Oxytocics		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 3	
METHERGINE ORAL TABLET 0.2 MG (methylergonovine)	Tier 2	QL (28 EA per 30 days)
<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	
Cough And Cold		
1St Gen Antihistamine & Decongestant Combinations		
PROMETHAZINE VC ORAL SYRUP 6.25-5 MG/5 ML (promethazine-phenylephrine)	Tier 1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i> (Promethazine VC)	Tier 1	
1St Gen Antihist-Decongest-Anticholinergic Comb		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 1	
Antitussives,Non-Narcotic		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 1	
TESSALON PERLES ORAL CAPSULE 100 MG (benzonatate)	Tier 3	
Narcotic Antituss-1St Gen. Antihistamine-Decongest		
PROMETHAZINE VC-CODEINE ORAL SYRUP 6.25-5-10 MG/5 ML (promethazine-phenyleph-codeine)	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)
Narcotic Antitussive-1St Generation Antihistamine		
<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)

Drug	Status	Notes	
TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR 14.7-2.8 MG/5 ML	Tier 3	ST: At least 2 prior prescriptions for Montelukast Sodium, Promethazine HCL/codeine, or Zafirlukast within the past 365 days; QL (200 ML per 10 days); Age (Min 18 Years)	
Narcotic Antitussive-Anticholinergic Comb.			
HYCODAN ORAL SYRUP 5-1.5 MG/5 ML (5 ML)	(hydrocodone-homatropine)	Tier 2	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	(Hycodan (with homatropine))	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Expectorant Combination			
OBREDON ORAL SOLUTION 2.5-200 MG/5 ML	(hydrocodone-guaifenesin)	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)
Non-Narc Antituss-1St Gen. Antihistamine-Decongest			
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	(brompheniramine-pseudoeph-dm)	Tier 1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	(Bromfed DM)	Tier 1	
Non-Narc Antitussive-1St Gen Antihistamine Comb.			
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>		Tier 1	
Nose Preparations, Vasoconstrictors (Rx)			
ADRENALIN NASAL SOLUTION 1 MG/ML	(epinephrine hcl)	Tier 3	
<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	
Dermatology - Acne			
Acne Agents,Systemic			
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG		Tier 3	ST: Requires prior prescription for generic Isotretinoin within the past 120 days
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	(isotretinoin)	Tier 3	ST: Requires prior prescription for generic Isotretinoin within the past 120 days

Drug	Status	Notes
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 1	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG (isotretinoin)	Tier 1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	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	
<i>isotretinoin oral capsule 25 mg, 35 mg</i> (Absorica)	Tier 1	ST: Requires prior prescription for generic Isotretinoin within the past 120 days
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 1	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 1	
Acne Agents, Topical		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 % (clindamycin-benzoyl peroxide)	Tier 3	ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days
ACZONE TOPICAL GEL 5 % (dapson)	Tier 3	
ACZONE TOPICAL GEL WITH PUMP 7.5 % (dapson)	Tier 3	ST: Requires prior prescription for Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, or Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin within the past 120 days
<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)

Drug	Status	Notes
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, or Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin within the past 120 days
BENZACLIN PUMP TOPICAL GEL WITH PUMP 1-5 %	(clindamycin-benzoyl peroxide) Tier 3	
BENZACLIN TOPICAL GEL 1-5 %	(clindamycin-benzoyl peroxide) Tier 2	
<i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 %</i>	(Neuac) Tier 1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	(Benzacilin) Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	(Acanya) Tier 1	ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	(Benzacilin Pump) Tier 1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	(Ziana) Tier 1	ST: Requires prior prescription for Clindamycin gel or Tretinoin gel 0.025% within the past 120 days
CLINDAVIX TOPICAL KIT 1-1.8-2 %	Tier 3	
<i>dapsone topical gel 5 %</i>	(Aczone) Tier 1	
<i>dapsone topical gel with pump 7.5 %</i>	(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, or Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin within the past 120 days

Drug		Status	Notes
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	(adapalene-benzoyl peroxide)	Tier 2	ST: Requires prior prescription for Adapalene 0.1% gel within the past 120 days; Age (Max 25 Years)
EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 %	(adapalene-benzoyl peroxide)	Tier 2	ST: Requires prior prescription for Adapalene 0.1% gel within the past 120 days; Age (Max 25 Years)
KLARON TOPICAL SUSPENSION 10 %	(sulfacetamide sodium (acne))	Tier 2	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %		Tier 3	
NEUAC TOPICAL GEL 1.2 % (1 % BASE) -5 %	(clindamycin-benzoyl peroxide)	Tier 1	
NUCARACLINPAK TOPICAL KIT, GEL AND LOTION 1 %- SPF 50		Tier 3	
NUCARARXPAK TOPICAL KIT, GEL AND LOTION 1 %-2.5 %- SPF 50		Tier 3	
ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) -3.75 %		Tier 2	ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	(Klaron)	Tier 1	
VELTIN TOPICAL GEL 1.2-0.025 %	(clindamycin-tretinoin)	Tier 3	ST: Requires prior prescription for Clindamycin gel or Tretinoin gel 0.025% within the past 120 days
ZIANA TOPICAL GEL 1.2-0.025 %	(clindamycin-tretinoin)	Tier 2	ST: Requires prior prescription for Clindamycin gel or Tretinoin gel 0.025% within the past 120 days
Keratolytic-Glucocorticoid Combinations			
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %		Tier 2	
Rosacea Agents, Topical			
<i>azelaic acid topical gel 15 %</i>	(Finacea)	Tier 1	
FINACEA TOPICAL FOAM 15 %		Tier 2	
FINACEA TOPICAL GEL 15 %	(azelaic acid)	Tier 2	
METROCREAM TOPICAL CREAM 0.75 %	(metronidazole)	Tier 2	
METROGEL TOPICAL GEL 1 %	(metronidazole)	Tier 3	
METROLOTION TOPICAL LOTION 0.75 %	(metronidazole)	Tier 2	
<i>metronidazole topical cream 0.75 %</i>	(Rosadan)	Tier 1	

Drug	Status	Notes
<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	
NORITATE TOPICAL CREAM 1 %	Tier 3	ST: Requires prior prescription for Metronidazole 0.75% gel, lotion, or cream within the past 120 days
RHOFADE TOPICAL CREAM 1 %	Tier 3	
ROSDAN TOPICAL CREAM 0.75 % (metronidazole)	Tier 1	
ROSDAN TOPICAL GEL 0.75 % (metronidazole)	Tier 3	
ROSDAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	Tier 3	
ROSDAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %	Tier 3	
SOOLANTRA TOPICAL CREAM 1 % (ivermectin)	Tier 1	ST: Requires prior prescription for Azelaic Acid or Finacea within the past 120 days
Topical Antiandrogenic Agents		
WINLEVI TOPICAL CREAM 1 %	Tier 3	PA
Topical Preparations, Antibacterials		
ALA-QUIN TOPICAL CREAM 3-0.5 %	Tier 3	
ALCORTIN A TOPICAL GEL 2-1-1 % (hydrocortisone-iodoquinil- aloe2)	Tier 3	
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	Tier 3	
AZADROX TOPICAL GEL IN PACKET	Tier 3	
BASADROX TOPICAL GEL IN PACKET	Tier 3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	Tier 3	
<i>hydrocortisone-iodoquinil-aloe2 topical gel 2-1-1 %</i> (Alcortin A)	Tier 1	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i> (Corti-Sav)	Tier 1	
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i> (Vytone)	Tier 1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	Tier 3	
IODOSORB TOPICAL GEL 0.9 %	Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)	Tier 1	
NORMLGEL AG TOPICAL GEL 0.11 %	Tier 3	
QUINJA TOPICAL GEL 1.25-1 %	Tier 3	
<i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>	Tier 1	
SILVRSTAT TOPICAL GEL 32 PPM	Tier 3	

Drug	Status	Notes
SOLOX GEL TOPICAL GEL 55 PPM	Tier 3	
STRONG IODINE TOPICAL SOLUTION (iodine-potassium iodide) 5-10 %	Tier 1	
VYSTONE TOPICAL CREAM IN PACKET (hydrocortisone-iodoquinol-aloe) 1.9-1 %	Tier 3	
Vitamin A Derivatives		
<i>adapalene topical cream 0.1 %</i> (Differin)	Tier 1	Age (Max 25 Years)
<i>adapalene topical gel 0.1 %</i> (Effaclar Adapalene)	Tier 1	Age (Max 25 Years)
<i>adapalene topical gel 0.3 %</i> (Differin)	Tier 1	Age (Max 25 Years)
<i>adapalene topical gel with pump 0.3 %</i> (Differin)	Tier 1	Age (Max 25 Years)
<i>adapalene topical lotion 0.1 %</i> (Differin)	Tier 1	Age (Max 25 Years)
<i>adapalene topical solution 0.1 %</i>	Tier 3	ST: Requires prior prescription for Adapalene 0.1% gel within the past 120 days; Age (Max 25 Years)
<i>adapalene topical swab 0.1 %</i>	Tier 1	ST: Requires prior prescription for Adapalene 0.1% gel within the past 120 days; QL (1 EA per 1 day); 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)
ATRALIN TOPICAL GEL 0.05 % (tretinoin)	Tier 3	Age (Max 25 Years)
AVITA TOPICAL CREAM 0.025 % (tretinoin)	Tier 1	Age (Max 25 Years)
AVITA TOPICAL GEL 0.025 % (tretinoin)	Tier 1	Age (Max 25 Years)
DIFFERIN TOPICAL CREAM 0.1 % (adapalene)	Tier 2	Age (Max 25 Years)
DIFFERIN TOPICAL GEL 0.1 %, 0.3 % (adapalene)	Tier 2	Age (Max 25 Years)
DIFFERIN TOPICAL GEL WITH PUMP 0.3 % (adapalene)	Tier 2	Age (Max 25 Years)
DIFFERIN TOPICAL LOTION 0.1 % (adapalene)	Tier 2	Age (Max 25 Years)
EFFACLAR ADAPALENE TOPICAL GEL 0.1 % (adapalene)	Tier 1	Age (Max 25 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 % (tretinoin microspheres)	Tier 3	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)
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 % (tretinoin microspheres)	Tier 3	Age (Max 25 Years)
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 % (tretinoin)	Tier 3	Age (Max 25 Years)

Drug	Status	Notes
RETIN-A TOPICAL GEL 0.01 %, 0.025 % (tretinoin)	Tier 3	Age (Max 25 Years)
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)	Tier 1	Age (Max 25 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i> (Retin-A Micro Pump)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical cream 0.025 %</i> (Avita)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel 0.025 %</i> (Avita)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel 0.05 %</i> (Atralin)	Tier 1	Age (Max 25 Years)
Vitamin A Derivatives, Topical Acne Agents		
ARAZLO TOPICAL LOTION 0.045 %	Tier 3	ST: Requires prior prescription for Adapalene, Differin, Tazarotene, or Tretinoin within the past 120 days; Age (Max 25 Years)
FABIOR TOPICAL FOAM 0.1 % (tazarotene)	Tier 3	ST: Requires prior prescription for Adapalene, Differin, Tazarotene, or Tretinoin within the past 120 days; Age (Min 12 Years)
<i>tazarotene topical foam 0.1 %</i> (Fabior)	Tier 1	ST: Requires prior prescription for Adapalene, Differin, Tazarotene, or Tretinoin within the past 120 days; Age (Min 12 Years)
Dermatology - Antiinfective		
Topical Antibiotics		
AMZEEQ TOPICAL FOAM 4 %	Tier 3	ST: At least 2 prior prescriptions 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 365 days; Age (Min 9 Years)

Drug	Status	Notes
BENZAMYCIN TOPICAL GEL 3-5 % (erythromycin-benzoyl peroxide)	Tier 2	
CENTANY AT TOPICAL OINTMENT KIT 2 %	Tier 3	
CENTANY TOPICAL OINTMENT 2 % (mupirocin)	Tier 2	QL (90 GM per 1 FILL)
CLEOCIN T TOPICAL LOTION 1 % (clindamycin phosphate)	Tier 2	
CLEOCIN T TOPICAL SOLUTION 1 % (clindamycin phosphate)	Tier 2	QL (180 ML per 1 FILL)
CLINDACIN ETZ TOPICAL KIT 1 %	Tier 3	
CLINDACIN ETZ TOPICAL SWAB 1 % (clindamycin phosphate)	Tier 2	
CLINDACIN P TOPICAL SWAB 1 % (clindamycin phosphate)	Tier 2	
CLINDACIN PAC TOPICAL KIT 1 %	Tier 3	
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 % (clindamycin phosphate)	Tier 3	ST: Requires prior prescription for Clindamycin 1% gel within the past 120 days
<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 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 % (erythromycin with ethanol)	Tier 1	
ERYGEL TOPICAL GEL 2 % (erythromycin with ethanol)	Tier 2	
<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	
EVOCLIN TOPICAL FOAM 1 % (clindamycin phosphate)	Tier 2	
<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 ointment within the past 120 days
ZILXI TOPICAL FOAM 1.5 %	Tier 3	ST: Requires prior prescription for Metronidazole 0.75% gel, lotion, or cream within the past 120 days; QL (30 GM per 30 days)

Drug	Status	Notes
Topical Antifungal/Anti-inflammatory, Steroid Agent		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 %	Tier 3	
TRIAMAZOLE TOPICAL COMBO PACK, OINTMENT AND CREAM 1-0.1 %	Tier 3	
TRILOCICLO TOPICAL KIT, OINTMENT AND LIQUID 8-0.1 %	Tier 3	
Topical Antifungals		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	Tier 3	
CICLODAN KIT TOPICAL SOLUTION 8 % (ciclopirox-ure-camph-menth-euc)	Tier 3	QL (19.8 ML per 1 FILL)
CICLODAN TOPICAL CREAM 0.77 % (ciclopirox)	Tier 2	QL (180 GM per 1 FILL)
CICLODAN TOPICAL SOLUTION 8 % (ciclopirox)	Tier 3	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	Tier 1	QL (180 GM per 1 FILL)
<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	
<i>econazole topical cream 1 %</i>	Tier 1	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 %	Tier 3	
ERTACZO TOPICAL CREAM 2 %	Tier 3	
EXELDERM TOPICAL CREAM 1 % (sulconazole)	Tier 2	
EXELDERM TOPICAL SOLUTION 1 % (sulconazole)	Tier 2	
EXODERM TOPICAL LOTION 25-1 %	Tier 1	
EXTINA TOPICAL FOAM 2 % (ketoconazole)	Tier 3	ST: Requires prior prescription for Ketoconazole 2% cream or shampoo within the past 120 days
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %	Tier 3	
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	Tier 3	PA
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 % (tavaborole)	Tier 3	PA
<i>ketoconazole topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)

Drug	Status	Notes
<i>ketoconazole topical foam 2 %</i> (Ketodan)	Tier 1	ST: Requires prior prescription for Ketoconazole 2% cream or shampoo within the past 120 days
<i>ketoconazole topical shampoo 2 %</i>	Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 %	Tier 3	
KETODAN TOPICAL FOAM 2 % (ketoconazole)	Tier 1	ST: Requires prior prescription for Ketoconazole 2% cream or shampoo within the past 120 days
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 % (ciclopirox)	Tier 2	QL (180 GM per 1 FILL)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 % (ciclopirox)	Tier 2	QL (180 ML per 1 FILL)
LOPROX KIT TOPICAL COMBO PACK 0.77 %	Tier 3	
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	Tier 3	
LOPROX TOPICAL SHAMPOO 1 % (ciclopirox)	Tier 2	
<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)
LUZU TOPICAL CREAM 1 % (luliconazole)	Tier 3	ST: Requires prior prescriptions for Clotrimazole and Ketoconazole within the past 365 days; QL (60 GM per 28 days)
MENTAX TOPICAL CREAM 1 % (butenafine)	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 1 % (naftifine)	Tier 2	
NAFTIN TOPICAL GEL 2 %	Tier 3	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	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	

Drug	Status	Notes
<i>nystatin-triamcinolone topical cream</i> 100,000-0.1 unit/g-%	Tier 1	
<i>nystatin-triamcinolone topical ointment</i> 100,000-0.1 unit/gram-%	Tier 1	QL (180 GM per 1 FILL)
NYSTOP TOPICAL POWDER 100,000 (nystatin) UNIT/GRAM	Tier 1	
<i>oxiconazole topical cream 1 %</i> (Oxistat)	Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL CREAM 1 % (oxiconazole)	Tier 3	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %	Tier 3	
PEDIZOL PAK TOPICAL KIT, CREAM AND SOLUTION 2-2 %	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
VUSION TOPICAL OINTMENT 0.25-15- 81.35 % (miconazole nitrate-zinc ox-pet)	Tier 3	
XOLEGEL TOPICAL GEL 2 %	Tier 3	ST: Requires prior prescription for Ketoconazole 2% cream or shampoo within the past 120 days
ZOLPAK TOPICAL KIT 1 %- 6 CM X 7 CM	Tier 3	
Topical Antiparasitics		
CROTAN TOPICAL LOTION 10 %	Tier 3	
ELIMITE TOPICAL CREAM 5 % (permethrin)	Tier 2	
EURAX TOPICAL CREAM 10 %	Tier 3	
EURAX TOPICAL LOTION 10 %	Tier 3	
<i>ivermectin topical lotion 0.5 %</i>	Tier 1	
<i>lindane topical shampoo 1 %</i>	Tier 1	
<i>malathion topical lotion 0.5 %</i> (Ovide)	Tier 1	
NATROBA TOPICAL SUSPENSION 0.9 (spinosad) %	Tier 3	
OVIDE TOPICAL LOTION 0.5 % (malathion)	Tier 2	
<i>permethrin topical cream 5 %</i> (Elimite)	Tier 1	
SKLICE TOPICAL LOTION 0.5 % (ivermectin)	Tier 3	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	Tier 1	
ULESFIA TOPICAL LOTION 5 %	Tier 3	
Topical Antivirals		
<i>acyclovir topical cream 5 %</i> (Zovirax)	Tier 1	ST: At least 2 prior prescriptions for Acyclovir, Famciclovir, or Valacyclovir HCL within the past 365 days
<i>acyclovir topical ointment 5 %</i> (Zovirax)	Tier 1	

Drug	Status	Notes
DENAVIR TOPICAL CREAM 1 %	Tier 3	ST: At least 2 prior prescriptions for Acyclovir, Famciclovir, or Valacyclovir HCL within the past 365 days
ZOVIRAX TOPICAL CREAM 5 % (acyclovir)	Tier 2	ST: At least 2 prior prescriptions for Acyclovir, Famciclovir, or Valacyclovir HCL within the past 365 days
ZOVIRAX TOPICAL OINTMENT 5 % (acyclovir)	Tier 2	
Topical Antivirals/Anti-inflammatory, Steroid Agent		
XERESE TOPICAL CREAM 5-1 %	Tier 3	ST: Requires prior prescription for Acyclovir, Famciclovir, or Valacyclovir within the past 120 days; QL (10 GM per 365 days)
Topical Genital Wart-Hpv Treatment Agents		
VEREGEN TOPICAL OINTMENT 15 %	Tier 3	ST: Requires prior prescriptions for Imiquimod (5%) and Podofilox within the past 120 days
Topical Pleuromutilin Derivatives		
ALTABAX TOPICAL OINTMENT 1 %	Tier 3	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Topical Sulfonamides		
AVAR LS TOPICAL CLEANSER 10-2 % (sulfacetamide sodium-sulfur)	Tier 3	
AVAR LS TOPICAL FOAM 10-2 %	Tier 3	
AVAR LS TOPICAL PADS, MEDICATED 10-2 %	Tier 3	
AVAR TOPICAL CLEANSER 10-5 % (W/W) (sulfacetamide sodium-sulfur)	Tier 3	QL (1419 GM per 1 FILL)
AVAR TOPICAL PADS, MEDICATED 9.5-5 %	Tier 3	
AVAR-E GREEN TOPICAL CREAM 10-5 % (W/W) (sulfacetamide sodium-sulfur)	Tier 3	
AVAR-E LS TOPICAL CREAM 10-2 % (sulfacetamide sodium-sulfur)	Tier 3	
AVAR-E TOPICAL CREAM 10-5 % (W/W) (sulfacetamide sodium-sulfur)	Tier 3	
BP 10-1 TOPICAL CLEANSER 10-1 % (sulfacetamide sodium-sulfur)	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sod-sulfur-urea)	Tier 1	
CLENIA PLUS TOPICAL SUSPENSION 9-4.25 %	Tier 3	

Drug		Status	Notes
<i>mafenide acetate topical packet 50 gram</i>	(Sulfamylon)	Tier 1	
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	(sulfacetamide sodium-sulfur)	Tier 3	
PLEXION TOPICAL CLEANSER 9.8-4.8 %	(sulfacetamide sodium-sulfur)	Tier 3	
PLEXION TOPICAL CREAM 9.8-4.8 %	(sulfacetamide sodium-sulfur)	Tier 3	
PLEXION TOPICAL LOTION 9.8-4.8 %	(sulfacetamide sodium-sulfur)	Tier 3	
ROSANIL TOPICAL CLEANSER 10-5 % (W/W)	(sulfacetamide sodium-sulfur)	Tier 3	QL (1419 GM per 1 FILL)
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 %	(sulfacetamide sodium-sulfur)	Tier 1	
ROSULA TOPICAL CLEANSER 10-4.5 %		Tier 3	
SILVADENE TOPICAL CREAM 1 %	(silver sulfadiazine)	Tier 2	
<i>silver sulfadiazine topical cream 1 %</i>	(SSD)	Tier 1	
SSD TOPICAL CREAM 1 %	(silver sulfadiazine)	Tier 1	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W)	(sulfacetamide sodium-sulfur)	Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 %	(sulfacetamide sodium-sulfur)	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>	(Avar)	Tier 1	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i>	(Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>	(Sumaxin)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4.5 %</i>	(Sumadan)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	(SSS 10-5)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 9.8-4.8 %</i>	(Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>		Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %</i>	(Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	(Sumaxin)	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %</i>	(Plexion Cleansing Cloths)	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>		Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	(SulfaCleanse 8-4)	Tier 1	

Drug	Status	Notes
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	QL (1419 ML per 1 FILL)
<i>sulfacetamide-sulfur-cleansr23 topical kit 9-4.5 %</i> (Sumadan)	Tier 1	
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 % (sulfacetamide sodium-sulfur)	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 3	
SULFAMYLON TOPICAL PACKET 50 GRAM (mafenide acetate)	Tier 3	
SUMADAN TOPICAL CLEANSER 9-4.5 % (sulfacetamide sodium-sulfur)	Tier 3	
SUMADAN TOPICAL KIT 9-4.5 % (sulfacetamide-sulfur-cleansr23)	Tier 3	
SUMAXIN CP TOPICAL KIT 10-4 %	Tier 3	
SUMAXIN TOPICAL CLEANSER 9-4 % (sulfacetamide sodium-sulfur)	Tier 3	
SUMAXIN TOPICAL PADS, MEDICATED 10-4 % (sulfacetamide sodium-sulfur)	Tier 3	
SUMAXIN TS TOPICAL SUSPENSION 8-4 % (sulfacetamide sodium-sulfur)	Tier 3	
Dermatology - Antiinflammatory		
Top. Anti-Inflam., Phosphodiesterase-4 (Pde4) Inhib		
EUCRISA TOPICAL OINTMENT 2 %	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
Topical Antibiotics/Antiinflammatory, Steroidal		
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
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
Topical Anti-Inflammatory Steroidal		
ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)	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	

Drug	Status	Notes
<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
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 2	
APEXICON E TOPICAL CREAM 0.05 %	Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days; QL (180 GM per 30 days)
AQUA GLYCOLIC HC TOPICAL COMBO PACK 2 %	Tier 3	
BESER KIT TOPICAL KIT, LOTION AND CREAM, EMOLLIENT 0.05 %	Tier 3	
BESER TOPICAL LOTION 0.05 % (fluticasone propionate)	Tier 2	
<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	
BRYHALI TOPICAL LOTION 0.01 %	Tier 3	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (400 GM per 1 FILL)
CAPEX TOPICAL SHAMPOO 0.01 %	Tier 3	
<i>clobetasol scalp solution 0.05 %</i>	Tier 1	
<i>clobetasol topical cream 0.05 %</i>	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	
CLOBETAVIX TOPICAL KIT 0.05 %- 4" X 4"	Tier 3	
CLOBETEX KIT 0.05 %- 5 MG	Tier 3	
CLOBEX TOPICAL LOTION 0.05 % (clobetasol)	Tier 2	
CLOBEX TOPICAL SHAMPOO 0.05 % (clobetasol)	Tier 2	
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 % (clobetasol)	Tier 2	
<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	
CLODAN TOPICAL SHAMPOO 0.05 % (clobetasol)	Tier 2	

Drug	Status	Notes
CLODERM TOPICAL CREAM 0.1 % (clocortolone pivalate)	Tier 3	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 3	ST: Requires prior prescription for Betamethasone (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or 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
CORDRAN TOPICAL CREAM 0.05 % (flurandrenolide)	Tier 2	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
CORDRAN TOPICAL LOTION 0.05 % (flurandrenolide)	Tier 2	
CORDRAN TOPICAL OINTMENT 0.05 % (flurandrenolide)	Tier 2	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)
CUTIVATE TOPICAL CREAM 0.05 % (fluticasone propionate)	Tier 2	
CUTIVATE TOPICAL LOTION 0.05 % (fluticasone propionate)	Tier 2	
DERMA-SMOOTHIE/FS BODY OIL TOPICAL OIL 0.01 % (fluocinolone)	Tier 3	
DERMA-SMOOTHIE/FS SCALP OIL SCALP OIL 0.01 % (fluocinolone and shower cap)	Tier 3	

Drug	Status	Notes
DERMAWERX SDS TOPICAL KIT 0.1-5 %	Tier 3	ST: At least 3 prior prescriptions for Dimethicone, Silicone Disc, Silicone Roll, Silicone Scar, Silicone Sheet, Silicone Tape, or Triamcinolone Acetonide within the past 365 days; QL (1 EA per 30 days)
DESONATE TOPICAL GEL 0.05 % (desonide)	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> (DesRx)	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	
DESOWEN TOPICAL CREAM 0.05 % (desonide)	Tier 2	
DESOWEN TOPICAL LOTION 0.05 % (desonide)	Tier 2	
<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, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days

Drug	Status	Notes
DESRX TOPICAL GEL 0.05 % (desonide)	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>diflorasone topical cream 0.05 %</i> (Psorcon)	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days; QL (180 GM per 30 days)
<i>diflorasone topical ointment 0.05 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (180 GM per 30 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 % (betamethasone, augmented)	Tier 2	
ELLZIA PAK TOPICAL KIT, OINTMENT AND CREAM 0.1-5 %	Tier 1	
<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	

Drug	Status	Notes
FLUOCINONIDE-E TOPICAL CREAM (fluocinonide-emollient) 0.05 %	Tier 1	
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	Tier 1	
FLUOPAR TOPICAL KIT 0.1-5 %	Tier 3	
FLUOVIX PLUS TOPICAL KIT 0.1 %	Tier 3	
FLUOVIX TOPICAL KIT 0.1 %	Tier 3	
<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>	Tier 1	
<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), 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 foam 0.05 %</i> (Lexette)	Tier 1	ST: Requires prior prescription for Clobetasol Propionate, Clobetasol Propionate/emoll, or Halobetasol Propionate within the past 120 days; QL (100 GM per 1 FILL)

Drug	Status	Notes
<i>halobetasol propionate topical ointment</i> 0.05 %	Tier 1	
HALOG TOPICAL CREAM 0.1 % (halcinonide)	Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
HALOG TOPICAL OINTMENT 0.1 %	Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
HALOG TOPICAL SOLUTION 0.1 %	Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>hydrocortisone butyrate topical cream</i> 0.1 %	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 topical cream 1 %</i> (Ala-Cort)	Tier 1	
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	Tier 1	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	Tier 1	
<i>hydrocortisone topical ointment 2.5 %</i>	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
IMPEKLO TOPICAL LOTION IN METERED-DOSE PUMP 0.05 %	Tier 3	ST: Requires prior prescription for Betamethasone (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) within the past 120 days
IMPOYZ TOPICAL CREAM 0.025 %	Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days; QL (200 GM per 30 days)
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM (triamcinolone acetonide)	Tier 2	

Drug	Status	Notes
LEXETTE TOPICAL FOAM 0.05 % (halobetasol propionate)	Tier 3	ST: Requires prior prescription for Clobetasol Propionate, Clobetasol Propionate/emoll, or Halobetasol Propionate within the past 120 days; QL (100 GM per 1 FILL)
LOCOID TOPICAL LOTION 0.1 % (hydrocortisone butyrate)	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 (236 ML per 30 days)
LUXIQ TOPICAL FOAM 0.12 % (betamethasone valerate)	Tier 3	
<i>mometasone topical cream 0.1 %</i>	Tier 1	
<i>mometasone topical ointment 0.1 %</i>	Tier 1	
<i>mometasone topical solution 0.1 %</i>	Tier 1	
NOLIX TOPICAL CREAM 0.05 % (flurandrenolide)	Tier 2	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
NOLIX TOPICAL LOTION 0.05 % (flurandrenolide)	Tier 2	
NOXIPAK TOPICAL KIT 0.01-20 %	Tier 3	
NUCORT TOPICAL LOTION 2 % (hydrocortisone acet-aloe vera)	Tier 3	
NUTRIARX TOPICAL KIT 0.1-5 %	Tier 3	ST: At least 3 prior prescriptions for Dimethicone, Silicone Disc, Silicone Roll, Silicone Scar, Silicone Sheet, Silicone Tape, or Triamcinolone Acetonide within the past 365 days; QL (1 EA per 30 days)
OLUX TOPICAL FOAM 0.05 % (clobetasol)	Tier 2	
OLUX-E TOPICAL FOAM 0.05 % (clobetasol-emollient)	Tier 3	

Drug	Status	Notes
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 0.1 %</i>	Tier 1	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 1	
QUINIXIL TOPICAL CREAM 0.1-5 %	Tier 3	
SANADERMRX TOPICAL KIT 0.1-5 %	Tier 1	ST: At least 3 prior prescriptions for Dimethicone, Silicone Disc, Silicone Roll, Silicone Scar, Silicone Sheet, Silicone Tape, or Triamcinolone Acetonide within the past 365 days; QL (1 EA per 30 days)
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Tier 2	
SCALACORT TOPICAL LOTION 2 %	Tier 2	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
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
SILA III TOPICAL KIT 0.1 %- 4" X 4"	Tier 3	
SILALITE PAK TOPICAL KIT, OINTMENT AND SHEET 0.1 %	Tier 3	

Drug	Status	Notes
SURE RESULT TAC PAK TOPICAL KIT 0.1-5 %	Tier 3	ST: At least 3 prior prescriptions for Dimethicone, Silicone Disc, Silicone Roll, Silicone Scar, Silicone Sheet, Silicone Tape, or Triamcinolone Acetonide within the past 365 days; QL (1 EA per 30 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 TOPICAL CREAM 0.025 % (fluocinolone)	Tier 2	QL (375 GM per 30 days)
SYNALAR TOPICAL OINTMENT 0.025 % (fluocinolone)	Tier 2	
SYNALAR TOPICAL SOLUTION 0.01 % (fluocinolone)	Tier 2	
SYNALAR TS TOPICAL KIT 0.01 %	Tier 3	
TASOPROL TOPICAL KIT 0.05 %- 4" X 4"	Tier 3	
TEMOVATE TOPICAL CREAM 0.05 % (clobetasol)	Tier 2	
TEMOVATE TOPICAL OINTMENT 0.05 % (clobetasol)	Tier 2	
TEXACORT TOPICAL SOLUTION 2.5 %	Tier 2	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
TOPICORT TOPICAL CREAM 0.05 %, 0.25 % (desoximetasone)	Tier 2	
TOPICORT TOPICAL GEL 0.05 % (desoximetasone)	Tier 2	
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 % (desoximetasone)	Tier 2	
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 % (desoximetasone)	Tier 3	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days
TOVET EMOLLIENT TOPICAL FOAM 0.05 % (clobetasol-emollient)	Tier 3	
TOVET KIT TOPICAL COMBO PACK 0.05 %	Tier 3	
<i>triamcinolone acetonide topical aerosol</i> 0.147 mg/gram (Kenalog)	Tier 1	

Drug	Status	Notes
<i>triamcinolone acetonide topical cream</i> 0.025 %	Tier 1	
<i>triamcinolone acetonide topical cream</i> (Triderm) 0.1 %	Tier 1	
<i>triamcinolone acetonide topical cream</i> (Triderm) 0.5 %	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i> 0.025 %, 0.1 %	Tier 1	
<i>triamcinolone acetonide topical ointment</i> 0.025 %, 0.1 %, 0.5 %	Tier 1	
<i>triamcinolone acetonide topical ointment</i> (Trianex) 0.05 %	Tier 1	QL (430 GM per 30 days)
TRIANEX TOPICAL OINTMENT 0.05 % (triamcinolone acetonide)	Tier 1	QL (430 GM per 30 days)
TRIDERM TOPICAL CREAM 0.1 % (triamcinolone acetonide)	Tier 1	
TRIDERM TOPICAL CREAM 0.5 % (triamcinolone acetonide)	Tier 1	QL (454 GM per 30 days)
TRIDESILON TOPICAL CREAM 0.05 % (desonide)	Tier 2	
TRIVIX TOPICAL KIT 0.1-5 %	Tier 3	ST: At least 3 prior prescriptions for Dimethicone, Silicone Disc, Silicone Roll, Silicone Scar, Silicone Sheet, Silicone Tape, or Triamcinolone Acetonide within the past 365 days; QL (1 EA per 30 days)
ULTRAVATE TOPICAL LOTION 0.05 %	Tier 3	ST: Requires prior prescription for Betamethasone (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (120 ML per 30 days)
VANOS TOPICAL CREAM 0.1 % (fluocinonide)	Tier 2	
VERDESO TOPICAL FOAM 0.05 %	Tier 3	ST: Requires prior prescription for Fluocinolone Acetonide 0.01% body oil within the past 120 days
XILAPAK TOPICAL KIT 0.01 %	Tier 3	
Topical Anti-Inflammatory, Nsaids		
CAPSFENAC PAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Tier 3	
CLOFENAX TOPICAL KIT 1.5 %	Tier 3	
DICLO GEL TOPICAL KIT 1 %	Tier 3	
DICLO GEL-XRYLIX SHEET TOPICAL KIT 1 %	Tier 3	

Drug	Status	Notes
<i>diclofenac epolamine transdermal patch</i> (Flector) 12 hour 1.3 %	Tier 1	
<i>diclofenac sodium topical drops</i> 1.5 %	Tier 1	
<i>diclofenac sodium topical gel</i> 1 % (Arthritis Pain (diclofenac))	Tier 1	
DICLOFONO TOPICAL GEL IN PACKET 1.6 %	Tier 3	
DICLOHEAL-60 TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Tier 3	
DICLOPAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Tier 3	
DICLOPR TOPICAL COMBO PACK, CREAM AND GEL 1-30-10 %	Tier 3	
DICLOTREX TOPICAL KIT 1.5-10-4 %	Tier 3	
DICLOVIX M TOPICAL KIT 1.5-8 %	Tier 3	
DICLOZOR TOPICAL KIT 1 %	Tier 3	
DIMENTHO TOPICAL KIT 1.5-10 %	Tier 3	
DITHOL TOPICAL COMBO PACK 1.5- 10 %	Tier 3	
FLECTOR TRANSDERMAL PATCH 12 (diclofenac epolamine) HOUR 1.3 %	Tier 3	
FROTEK TOPICAL CREAM IN PACKET 10 %	Tier 3	
FROTEK TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
INFLAMMA-K TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-10-6-3.1 %	Tier 3	
LEXIXRYL TOPICAL KIT 1.5 %	Tier 3	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Tier 3	ST: Requires prior prescription for Diclofenac Epolamine within the past 120 days; QL (1 EA per 1 day)
NUDICLO SOLUPAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Tier 3	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	Tier 3	ST: Requires prior prescription for Diclofenac Sodium within the past 120 days
PENNSAID TOPICAL SOLUTION IN PACKET 2 %	Tier 3	ST: Requires prior prescription for Diclofenac Sodium within the past 120 days
VAROPHEN (DICLOFENAC) TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %	Tier 3	
VENNGEL ONE TOPICAL KIT 1 %	Tier 1	
XRYLIX (DICLOFENAC-KINES TAPE) TOPICAL KIT 1.5 %	Tier 3	

Drug	Status	Notes
Dermatology - Antipruritic Drugs		
Antipruritics, Topical		
<i>doxepin topical cream 5 %</i> (Prudoxin)	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
LEVICYN ANTIPRURITIC TOPICAL GEL	Tier 3	
PRUDOXIN TOPICAL CREAM 5 % (doxepin)	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
ZONALON TOPICAL CREAM 5 % (doxepin)	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
Dermatology - Miscellaneous		
Antiperspirants		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	
DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	
Antiseborrheic Agents		
LOUTREX TOPICAL CREAM	Tier 1	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (sulfacetamide sodium)	Tier 2	
OVACE PLUS TOPICAL CLEANSER 10 % (sulfacetamide sodium)	Tier 3	
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
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 % (sulfacetamide sodium)	Tier 3	
OVACE TOPICAL CLEANSER 10 % (sulfacetamide sodium)	Tier 3	
PROMISEB TOPICAL CREAM	Tier 3	
<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	
TERSI FOAM TOPICAL FOAM 2.25 %	Tier 3	
Antiseptics, Miscellaneous		
<i>guaiaicol liquid</i>	Tier 3	
Emollients		
<i>ammonium lactate topical cream 12 %</i>	Tier 1	
<i>ammonium lactate topical lotion 12 %</i> (Skin Treatment)	Tier 1	

Drug	Status	Notes
ATOPADERM TOPICAL CREAM	Tier 3	
ATOPA VO TOPICAL EMULSION	Tier 3	
ATOPICLAIR TOPICAL CREAM	Tier 3	
ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL	Tier 3	
ATRAPRO HYDROGEL TOPICAL GEL	Tier 3	
AVO CREAM TOPICAL EMULSION	Tier 1	
BIAFINE EMULSION TOPICAL EMULSION	Tier 3	
CELACYN TOPICAL GEL WITH PUMP	Tier 3	
CERACADE TOPICAL EMULSION	Tier 3	
CERAMAX TOPICAL CREAM	Tier 3	
CERAMAX TOPICAL LOTION	Tier 3	
DEXERYL TOPICAL CREAM	Tier 3	
ELETONE TOPICAL CREAM	Tier 3	
EMULSION SB TOPICAL EMULSION	Tier 1	
EPICERAM TOPICAL EMULSION, EXTENDED RELEASE	Tier 3	
HPR PLUS HYDROGEL TOPICAL KIT, CREAM AND GEL	Tier 1	
HPR PLUS TOPICAL CREAM	Tier 3	
HPR PLUS TOPICAL FOAM	Tier 3	
HPR PLUS-MB HYDROGEL TOPICAL COMBO PACK, GEL AND FOAM 96.53- 3-0.4 -0.066 %	Tier 1	
HPR TOPICAL FOAM	Tier 3	
HYLAGUARD TOPICAL CREAM	Tier 3	
HYLATOPIC TOPICAL FOAM	Tier 3	
HYLATOPICPLUS TOPICAL CREAM	Tier 3	
HYLATOPICPLUS TOPICAL LOTION	Tier 3	
KIVIK TOPICAL EMULSION	Tier 3	
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL	Tier 3	
LOYON TOPICAL SPRAY, NON- AEROSOL	Tier 3	
LUXAMEND TOPICAL CREAM	Tier 3	
MB HYDROGEL (CYCLOMETHICONE) TOPICAL KIT, CREAM AND GEL	Tier 1	
MB HYDROGEL TOPICAL KIT, CREAM AND GEL 96.53-3-0.4 -0.066 %	Tier 1	
MIMYX TOPICAL CREAM	Tier 3	
NEOSALUS TOPICAL CREAM	Tier 3	
NEOSALUS TOPICAL FOAM	Tier 3	
NEOSALUS TOPICAL LOTION	Tier 3	
NIVATOPIC PLUS TOPICAL CREAM	Tier 3	
NUTRASEB TOPICAL CREAM	Tier 3	
PHLAG SPRAY TOPICAL SPRAY, NON- AEROSOL	Tier 3	

Drug	Status	Notes
PRESERA TOPICAL FOAM	Tier 3	
PRUCLAIR TOPICAL CREAM	Tier 1	
PRUMYX TOPICAL CREAM	Tier 1	
SEBUDERM TOPICAL GEL	Tier 3	
SONAFINE TOPICAL EMULSION	Tier 1	
SYNERDERM TOPICAL SPRAY, NON-AEROSOL	Tier 3	
XCLAIR TOPICAL CREAM	Tier 3	
Iodine Antiseptics		
BETADINE OPHTHALMIC PREP (povidone-iodine) OPHTHALMIC (EYE) SOLUTION 5 %	Tier 3	
Irrigants		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
AQUA CARE SODIUM CHLORIDE (sodium chloride) IRRIGATION SOLUTION 0.9 %	Tier 1	
AQUA CARE STERILE WATER (water for irrigation, sterile) 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	
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	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 solution</i> (Aqua Care Sterile Water)	Tier 1	
Irritants/Counter-Irritants		
<i>methyl salicylate oil</i> (Wintergreen Oil)	Tier 1	
<i>methyl salicylate topical liquid</i>	Tier 1	
QUTENZA TOPICAL KIT 8 %	Tier 3	PA
Keratolytics		
BENSAL HP TOPICAL OINTMENT 3 % (salicylic acid)	Tier 3	
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	Tier 1	
BENZEPRO TOPICAL TOWELETTE 6 %	Tier 1	
<i>benzoyl peroxide topical cleanser 7 %</i> (Pacnex)	Tier 1	

Drug	Status	Notes
<i>benzoyl peroxide topical foam 9.8 %</i> (Enzoclear)	Tier 1	
BPO TOPICAL GEL 8 % (benzoyl peroxide)	Tier 1	
CEM-UREA TOPICAL GEL 45 % (urea)	Tier 1	
CONDYLOX TOPICAL GEL 0.5 %	Tier 3	ST: Requires prior prescription for Podofilox within the past 120 days
ENZOCLEAR TOPICAL FOAM 9.8 % (benzoyl peroxide)	Tier 3	
GEAMETDRAY TOPICAL GEL 17 %-2 %- 5 %	Tier 3	
HYDRO 35 TOPICAL FOAM 35 % (urea)	Tier 3	
HYDRO 40 TOPICAL FOAM 40 %	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	
KERALAC TOPICAL CREAM 47 % (urea)	Tier 3	
KERALYT RX TOPICAL GEL 6 % (salicylic acid)	Tier 3	
KERALYT SCALP COMPLETE TOPICAL KIT, SHAMPOO AND GEL 6-6 %	Tier 3	
KERALYT SCALP TOPICAL GEL 6 % (salicylic acid)	Tier 3	
KERALYT TOPICAL SHAMPOO 6 % (salicylic acid)	Tier 3	
PACNEX HP TOPICAL PADS, MEDICATED 7 %	Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %	Tier 3	
PACNEX TOPICAL CLEANSER 7 % (benzoyl peroxide)	Tier 3	
PODOCON TOPICAL LIQUID 25 %	Tier 1	
<i>podofilox topical solution 0.5 %</i>	Tier 1	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	Tier 1	
RYNODERM TOPICAL CREAM 37.5 %	Tier 3	
SALEX TOPICAL SHAMPOO 6 % (salicylic acid)	Tier 3	
<i>salicylic acid topical cream 6 %</i> (Salimez)	Tier 1	
<i>salicylic acid topical cream, extended release 6 %</i>	Tier 1	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i> (Virasal)	Tier 1	
<i>salicylic acid topical foam 6 %</i> (Salvax)	Tier 1	
<i>salicylic acid topical gel 6 %</i> (Keralyt Rx)	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	
<i>salicylic acid-ceramides no.1 topical kit, cleanser and cream er 6 %</i>	Tier 1	

Drug	Status	Notes
SALIMEZ TOPICAL CREAM 6 % (salicylic acid)	Tier 3	
SALVAX DUO PLUS TOPICAL FOAM 6-35 %	Tier 3	
SALVAX TOPICAL FOAM 6 % (salicylic acid)	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 % (salicylic acid)	Tier 3	
UMECTA TOPICAL FOAM 40 %	Tier 1	
URAMAXIN GT TOPICAL GEL 45 % (urea)	Tier 3	
URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 %	Tier 3	
URAMAXIN TOPICAL CREAM 45 % (urea)	Tier 3	
URAMAXIN TOPICAL FOAM 20 %	Tier 3	
URAMAXIN TOPICAL GEL 45 % (urea)	Tier 3	
URAMAXIN TOPICAL LOTION 45 % (urea)	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 % (urea)	Tier 1	
<i>urea topical cream 39 %</i> (Uredeb)	Tier 1	
<i>urea topical cream 40 %</i>	Tier 1	
<i>urea topical cream 41 %</i> (Utopic)	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	
UREDEB TOPICAL CREAM 39 % (urea)	Tier 3	
URE-K TOPICAL CREAM 50 % (urea)	Tier 3	
UREVAZ TOPICAL CREAM 44 %	Tier 3	
VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 % (salicylic acid)	Tier 3	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	Tier 3	
XUREA TOPICAL CREAM 39 % (urea)	Tier 3	
Oxidizing Agents		
ATRAPRO DERMAL SPRAY TOPICAL SPRAY, NON-AEROSOL 0.003-0.004 %	Tier 3	
DELUO TOPICAL SPRAY, NON-AEROSOL 0.018 %-0.004 %-0.06 %	Tier 3	
EPICYN TOPICAL SPRAY, NON-AEROSOL	Tier 3	
HYCLODEX TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 %-0.046 %	Tier 3	
LEVICYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.009 %	Tier 3	
MICROCYN TOPICAL SPRAY, NON-AEROSOL 0.003 %-0.004 %-0.023 %	Tier 3	

Drug	Status	Notes
Protectives		
BEAU RX TOPICAL GEL	Tier 3	ST: Requires prior prescription for Kelo-cote or Recedo within the past 120 days; QL (30 GM per 30 days)
BIONECT TOPICAL CREAM 0.2 %	Tier 3	
BIONECT TOPICAL FOAM 0.2 %	Tier 3	
BIONECT TOPICAL GEL 0.2 % (sodium hyaluronate)	Tier 3	
DERMELLE TOPICAL GEL	Tier 3	
DERPIXA TOPICAL GEL	Tier 3	
GENADUR TOPICAL LIQUID	Tier 3	
HYGEL TOPICAL GEL 2.5 %	Tier 3	
KELARX TOPICAL GEL	Tier 3	
NUVAIL TOPICAL NAIL FILM SOLUTION 16 %	Tier 3	
PR CREAM TOPICAL CREAM	Tier 1	
PROSILK GEL TOPICAL GEL	Tier 3	
RADIAPLEXRX TOPICAL GEL	Tier 3	
SCARCARE TOPICAL KIT 2 X 5.5 "	Tier 3	
SCARCIN GEL TOPICAL GEL	Tier 3	
SCARCIN ROLL-ON TOPICAL LIQUID ROLL-ON	Tier 3	
SCARSILK GEL TOPICAL GEL	Tier 3	
SILIPAC TOPICAL KIT	Tier 3	
STRATAMARK TOPICAL GEL	Tier 3	
STRATATRIZ TOPICAL GEL	Tier 3	
TETRIX TOPICAL CREAM	Tier 3	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %	Tier 3	
Topical Anti-Inflammatory Nsaid-Local Anesthetic		
DICLOVIX TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-2.5-4-2 %	Tier 3	
TRIXYLITRAL TOPICAL KIT, CREAM AND SOLUTION 1.5-3.88 %	Tier 3	
Topical Anti-Inflammatory Steroid-Local Anesthetic		
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> 2.35-1 %	Tier 1	
<i>hydrocortisone-pramoxine topical cream</i> (Pramosone) 2.5-1 %	Tier 1	

Drug	Status	Notes
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i> (Lidocort)	Tier 1	
LIDOCORT TOPICAL CREAM 3-0.5 % (lidocaine hcl-hydrocortison ac)	Tier 3	
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 %	Tier 3	
PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone-pramoxine)	Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL CREAM 2.5-1 % (hydrocortisone-pramoxine)	Tier 2	
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 % (hydrocortisone-pramoxine)	Tier 2	
Topical Antineoplastic & Premalignant Lesion Agnts		
CARAC TOPICAL CREAM 0.5 % (fluorouracil)	Tier 3	PA
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	QL (100 GM per 1 FILL)
EFUDIX TOPICAL CREAM 5 % (fluorouracil)	Tier 2	
FLUOROPLEX TOPICAL CREAM 1 %	Tier 3	PA
<i>fluorouracil topical cream 0.5 %</i> (Carac)	Tier 1	PA
<i>fluorouracil topical cream 5 %</i> (Efudex)	Tier 1	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 1	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	Tier 3	PA
PANRETIN TOPICAL GEL 0.1 %	Tier 4	QL (60 GM per 28 days)
PICATO TOPICAL GEL 0.015 %, 0.05 %	Tier 3	PA
SOLARAVIX TOPICAL KIT 3 %- 1.59" X 59"	Tier 3	
SOLARAZE TOPICAL GEL 3 % (diclofenac sodium)	Tier 3	QL (100 GM per 1 FILL)
TARGRETIN TOPICAL GEL 1 %	Tier 4	PA
TOLAK TOPICAL CREAM 4 %	Tier 2	
VALCHLOR TOPICAL GEL 0.016 %	Tier 4	PA
Topical Local Anesthetics		
ADAZIN TOPICAL CREAM 2-2-10-0.035 %	Tier 3	
ANACAINE TOPICAL OINTMENT 10 %	Tier 3	
ANASTIA TOPICAL LOTION 2.75 %	Tier 3	
ASTERO TOPICAL GEL WITH PUMP 4 %	Tier 3	
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %	Tier 3	

Drug	Status	Notes
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC)	Tier 3	
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %	Tier 3	
DERMACINRX PHN PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5 %	Tier 3	
DERMACINRX ZRM PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5-5 %	Tier 3	
DERMALID TOPICAL COMBO PACK 5 %	Tier 1	
DERMAZYL KIT TOPICAL KIT, PATCH, MEDICATED, CREAM 5-5 %	Tier 3	
DOLOTRANZ TOPICAL KIT,CREAM AND GEL 4-2.5-2.5 %	Tier 3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %	Tier 3	
<i>ethyl chloride topical aerosol,spray 100 %</i>	Tier 1	
FORAXA TOPICAL GEL 2 %-1 % -1.2 %	Tier 3	
ILIDERM TOPICAL SPRAY,NON-AEROSOL	Tier 3	
KAMDOY TOPICAL SPRAY,NON-AEROSOL	Tier 3	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %	Tier 3	
LDO PLUS TOPICAL GEL WITH PUMP 4 %	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 hcl topical cream 3.88 %</i> (Lidotral)	Tier 1	
<i>lidocaine hcl topical lotion 3 %</i> (Lido-K)	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-tetracaine topical cream 7-7 %</i> (Pliaglis)	Tier 1	
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 3	QL (90 EA per 30 days)
LIDO-K TOPICAL LOTION 3 % (lidocaine hcl)	Tier 3	
LIDOPAC TOPICAL KIT 5 %	Tier 3	
LIDOPIN TOPICAL CREAM 3 % (lidocaine hcl)	Tier 3	
LIDOPIN TOPICAL CREAM 3.25 %	Tier 3	
LIDOPURE PATCH TOPICAL COMBO PACK 5 %	Tier 1	
LIDORX TOPICAL GEL WITH PUMP 3 %	Tier 3	

Drug	Status	Notes
LIDORXKIT TOPICAL COMBO PACK,OINTMENT AND CREAM 5 %	Tier 3	
LIDO-SORB TOPICAL LOTION 3 % (lidocaine hcl)	Tier 3	
LIDOTRAL TOPICAL CREAM 3.88 % (lidocaine hcl)	Tier 3	
LIDOTRANS 5 PAK TOPICAL KIT 5 %- 6 CM X 7 CM	Tier 3	
LIDOTREX (WITH VITAMIN E) TOPICAL GEL 2 %	Tier 3	
LIDOTREX TOPICAL GEL 2 %-1 % -1.2 %	Tier 3	
LIDOVEX TOPICAL CREAM 3.75 %	Tier 3	
LIDOZION TOPICAL LOTION 3 % (lidocaine hcl)	Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
LMR PLUS TOPICAL KIT 5-6 %	Tier 3	
LTA PRE-ATTACHED (lidocaine hcl) LARYNGOTRACHEAL SOLUTION 4 %	Tier 3	
MENTHO-CAINE TOPICAL KIT,OINTMENT AND SPRAY 5-8 %	Tier 3	
NEURCAINE TOPICAL KIT, PATCH, MEDICATED, CREAM 5 %	Tier 3	
NUMBONEX TOPICAL LOTION 2.75 %	Tier 3	
PAIN EASE MEDIUM STREAM SPRAY TOPICAL AEROSOL,SPRAY	Tier 3	
PAIN EASE MIST SPRAY TOPICAL AEROSOL,SPRAY	Tier 3	
PAINGO KFT TOPICAL CREAM 2.5- 2.5-30-10 %	Tier 3	
PLIAGLIS TOPICAL CREAM 7-7 % (lidocaine-tetracaine)	Tier 3	
PONTOCAINE TOPICAL SOLUTION 2 %	Tier 3	
PRILO PATCH II TOPICAL KIT, PATCH, MEDICATED, CREAM 5-2.5-2.5 %	Tier 3	
PRILO PATCH TOPICAL KIT, PATCH, MEDICATED, CREAM 5-2.5-2.5 %	Tier 3	
PRIZOTRAL-II TOPICAL CREAM 2.5- 2.5-3.88 %	Tier 3	
REGENECARE TOPICAL GEL 2 %	Tier 3	
REGENECARE WITH ALOE TOPICAL GEL 2 %	Tier 3	
SOLUPAK TOPICAL KIT,OINTMENT AND SPRAY 5-10-3 %	Tier 3	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY	Tier 3	
SUVICORT TOPICAL GEL 2 %-1 % -1 %	Tier 3	
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING 70-70 MG	Tier 3	
TRANZAREL TOPICAL GEL 4 %	Tier 3	

Drug	Status	Notes
VEXASYN TOPICAL GEL 2 %-1 % -1.2 %	Tier 3	
WPR PLUS TOPICAL KIT,CREAM AND GEL 4-30-10 %	Tier 3	
XRYLIDERM TOPICAL KIT 5 %	Tier 3	
ZEYOCAINE TOPICAL KIT,OINTMENT AND TAPE 5 %	Tier 3	
ZILACAINE PATCH TOPICAL COMBO PACK 5 %	Tier 3	
ZIONODIL TOPICAL LOTION 3 % (lidocaine hcl)	Tier 3	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	Tier 3	ST: Requires prior prescription for Lidocaine within the past 120 days; QL (90 EA per 30 days)
Topical Preparations,Miscellaneous		
MEDIHONEY (HONEY) TOPICAL PASTE 100 %	Tier 3	
<i>sodium chloride topical solution 0.9 %</i> (Saljet Saline Rinse)	Tier 1	
Topical/Mucous Membr./Subcut. Enzymes		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	
Dermatology - Pigmentation Disorders		
Hyperpigmentation Agents, Systemic		
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	Tier 4	PA
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents,Systemic		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 4	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 4	PA
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 4	PA
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	Tier 1	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	Tier 4	PA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	Tier 4	PA

Drug	Status	Notes
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	Tier 4	PA
SORIATANE ORAL CAPSULE 10 MG, 25 MG (acitretin)	Tier 4	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 4	PA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 4	PA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 4	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	Tier 4	PA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 4	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 4	PA
Antipsoriatics Agents		
<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
DOVONEX TOPICAL CREAM 0.005 % (calcipotriene)	Tier 2	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, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (200 GM per 28 days)
NUDERMRXPAK TOPICAL KIT 0.005-5 %	Tier 3	
SORILUX TOPICAL FOAM 0.005 % (calcipotriene)	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 CREAM 0.1 % (tazarotene)	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
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM (calcitriol)	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal 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
Topical Agents, Miscellaneous		
COLLATYL TOPICAL GEL 1 %	Tier 3	
NEURAPTINE TOPICAL CREAM IN PACKET 10 %	Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
PROTYL AG TOPICAL GEL 1 %	Tier 3	
Topical Immunosuppressive Agents		
ELIDEL TOPICAL CREAM 1 % (pimecrolimus)	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>pimecrolimus topical cream 1 %</i> (Elidel)	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days

Drug	Status	Notes
PROTOPIC TOPICAL OINTMENT 0.03 % %, 0.1 % (tacrolimus)	Tier 2	
<i>tacrolimus topical ointment 0.03 % %, 0.1 %</i> (Protopic)	Tier 1	
Topical Vit D Analog/Anti-inflammatory, Steroidal		
<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
<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
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Tier 3	ST: Requires prior prescription for Calcipotriene/Betamethasone ointment within the past 120 days
TACLONEX TOPICAL OINTMENT 0.005-0.064 % (calcipotriene-betamethasone)	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
TACLONEX TOPICAL SUSPENSION 0.005-0.064 % (calcipotriene-betamethasone)	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
WYNZORA TOPICAL CREAM 0.005-0.064 %	Tier 3	ST: Requires prior prescription for Calcipotriene/Betamethasone ointment within the past 120 days
Diabetes		
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.		
<i>alogliptin-metformin oral tablet 12.5- 1,000 mg, 12.5-500 mg</i> (Kazano)	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
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)

Drug	Status	Notes
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG (alogliptin-metformin)	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic, Dpp-4 Enzyme Inhibitor & Thiazolidinedione		
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i> (Oseni)	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
OSENi ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG (alogliptin-pioglitazone)	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic, Incretin Mimetic (Glp-1 Receptor Agonist)		
ADLYXIN SUBCUTANEOUS PEN INJECTOR 10 MCG/0.2 ML- 20 MCG/0.2 ML, 20 MCG/0.2 ML	Tier 3	ST: Requires prior prescription for Bydureon Bcise, Bydureon Pen, Bydureon, Byetta, Ozempic, Rybelsus, Trulicity, or Victoza within the past 120 days; QL (6 ML per 28 days)

Drug	Status	Notes
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)
Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib		
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 3	ST: Requires prior prescription for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 3	ST: Requires prior prescription for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists		
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

Drug	Status	Notes
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
<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	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (acarbose)	Tier 2	
Antihyperglycemic, Amylin Analog-Type		
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	
Antihyperglycemic, Dpp-4 Inhibitors		
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i> (Nesina)	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (alogliptin)	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic, Insulin-Release Stimulant Type		
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG (glimepiride)	Tier 2	
<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	
GLUCOTROL ORAL TABLET 10 MG (glipizide)	Tier 2	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG (glipizide)	Tier 2	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	Tier 1	

Drug	Status	Notes
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG (glyburide micronized)	Tier 3	
<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	
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (pioglitazone)	Tier 2	
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	Tier 1	
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.		
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)
QTERN ORAL TABLET 10-5 MG, 5-5 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)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 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)
Antihyperglycemic, Biguanide Type(Non-Sulfonylurea)		
DM2 COMBO PACK, TABLET AND STRIP 500 MG	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days

Drug	Status	Notes
GLUMETZA ORAL TABLET,ER (metformin) GAST.RETENTION 24 HR 1,000 MG, 500 MG	Tier 3	ST: Requires prior prescription for Metformin HCL within the past 120 days
<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	
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	Tier 1	ST: Requires prior prescription for Metformin HCL within the past 120 days
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg</i> (Glumetza)	Tier 1	ST: Requires prior prescription for Metformin HCL within the past 120 days
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML	Tier 3	ST: Requires prior prescription for Metformin HCL within the past 120 days; QL (20 ML per 1 day)
RIOMET ORAL SOLUTION 500 MG/5 ML (metformin)	Tier 2	
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 2	ST: Requires prior prescriptions 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, or Victoza 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 prescriptions 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, or Victoza within the past 120 days; QL (15 ML per 28 days)

Drug	Status	Notes
Antihyperglycemic, Insulin-Rel Stim. & Biguanide Comb		
<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	
Antihyperglycemic, Insulin-Response & Release Comb.		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (pioglitazone-glimepiride)	Tier 2	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihyperglycemic-Glucocorticoid Receptor Blocker		
KORLYM ORAL TABLET 300 MG	Tier 4	PA
Antihyperglycemic-SglT2 Inhibitor & Biguanide Comb		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 3	ST: Requires prior prescription for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (2 EA per 1 day)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 3	ST: Requires prior prescription for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (2 EA per 1 day)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	Tier 3	ST: Requires prior prescription for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (2 EA per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
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)
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb		
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG (pioglitazone-metformin)	Tier 2	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i> (Actoplus MET)	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	Tier 3	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)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 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 (2 EA per 1 day)

Drug	Status	Notes
Blood Sugar Diagnostics		
ACCU-CHEK AVIVA PLUS TEST STRIP (blood sugar diagnostic) STRIP	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ACCU-CHEK GUIDE TEST STRIPS (blood sugar diagnostic) STRIP	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ACCU-TREND GLUCOSE TEST STRIPS (blood sugar diagnostic) STRIP	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ADVOCATE REDI-CODE STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ADVOCATE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
ASSURE 4 STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
BIONIME RIGHTEST TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
BREEZE 2 TEST STRIPS STRIP	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CARESENS N TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CARETOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CHOICEDM CLARUS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE MICRO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
CLEVER CHOICE PRO STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE TALK TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE VOICE+ TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CONTOUR NEXT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
CONTOUR TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
COOL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
DARIO BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
DIATRUE PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY GLUCO G2 STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
EASY PLUS II TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY STEP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY TALK GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY TOUCH BLU LINK TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY TOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
EASY TRAK GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY TRAK II TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASYGLUCO PLUS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASYGLUCO TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASYMAX 15 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
EASYMAX STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ELEMENT COMPACT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ELEMENT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EMBRACE EVO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
EMBRACE PRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EMBRACE TALK TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EVENCARE G2 STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EVENCARE G3 TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EVENCARE MINI GLUCOSE TEST STR STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
EVENCARE PROVIEW TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EVENCARE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EVOLUTION TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EZ SMART PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EZ SMART TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
FIFTY50 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA 6 CONNECT GLUCOSE STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA D15G STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA D20 STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA D40-G31 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
FORA G20 STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA G30-PREMIUM V10 TEST STRP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA GD50 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
FORA TN'G ADVAN PRO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA TN'G VOICE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA V10 STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA V12 GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
FORA V20 STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA V30A STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORACARE GD20 STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORTISCARE G1 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
FORTISCARE GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic)	Tier 2	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FREESTYLE TEST STRIP (blood sugar diagnostic)	Tier 2	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
GE100 BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GENSTRIP TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GENULTIMATE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCO NAVII TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
GLUCOCARD 01 SENSOR PLUS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
GLUCOCOM GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GM100 STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GOODLIFE AC-302 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
HARMONY GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
IGLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
INFINITY TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
INFINITY VOICE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
MYGLUCOHEALTH STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
NEUTEK 2TEK TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
ON CALL EXPRESS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ON CALL PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ON CALL VIVID TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
OPTIUM EZ STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
OPTIUM TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
OPTUMRX STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PHARMACIST CHOICE STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRECISION PCX PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
PRECISION PCX TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRECISION Q-I-D TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP (blood sugar diagnostic)	Tier 2	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PREMIER TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
PREMIUM V10 STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRO VOICE V8-V9 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRODIGY NO CODING STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
QUINTET AC STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
REFUAH PLUS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RELION CONFIRM-MICRO STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RELION PRIME TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RELION ULTIMA STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
REVEAL TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
RIGHTEST GS250S TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GS260 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GS550 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GS700 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GT333 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
RIGHTEST MAX TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
SMARTEST TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
SURE-TEST EASYPLUS MINI STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
TD GOLD TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
TELCARE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
TEST N'GO TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
TRUE METRIX GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
TRUE METRIX PRO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
TRUETEST TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
TRUETRACK TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ULTIMA TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ULTRATRAK STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ULTRATRAK ULTIMATE STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
UNISTRIP1 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
VERASENS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
VIVAGUARD INO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
WAVESENSE JAZZ STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
WAVESENSE PRESTO STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
Diabetic Supplies		
DEXCOM G4 RECEIVER	Tier 3	PA

Drug	Status	Notes
DEXCOM G4 RECEIVER PEDIATRIC	Tier 3	PA
DEXCOM G4 RECEIVER-SHARE (PED)	Tier 3	PA
DEXCOM G4 RECEIVER-SHARE KIT	Tier 3	PA
DEXCOM G4 TRANSMITTER DEVICE	Tier 3	PA
DEXCOM G5 RECEIVER	Tier 3	PA
DEXCOM G5 TRANSMITTER DEVICE	Tier 3	PA
DEXCOM G5-G4 SENSOR DEVICE	Tier 3	PA
DEXCOM G6 RECEIVER	Tier 2	PA
DEXCOM G6 SENSOR DEVICE	Tier 2	PA
DEXCOM G6 TRANSMITTER DEVICE	Tier 2	PA
DEXCOM RECEIVER	Tier 3	PA
ENLITE GLUCOSE SENSOR DEVICE	Tier 3	
EVERSENSE SMART TRANSMITTER DEVICE	Tier 3	PA
FREESTYLE LIBRE 14 DAY READER	Tier 3	PA
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 3	PA
FREESTYLE LIBRE 2 READER	Tier 3	PA
FREESTYLE LIBRE 2 SENSOR KIT	Tier 3	PA
FREESTYLE NAVIGATOR GLUC SENS DEVICE	Tier 3	
GUARDIAN CONNECT TRANSMITTER DEVICE	Tier 3	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE	Tier 3	
GUARDIAN SENSOR 3 DEVICE	Tier 3	PA
OMNIPOD DASH INSULIN 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	Tier 2	
ONETOUCH SURESOFT LANCING (lancets) DEV 21 GAUGE	Tier 2	
V-GO 20 DEVICE	Tier 2	
V-GO 30 DEVICE	Tier 2	
V-GO 40 DEVICE	Tier 2	
Diabetic Ulcer Preparations, Topical		
REGNANEX TOPICAL GEL 0.01 %	Tier 2	
Durable Medical Equipment, Misc (Group 1)		
UNISTIK NORMAL LANCETS 23 GAUGE	Tier 2	
Hyperglycemics		
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	

Drug	Status	Notes
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	Tier 3	QL (4 EA per 1 FILL)
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)
PROGLYCEM ORAL SUSPENSION 50 (diazoxide) MG/ML	Tier 3	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	Tier 2	QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	Tier 2	QL (2.4 ML per 1 FILL)
Insulins		
ADMELOG SOLOSTAR U-100 INSULIN (insulin lispro) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (30 ML per 28 days)

Drug	Status	Notes
ADMELOG U-100 INSULIN LISPRO (insulin lispro) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (40 ML per 28 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Tier 3	PA
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (30 ML per 28 days)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (40 ML per 28 days)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Tier 3	ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (30 ML per 28 days)

Drug	Status	Notes
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (40 ML per 28 days)
HUMALOG JUNIOR KWIKPEN U-100 (insulin lispro) SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN (insulin lispro) 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 (insulin lispro protamin- SUBCUTANEOUS INSULIN PEN 100 lispro) 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 (insulin lispro) 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 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
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)

Drug	Status	Notes
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 2	QL (24 ML per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i> (Novolog Mix 70- 30FlexPen U-100)	Tier 3	ST: Requires prior prescription for Humalog Mix 75-25 within the past 120 days; QL (30 ML per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70- 30)</i> (Novolog Mix 70-30 U-100 Insulin)	Tier 3	ST: Requires prior prescription for Humalog Mix 75-25 within the past 120 days; QL (40 ML per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i> (Novolog PenFill U-100 Insulin)	Tier 3	ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i> (Novolog Flexpen U-100 Insulin)	Tier 3	ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i> (Novolog U-100 Insulin aspart)	Tier 3	ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (40 ML per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	ST: Requires prior prescription for Basaglar Kwikpen U-100, Levemir Flextouch, Levemir, Tresiba Flextouch U-100, Tresiba Flextouch U-200, or Tresiba within the past 120 days; QL (30 ML per 28 days)

Drug	Status	Notes
LANTUS U-100 INSULIN (insulin glargine) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Basaglar Kwikpen U-100, Levemir Flextouch, Levemir, Tresiba Flextouch U-100, Tresiba Flextouch U-200, or Tresiba within the past 120 days; QL (40 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)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 3	ST: Requires prior prescription for Humulin 70-30 or Humulin 70/30 Kwikpen within the past 120 days; QL (40 ML per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 3	ST: Requires prior prescription for Humulin 70-30 or Humulin 70/30 Kwikpen within the past 120 days; QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Humulin N within the past 120 days; QL (40 ML per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	ST: Requires prior prescription for Humulin R within the past 120 days; QL (30 ML per 28 days)
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Humulin R within the past 120 days; QL (40 ML per 28 days)

Drug	Status	Notes
NOVOLOG FLEXPEN U-100 INSULIN (insulin aspart u-100) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (30 ML per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN (insulin asp prt-insulin SUBCUTANEOUS SOLUTION 100 aspart) UNIT/ML (70-30)	Tier 3	ST: Requires prior prescription for Humalog Mix 75-25 within the past 120 days; QL (40 ML per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 (insulin asp prt-insulin SUBCUTANEOUS INSULIN PEN 100 aspart) UNIT/ML (70-30)	Tier 3	ST: Requires prior prescription for Humalog Mix 75-25 within the past 120 days; QL (30 ML per 28 days)
NOVOLOG PENFILL U-100 INSULIN (insulin aspart u-100) SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (30 ML per 28 days)
NOVOLOG U-100 INSULIN ASPART (insulin aspart u-100) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (40 ML per 28 days)
SEMGLEE PEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	ST: Requires prior prescription for Basaglar Kwikpen U-100, Levemir Flextouch, Levemir, Tresiba Flextouch U-100, Tresiba Flextouch U-200, or Tresiba within the past 120 days; QL (30 ML per 28 days)
SEMGLEE U-100 INSULIN (insulin glargine) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Basaglar Kwikpen U-100, Levemir Flextouch, Levemir, Tresiba Flextouch U-100, Tresiba Flextouch U-200, or Tresiba within the past 120 days; QL (40 ML per 28 days)

Drug	Status	Notes
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	Tier 3	ST: Requires prior prescription for Basaglar Kwikpen U-100, Levemir Flextouch, Levemir, Tresiba Flextouch U-100, Tresiba Flextouch U-200, or Tresiba within the past 120 days; QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	Tier 3	ST: Requires prior prescription for Basaglar Kwikpen U-100, Levemir Flextouch, Levemir, Tresiba Flextouch U-100, Tresiba Flextouch U-200, or Tresiba within the past 120 days; QL (13.5 ML per 28 days)
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)
Ear - General Disorders		
Ear Preparations Anti-Inflammatory		
DERMOTIC OIL OTIC (EAR) DROPS (fluocinolone acetonide oil) 0.01 %	Tier 3	
FLAC OTIC OIL OTIC (EAR) DROPS (fluocinolone acetonide oil) 0.01 %	Tier 3	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	Tier 1	
Ear Preparations, Misc. Anti-Infectives		
<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	
Ear Preparations, Antibiotics		
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 % (ciprofloxacin hcl)	Tier 3	
<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	

Drug	Status	Notes
<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	
Otic Preparations,Anti-Inflammatory-Antibiotics		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	Tier 3	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	(ciprofloxacin-dexamethasone) Tier 2	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	(Ciprodex) Tier 1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	(ciprofloxacin-fluocinolone) Tier 3	
Electrolyte Regulation		
Arginine Vasopressin (Avp) Receptor Antagonists		
SAMSCA ORAL TABLET 15 MG	(tolvaptan) Tier 4	QL (30 EA per 365 days)
SAMSCA ORAL TABLET 30 MG	(tolvaptan) Tier 4	QL (60 EA per 365 days)
<i>tolvaptan oral tablet 15 mg</i>	(Samsca) Tier 4	QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	(Samsca) Tier 4	QL (60 EA per 365 days)
Electrolyte Depleters		
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	
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	(lanthanum) 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	
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	(sevelamer carbonate) Tier 2	
RENVELA ORAL TABLET 800 MG	(sevelamer carbonate) Tier 2	
<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	

Drug	Status	Notes
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1	
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
Potassium Replacement		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	(potassium bicarb-citric acid)	Tier 1
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	(potassium chloride)	Tier 2
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	(potassium chloride)	Tier 1
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	(potassium chloride)	Tier 1
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	(potassium chloride)	Tier 1
KLOR-CON ORAL PACKET 20 MEQ	(potassium chloride)	Tier 2
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	(potassium chloride)	Tier 2
<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
Sodium/Saline Preparations		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 1
BD PRE-FILLED NORMAL SALINE INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 1
BD PRE-FILLED SALINE BLUNT CAN INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 1
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 1
MONOJECT 0.9% SODIUM CHLORIDE INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 3

Drug		Status	Notes
MONOJECT PREFILL ADVANCED NS INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 3	
NORMAL SALINE FLUSH INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 1	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>		Tier 1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</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 0.9 % intravenous parenteral solution</i>		Tier 1	
<i>sodium chloride 0.9 % intravenous piggyback</i>		Tier 1	
<i>sodium chloride injection syringe 0.9 %</i>		Tier 1	
Endocrine Disorder - Fertility			
Drugs To Treat Impotency			
CIALIS ORAL TABLET 2.5 MG, 5 MG	(tadalafil)	Tier 3	PA; QL (1 EA per 1 day)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	(Cialis)	Tier 1	PA; QL (1 EA per 1 day)
Pregnancy Maintaining Agent,Hormonal			
<i>hydroxyprogest(pf)(preg presv) intramuscular oil 250 mg/ml (1 ml)</i>	(Makena)	Tier 4	PA
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	(Makena)	Tier 4	PA
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML		Tier 4	PA
MAKENA INTRAMUSCULAR OIL 250 MG/ML	(hydroxyprogesterone cap(ppres))	Tier 4	PA
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)	(hydroxyprogest(pf)(preg presv))	Tier 4	PA
Endocrine Disorder - Other			
Adrenal Steroid Inhibitors			
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG		Tier 4	PA
Adrenocorticotrophic Hormones			
ACTHAR INJECTION GEL 80 UNIT/ML		Tier 4	PA
Antidiuretic And Vasopressor Hormones			
DDAVP INJECTION SOLUTION 4 MCG/ML	(desmopressin)	Tier 3	
DDAVP NASAL SOLUTION 0.1 MG/ML (REFRIGERATE)		Tier 2	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	(desmopressin)	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	

Drug	Status	Notes
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)</i>	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)
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)
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 4	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 4	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 4	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 4	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 4	PA
<i>leuprolide subcutaneous solution 1 mg/0.2 ml</i>	Tier 4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	Tier 4	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	Tier 4	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	Tier 4	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	Tier 4	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	Tier 4	PA
VANTAS IMPLANT KIT 50 MG (50 MCG/DAY)	Tier 4	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	Tier 4	PA
Bone Formation Agents - Sclerostin Inhibitor, Mono		
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	Tier 4	PA
Bone Formation Stim. Agents - Parathyroid Hormone		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	Tier 4	PA; QL (2.4 ML per 28 days)

Drug	Status	Notes
<i>teriparatide subcutaneous pen injector</i> 20 mcg/dose (620mcg/2.48ml)	Tier 4	PA; QL (2.4 ML per 28 days)
Bone Formation Stimulating Agts - Pth Rel Peptides		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 4	PA
Bone Resorption Inhibitor & Vitamin D Combinations		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 2	
Bone Resorption Inhibitors		
ACTONEL ORAL TABLET 150 MG (risedronate)	Tier 3	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 30 days)
ACTONEL ORAL TABLET 35 MG (risedronate)	Tier 3	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)
<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	
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG (risedronate)	Tier 3	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	Tier 3	ST: At least 2 prior prescriptions for Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium within the past 365 days; QL (4 EA per 28 days)
BONIVA ORAL TABLET 150 MG (ibandronate)	Tier 2	
<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	
EVISTA ORAL TABLET 60 MG (raloxifene)	Tier 2	QL (1 EA per 1 day)
FOSAMAX ORAL TABLET 70 MG (alendronate)	Tier 2	
<i>ibandronate oral tablet 150 mg</i> (Boniva)	Tier 1	

Drug	Status	Notes
MIACALCIN INJECTION SOLUTION (calcitonin (salmon)) 200 UNIT/ML	Tier 3	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	Tier 4	PA
<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)
RECLAST INTRAVENOUS PIGGYBACK 5 MG/100 ML (zoledronic acid-mannitol-water)	Tier 4	
<i>risedronate oral tablet 150 mg</i> (Actonel)	Tier 1	ST: Requires prior prescriptions 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 prescriptions 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 prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	Tier 4	PA
<i>zoledronic acid intravenous recon soln 4 mg</i>	Tier 4	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	Tier 4	
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	Tier 4	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	Tier 4	
<i>zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml</i>	Tier 4	
Calcimimetic, Parathyroid Calcium Enhancer		
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	Tier 4	QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	Tier 4	QL (4 EA per 1 day)
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML	Tier 4	PA

Drug	Status	Notes
SENSIPAR ORAL TABLET 30 MG, 60 MG (cinacalcet)	Tier 4	QL (2 EA per 1 day)
SENSIPAR ORAL TABLET 90 MG (cinacalcet)	Tier 4	QL (4 EA per 1 day)
Growth Hormone Receptor Antagonists		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 4	
Growth Hormone Releasing Hormone (Ghrh) & Analogs		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 4	PA
Growth Hormones		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	Tier 4	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Tier 4	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	Tier 4	PA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	Tier 4	PA
NORDITROPIN FLEXPRO 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
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	Tier 4	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 4	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 4	PA
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	Tier 4	PA
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	Tier 4	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 4	PA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	Tier 4	PA

Drug	Status	Notes
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	Tier 4	PA
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	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)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (paricalcitol)	Tier 2	
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 4	PA
Leptin Hormone Analogs		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 4	QL (1 EA per 1 day)
Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb		
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
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	Tier 4	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	Tier 4	PA
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	Tier 4	PA
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents		
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 2	PA
Lhrh(Gnrh)Agnst Pit.Sup-Central Precocious Puberty		
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	Tier 4	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	Tier 4	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	Tier 4	PA

Drug	Status	Notes
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	Tier 4	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	Tier 4	PA
Parathyroid Hormones		
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	Tier 4	PA
Pituitary Suppressive Agents		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
TAPAZOLE ORAL TABLET 10 MG, 5 MG (methimazole)	Tier 2	
Insulin-Like Growth Factor Receptor (Igf-R) Inhib		
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	Tier 4	PA
Iodine Containing Agents		
SSKI ORAL SOLUTION 1 GRAM/ML	Tier 1	
STRONG IODINE ORAL SOLUTION 5 %	Tier 1	
Thyroid Hormones		
ARMOUR THYROID ORAL TABLET (thyroid (pork)) 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 2	
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	Tier 2	
CYTOMEL ORAL TABLET 25 MCG, 5 (liothyronine) MCG, 50 MCG	Tier 2	
EUTHYROX ORAL TABLET 100 MCG, (levothyroxine) 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 (levothyroxine) MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	
<i>levothyroxine oral capsule 100 mcg, 112 (Tirosint) mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	PA
<i>levothyroxine oral tablet 100 mcg, 112 (Euthyrox) mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	

Drug	Status	Notes
<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 (levothyroxine)	Tier 2	
<i>lithyronine 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 (thyroid (pork))	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 (levothyroxine)	Tier 2	
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 (levothyroxine)	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 (levothyroxine)	Tier 2	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 1	
Eye - General Disorders		
Eye Antibiotic, Glucocorticoid And Nsaid Comb.		
<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	

Drug	Status	Notes
<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	
Eye Antibiotic-Corticoid Combinations		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	(neomycin-polymyxin b-dexameth)	Tier 2
<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-POLYICIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	(neomycin-bacitracin-poly-hc)	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) DROPS,SUSPENSION 0.3-0.1 %	(tobramycin-dexamethasone)	Tier 2
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %		Tier 2
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %		Tier 3
<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

Drug	Status	Notes
Eye Antihistamines		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (12 ML per 30 days)
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i> (Bepreve)	Tier 1	ST: At least 2 prior prescriptions for Azelastine HCL, Epinastine HCL, or Olopatadine HCL within the past 120 days; QL (10 ML per 30 days)
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 % (bepotastine besilate)	Tier 3	ST: At least 2 prior prescriptions for Azelastine HCL, Epinastine HCL, or Olopatadine HCL within the past 120 days; QL (10 ML per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (10 ML per 30 days)
LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 %	Tier 3	ST: At least 2 prior prescriptions for Azelastine HCL, Epinastine HCL, or Olopatadine HCL within the past 120 days; QL (6 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rf)	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	Tier 1	QL (3 ML per 30 days)
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	Tier 3	QL (60 EA per 30 days)
Eye Antiinflammatory Agents		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 % (ketorolac)	Tier 2	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 % (ketorolac)	Tier 2	QL (20 ML per 30 days)
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 past 365 days; QL (60 EA per 15 days)
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	Tier 2	ST: At least 2 prior prescriptions for Azelastine HCL, Epinastine HCL, or Olopatadine HCL within 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)

Drug	Status	Notes
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	Tier 3	ST: At least 2 prior prescriptions for Diclofenac Sodium, Ilevro, Ketorolac Tromethamine, or Prolensa within the past 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)
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (10 ML per 14 days)
DUREZOL OPHTHALMIC (EYE) (difluprednate) DROPS 0.05 %	Tier 2	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	PA
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 LIQUIFILM OPHTHALMIC (EYE) (fluorometholone) DROPS,SUSPENSION 0.1 %	Tier 2	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)

Drug	Status	Notes
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) (loteprednol etabonate) DROPS,GEL 0.5 %	Tier 2	QL (10 GM per 14 days)
LOTEMAX OPHTHALMIC (EYE) (loteprednol etabonate) DROPS,SUSPENSION 0.5 %	Tier 2	QL (20 ML per 14 days)
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) (Lotemax) drops,gel 0.5 %</i>	Tier 1	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) (Lotemax) drops,suspension 0.5 %</i>	Tier 1	QL (20 ML per 14 days)
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 past 365 days; QL (9 ML per 16 days)
PRED FORTE OPHTHALMIC (EYE) (prednisolone acetate) DROPS,SUSPENSION 1 %	Tier 2	QL (20 ML per 14 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) (Pred Forte) drops,suspension 1 %</i>	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	

Drug	Status	Notes
<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)
Eye Antivirals		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 2	
Eye Local Anesthetics		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Tier 3	
ALCAINE OPHTHALMIC (EYE) DROPS (proparacaine) 0.5 %	Tier 1	
ALTACAIN OPHTHALMIC (EYE) (tetracaine hcl) DROPS 0.5 %	Tier 1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (fluorescein-benoxinate)	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	
<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	
Eye Sulfonamides		
BLEPH-10 OPHTHALMIC (EYE) (sulfacetamide sodium) 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	
Eye Vasoconstrictors (Rx Only)		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 3	
Ophthalmic Antibiotics		
AK-POLY-BAC OPHTHALMIC (EYE) (bacitracin-polymyxin b) OINTMENT 500-10,000 UNIT/GRAM	Tier 1	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	Tier 3	

Drug	Status	Notes
<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) DROPS 0.3 % (ciprofloxacin hcl)	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) (gentamicin)	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	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 % (moxifloxacin)	Tier 2	
<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-POLYICIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G (neomycin-bacitracin-polymyxin)	Tier 1	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 % (ofloxacin)	Tier 2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	Tier 1	
POLYICIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM (bacitracin-polymyxin b)	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> (Polytrim)	Tier 1	
POLYTRIM OPHTHALMIC (EYE) DROPS 10,000 UNIT- 1 MG/ML (polymyxin b sulf-trimethoprim)	Tier 2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i> (Tobrex)	Tier 1	
TOBEX OPHTHALMIC (EYE) DROPS 0.3 % (tobramycin)	Tier 2	

Drug	Status	Notes
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 % (moxifloxacin)	Tier 2	
ZYMAXID OPHTHALMIC (EYE) DROPS 0.5 % (gatifloxacin)	Tier 2	
Ophthalmic Antifungal Agents		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 3	
Ophthalmic Anti-Inflammatory Immunomodulator-Type		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Tier 3	ST: At least 2 prior prescriptions for Restasis Multidose, Restasis, or Xiidra within the past 365 days; QL (60 EA per 30 days)
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)
Ophthalmic Human Nerve Growth Factor (Hngf)		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 4	PA
Ophthalmic Mast Cell Stabilizers		
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)
Ophthalmic Preparations, Miscellaneous		
ACUICYN TOPICAL SPRAY, NON-AEROSOL 0.01 %	Tier 3	
AVENOVA TOPICAL SPRAY, NON-AEROSOL 0.01 %	Tier 3	
HYPOCYN TOPICAL SPRAY, NON-AEROSOL 0.01 %	Tier 3	

Drug	Status	Notes
Retinal Enzyme Replacement		
LUXTURNA SUBRETINAL SUSPENSION 1.5 X 10EXP11 VG/0.3 ML (FNL)	Tier 4	PA
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
<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	
Miotics/Other Intraoc. Pressure Reducers		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	
ALPHAGAN P OPHTHALMIC (EYE) (brimonidine) DROPS 0.15 %	Tier 2	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
AZOPT OPHTHALMIC (EYE) (brinzolamide) DROPS,SUSPENSION 1 %	Tier 1	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	Tier 3	
BETOPTIC S OPHTHALMIC (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 OPHTHALMIC (EYE) DROPS 0.2-0.5 %	Tier 2	
COSOPT (PF) OPHTHALMIC (EYE) (dorzolamide-timolol (pf)) DROPPERETTE 2-0.5 %	Tier 3	ST: Requires prior prescription for Dorzolamide HCL/Timolol Maleate within the past 120 days; QL (2 EA per 1 day)
COSOPT OPHTHALMIC (EYE) DROPS (dorzolamide-timolol) 22.3-6.8 MG/ML	Tier 2	
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i> (Trusopt)	Tier 1	

Drug	Status	Notes
<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 OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 3	
ISOPTO CARPINE OPHTHALMIC (EYE) DROPS 1 %, 2 %, 4 % (pilocarpine hcl)	Tier 2	
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 % (timolol maleate)	Tier 3	
<i>latanoprost (pf) ophthalmic (eye) drops 0.005 %</i>	Tier 1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	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 %</i> (Isopto Carpine)	Tier 1	
<i>pilocarpine hcl ophthalmic (eye) drops 4 %</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	

Drug	Status	Notes
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %</i> (Timoptic Ocudose (PF))	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 %</i> (Timoptic)	Tier 1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i> (Timoptic-XE)	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	
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)
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 % (timolol maleate (pf))	Tier 3	ST: Requires prior prescription for Timolol Maleate or Timoptic Ocudose within the past 120 days; QL (2 EA per 1 day)
TIMOPTIC OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 % (timolol maleate)	Tier 2	
TIMOPTIC-XE OPHTHALMIC (EYE) GEL FORMING SOLUTION 0.25 %, 0.5 % (timolol maleate)	Tier 2	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 % (travoprost)	Tier 2	QL (2.5 ML per 25 days)
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	Tier 1	QL (2.5 ML per 25 days)
TRUSOPT OPHTHALMIC (EYE) DROPS 2 % (dorzolamide)	Tier 2	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, Travoprost (benzalkonium), or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
XALATAN OPHTHALMIC (EYE) DROPS 0.005 % (latanoprost)	Tier 2	

Drug	Status	Notes
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, Travoprost (benzalkonium), 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, Travoprost (benzalkonium), or Travoprost within the past 365 days; QL (1 EA per 1 day)
Mydriatics		
<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	
CYCLOGYL OPHTHALMIC (EYE) (cyclopentolate) DROPS 0.5 %, 1 %, 2 %	Tier 2	
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 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) (homatropine hbr) DROPS 5 %	Tier 1	
ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS 1 % (atropine)	Tier 2	
MYDRIACYL OPHTHALMIC (EYE) (tropicamide) DROPS 1 %	Tier 3	
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	
Ophthalmic Antifibrotic Agents		
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 3	

Drug	Status	Notes
Eye - Miscellaneous		
Artificial Tears		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	Tier 3	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	Tier 3	
Eye Mydriatic And Nsaid Combinations		
MYDRIATIC4(TROP-PROP-PE-KTRLC) (tropic-propracaï-pe- OPHTHALMIC (EYE) DROPS 1-0.5-2.5- ketor-wat) 0.5 %	Tier 1	
<i>tropic-propracaï-pe-ketor-wat ophthalmic (eye) drops 1-0.5-2.5-0.5 %</i> (Mydriatic4(trop-prop-PE- ktrlc))	Tier 1	
Eye Preparations, Miscellaneous (Otc)		
GELFILM OPHTHALMIC (EYE) FILM	Tier 3	
Ocular Photoactivated Vessel- Occluding Agents		
VISUDYNE INTRAVENOUS RECON SOLN 15 MG	Tier 4	
Ophthalmic Cystine Depleting Agents		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 4	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 4	PA
Fluid Replacement		
Nucleic Acid/Nucleotide Supplements		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 4	PA
Gout And Related Diseases		
Colchicine		
<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)
COLCRYS ORAL TABLET 0.6 MG (colchicine)	Tier 2	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Tier 3	ST: Requires prior prescription for Colchicine capsules or tablets within the past 120 days; QL (10 ML per 1 day)
MITIGARE ORAL CAPSULE 0.6 MG (colchicine)	Tier 3	QL (2 EA per 1 day)
Hyperuricemia Tx - Purine Inhibitors		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	Tier 1	
<i>allopurinol oral tablet 300 mg</i>	Tier 1	
<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)
ULORIC ORAL TABLET 40 MG, 80 MG (febuxostat)	Tier 2	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)

Drug	Status	Notes
ZYLOPRIM ORAL TABLET 100 MG, 300 MG (allopurinol)	Tier 2	
Hyperuricemia Tx - Urate-Oxidase Enzyme-Type		
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	Tier 4	PA
Uricosuric Agents		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	
Uricosuric And Xanthine Oxidase Inhibitor Comb.		
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)
Hematological Disorders		
Agents To Tx Thrombotic Thrombocytopenic Purpura		
CABLIVI INJECTION KIT 11 MG	Tier 4	PA
CABLIVI INJECTION RECON SOLN 11 MG	Tier 4	PA
Anticoagulant Reversal Agent For Factor Xa Inhib.		
ANDEXXA INTRAVENOUS RECON SOLN 200 MG	Tier 4	
Anticoagulant Reversal Agents		
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	Tier 4	
Anticoagulants, Coumarin Type		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (warfarin)	Tier 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	
Antifibrinolytic Agents		
AMICAR ORAL SOLUTION 250 MG/ML (25 %) (aminocaproic acid)	Tier 3	
AMICAR ORAL TABLET 1,000 MG, 500 MG (aminocaproic acid)	Tier 3	
<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	
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG)	Tier 4	
LYSTEDA ORAL TABLET 650 MG (tranexamic acid)	Tier 3	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	Tier 1	

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

Drug	Status	Notes
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	Tier 4	
NUWIQ INTRAVENOUS RECON SOLN 1000 (+/-) UNIT, 2,000 (+/-) UNIT, 2,500 UNIT, 250 (+/-) UNIT, 3,000 UNIT, 4,000 UNIT, 500 (+/-) UNIT	Tier 4	
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 4	
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	Tier 4	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 4	
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
Antiporphyria Factors		
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG	Tier 4	
Blood Factors,Miscellaneous		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 4	
Citrates As Anticoagulants		
ACD-A SOLUTION , 2.45-2.2 GRAM-730 MG/100 ML	Tier 3	

Drug	Status	Notes
<i>anticoag citrate phos dextrose solution</i> 2.63-222 gram-mg/100ml	Tier 1	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L	Tier 3	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 1	
Complement (C3) Inhibitors		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 4	PA
Direct Factor Xa Inhibitors		
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)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Tier 3	ST: Requires prior prescriptions for Eliquis and Xarelto within the past 365 days; QL (30 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)
Drugs To Treat Acute Hepatic Porphyria (Ahp)		
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	Tier 4	PA
Erythroid Maturation Agents		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	Tier 4	PA
Factor Ix Complex (Pcc) Preparations		
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT)	Tier 4	
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
Factor Ix Preparations		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 4	

Drug	Status	Notes
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 4	
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 4	
MONONINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	Tier 4	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 4	
Factor X Preparations		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 4	
Factor Xiii Preparations		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 4	
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 4	
Hematinics, Other		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 4	PA
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
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
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

Drug	Status	Notes
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
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
Hemophilia Treatment Agents, Non-Factor Replacement		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	Tier 4	PA
Hemorrhologic Agents		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
Heparin And Related Preparations		
ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux) 10 MG/0.8 ML	Tier 4	QL (24 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux) 2.5 MG/0.5 ML	Tier 4	QL (15 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux) 5 MG/0.4 ML	Tier 4	QL (12 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux) 7.5 MG/0.6 ML	Tier 4	QL (18 ML per 30 days)
<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)

Drug	Status	Notes
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)
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	Tier 1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	Tier 1	
<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 flush(porcine)-0.9nacl intravenous kit 100 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 1	
HEPARIN LOCK FLUSH INTRAVENOUS SYRINGE 10 UNIT/ML	Tier 1	
HEPARIN LOCK INTRAVENOUS SOLUTION 100 UNIT/ML	(heparin lock flush (porcine)) Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	(heparin, porcine (pf)) 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) intravenous solution 100 unit/ml (1 ml)</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	(Heparin LockFlush(Porcine)(PF)) Tier 1	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 1	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	(enoxaparin) Tier 4	QL (30 ML per 30 days)

Drug	Status	Notes
LOVENOX SUBCUTANEOUS (enoxaparin) 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	Tier 4	
Human Monoclonal Antibody Complement(C5) Inhibitor		
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	Tier 4	PA
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	Tier 4	PA
Leukocyte (Wbc) Stimulants		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 4	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 4	PA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 4	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 4	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 4	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA
Plasma Proteins		
ATRYN INTRAVENOUS RECON SOLN 1,750 UNIT, 525 UNIT	Tier 4	
Platelet Aggregation Inhibitors		
ADULT ASPIRIN REGIMEN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	PREV	
ADULT LOW DOSE ASPIRIN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	PREV	

Drug	Status	Notes
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML	Tier 4	
AGGRASTAT IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML)	Tier 4	
ASPIRIN CHILDRENS ORAL (aspirin) TABLET,CHEWABLE 81 MG	PREV	
ASPIRIN LOW DOSE ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	PREV	
<i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)	PREV	
<i>aspirin oral tablet,delayed release (drlec) 81 mg</i> (Adult Aspirin Regimen)	PREV	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 1	
<i>aspirin-omeprazole oral tablet,ir,delayed rel,biphasic 325-40 mg, 81-40 mg</i> (Yosprala)	Tier 1	PA
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 2	QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL (aspirin) TABLET,CHEWABLE 81 MG	PREV	
<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	
DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR 162.5 MG	Tier 3	PA
EFFIENT ORAL TABLET 10 MG, 5 MG (prasugrel)	Tier 2	QL (1 EA per 1 day)
<i>eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml</i>	Tier 4	
LO-DOSE ASPIRIN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	PREV	
PLAVIX ORAL TABLET 75 MG (clopidogrel)	Tier 2	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	Tier 1	QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL (aspirin) TABLET,CHEWABLE 81 MG	PREV	
ST. JOSEPH ASPIRIN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	PREV	
YOSPRALA ORAL (aspirin-omeprazole) TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG	Tier 3	PA
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3	QL (1 EA per 1 day)
Platelet Reducing Agents		
AGRYLIN ORAL CAPSULE 0.5 MG (anagrelide)	Tier 4	

Drug	Status	Notes
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	Tier 1	
<i>anagrelide oral capsule 1 mg</i>	Tier 1	
Protein C Preparations		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	Tier 4	
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	Tier 4	
Sickle Cell Anemia Agents		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	Tier 4	PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	
ENDARI ORAL POWDER IN PACKET 5 GRAM	Tier 4	PA
OXBRYTA ORAL TABLET 500 MG	Tier 4	PA
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)
Spleen Tyrosine Kinase Inhibitors		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 4	PA
Thrombin Inhibitors, Sel., Direct, & Rev.- Hirudin Type		
ANGIOMAX INTRAVENOUS RECON (bivalirudin) SOLN 250 MG	Tier 4	
<i>bivalirudin intravenous recon soln 250 (Angiomax) mg</i>	Tier 4	
<i>bivalirudin intravenous solution 250 mg/50 ml (5 mg/ml)</i>	Tier 4	
<i>bivalirudin-0.9 % sodium chlor intravenous piggyback 250 mg/50 ml (5 mg/ml), 500 mg/100 ml (5 mg/ml)</i>	Tier 4	
Thrombin Inhibitors, Selective, Direct, & Reversible		
<i>argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml</i>	Tier 4	
<i>argatroban in nacl (iso-os) intravenous solution 50 mg/50 ml (1 mg/ml)</i>	Tier 4	
<i>argatroban intravenous solution 100 mg/ml</i>	Tier 4	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	Tier 3	ST: Requires prior prescriptions for Eliquis and Xarelto within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
Thrombopoietin Receptor Agonists		
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA
MULPLETA ORAL TABLET 3 MG	Tier 4	PA
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	Tier 4	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	Tier 4	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 4	PA
Topical Hemostatics		
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	
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 COMPRESSED SIZE 100 TOPICAL SPONGE 100 CM	Tier 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 3	
GELFOAM MUCOUS MEMBRANE POWDER	Tier 3	
GELFOAM SPONGE SIZE 100 TOPICAL SPONGE 100	Tier 3	
GELFOAM SPONGE SIZE 12-7MM TOPICAL SPONGE 12-7 MM	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Tier 3	
GELFOAM SPONGE SIZE 50 TOPICAL SPONGE 50	Tier 3	
GELFOAM TOPICAL SPONGE 4	Tier 3	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT	Tier 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 3	

Drug	Status	Notes
SURGIFOAM TOPICAL SPONGE 100 , 100 CM, 12-7 MM, 50	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	
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	
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	
Vitamin K Preparations		
MEPHYTON ORAL TABLET 5 MG (phytonadione (vitamin k1))	Tier 2	
<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	
<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 (phytonadione (vitamin k1))	Tier 1	
Hormonal Deficiency		
Androgenic Agents		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	Tier 3	PA
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %) (testosterone)	Tier 3	PA
ANDROGEL 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) (testosterone)	Tier 3	PA
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML (testosterone cypionate)	Tier 2	PA

Drug	Status	Notes
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM /ACTUATION (testosterone)	Tier 3	PA
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Tier 3	PA
METHITEST ORAL TABLET 10 MG (methyltestosterone)	Tier 3	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	Tier 3	PA
OXANDRIN ORAL TABLET 10 MG, 2.5 MG (oxandrolone)	Tier 3	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	Tier 1	PA
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)	Tier 3	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 /actuation</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/actuation (1.5 ml)</i>	Tier 1	PA
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)	Tier 3	PA
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %) (testosterone)	Tier 3	PA
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM) (testosterone)	Tier 3	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 3	PA
Estrogen & Progestin With Antimineralocorticoid Cb		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	

Drug	Status	Notes
Estrogen & Selective Estrogen Recept Mod(Serm)Comb		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	
Estrogen And Progestin Combinations		
BIJUVA ORAL CAPSULE 1-100 MG	Tier 3	
Estrogen/Androgen Combinations		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 1
COVARYX ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 1
EEMT HS ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 1
EEMT ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 1
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i>	(Covaryx H.S.)	Tier 1
<i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i>	(Covaryx)	Tier 1
Estrogenic Agents		
ACTIVELLA ORAL TABLET 1-0.5 MG	(estradiol-norethindrone acet)	Tier 3
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 2
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	(estradiol-norethindrone acet)	Tier 1
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR		Tier 3
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 2
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR		Tier 2
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	(estradiol)	Tier 1
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION		Tier 3
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	(estradiol)	Tier 2

Drug	Status	Notes
<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-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (Amabelz)	Tier 1	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	Tier 3	
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
FEMHRT LOW DOSE ORAL TABLET 0.5-2.5 MG-MCG (norethindrone ac-eth estradiol)	Tier 2	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG (norethindrone ac-eth estradiol)	Tier 1	
JINTELI ORAL TABLET 1-5 MG-MCG (norethindrone ac-eth estradiol)	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 (estradiol)	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 (estradiol-norethindrone acet)	Tier 1	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol)	Tier 2	QL (2 EA per 7 days)
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	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, 0.9 MG	Tier 2	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	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	

Drug	Status	Notes
VIVELLE-DOT TRANSDERMAL PATCH (estradiol) SEMIWEEKLY 0.0375 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)
Lhrh (Gnrh) Agonist Analog And Progestin Comb		
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG -5 MG (30)	Tier 4	PA
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90)	Tier 4	PA
Progestational Agents		
AYGESTIN ORAL TABLET 5 MG (norethindrone acetate)	Tier 2	
CRINONE VAGINAL GEL 4 %	Tier 3	
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	Tier 4	PA
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	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 100 mg, 200 mg</i> (Prometrium)	Tier 1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (progesterone micronized)	Tier 2	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (medroxyprogesterone)	Tier 2	
Immunization		
Antisera		
ASCENIV INTRAVENOUS SOLUTION 10 %	Tier 4	PA
BIVIGAM INTRAVENOUS SOLUTION 10 %	Tier 4	PA
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	Tier 4	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	Tier 4	PA
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	Tier 4	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	Tier 4	PA
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	Tier 4	PA
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	Tier 4	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 4	PA

Drug	Status	Notes
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	Tier 4	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 4	PA
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	Tier 4	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	Tier 4	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 4	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 4	PA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 4	PA
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	Tier 4	PA
PANZYGA INTRAVENOUS SOLUTION 10 %	Tier 4	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 %	Tier 4	PA
WINRHO SDF INJECTION SOLUTION 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML	Tier 4	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA

Drug	Status	Notes
Covid-19 Vaccines		
COMIRNATY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 30 MCG/0.3 ML	Tier 3	QL (0.3 ML per 17 days); Age (Min 12 Years)
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 0.5 ML	Tier 3	QL (0.5 ML per 365 days); Age (Min 18 Years)
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	Tier 3	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	Tier 3	QL (0.3 ML per 17 days); Age (Min 12 Years)
Enteric Virus Vaccines		
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	Tier 3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 3	
Gram Negative Cocci Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	PREV	QL (1 ML per 365 days); Age (Min 10 Years and Max 25 Years)
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	PREV	QL (0.5 ML per 365 days); Age (Min 11 Years and Max 23 Years)
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	PREV	QL (0.5 ML per 365 days); Age (Min 11 Years and Max 23 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	PREV	QL (1 EA per 365 days); Age (Min 11 Years and Max 23 Years)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	PREV	QL (1.5 ML per 365 days); Age (Min 10 Years and Max 25 Years)
Gram Positive Cocci Vaccines		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	Tier 3	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days); Age (Min 2 Years)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	Tier 3	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days); Age (Min 2 Years)
Influenza Virus Vaccines		
AFLURIA QD 2021-22(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	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	PREV	QL (0.25 ML per 180 days)

Drug	Status	Notes
AFLURIA QUAD 2021-2022(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PREV	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	PREV	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	PREV	QL (0.5 ML per 180 days)
FLUBLOK QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	PREV	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	PREV	QL (0.5 ML per 180 days)
FLUCELVAX QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PREV	QL (0.5 ML per 180 days)
FLULAVAL QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	QL (0.5 ML per 180 days)
FLUMIST QUAD 2021-2022 NASAL NASAL SPRAY SYRINGE 10EXP6.5- 7.5 FF UNIT/0.2 ML	PREV	QL (1 EA per 180 days)
FLUZONE HIGHDOSE QUAD 21-22 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	PREV	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	PREV	QL (0.5 ML per 180 days)
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	QL (0.5 ML per 180 days)
FLUZONE QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PREV	QL (0.5 ML per 180 days)
FLUZONE QUAD SOUTH HEM2021(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 2	
FLUZONE QUAD SOUTHERN HEM 2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 2	
Vaccine/Toxoid Preparations, Combinations		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF- (2.5-5-3-5 MCG)-5LF/0.5 ML	PREV	QL (0.5 ML per 365 days); Age (Min 18 Years)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5- 5-3-5 MCG)-5LF/0.5 ML	PREV	QL (0.5 ML per 365 days); Age (Min 18 Years)

Drug	Status	Notes
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG- LF/0.5ML	PREV	QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	PREV	QL (0.5 ML per 365 days); Age (Min 18 Years)
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	PREV	QL (2 EA per 365 days); Age (Min 18 Years)
TDVAX INTRAMUSCULAR (tetanus-diphtheria SUSPENSION 2-2 LF UNIT/0.5 ML toxoids-td)	PREV	QL (0.5 ML per 365 days); Age (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	PREV	QL (0.5 ML per 365 days); Age (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	PREV	QL (0.5 ML per 365 days); Age (Min 18 Years)
Viral/Tumorigenic Vaccines		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	PREV	QL (3 ML per 365 days); Age (Min 18 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	PREV	QL (3 ML per 365 days); Age (Min 18 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	Tier 3	\$0 COPAY IF AGE 9-26 YEARS; QL (1.5 ML per 365 days); Age (Min 9 Years and Max 44 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 3	\$0 COPAY IF AGE 9-26 YEARS; QL (1.5 ML per 365 days); Age (Min 9 Years and Max 44 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	PREV	QL (2 ML per 365 days); Age (Min 18 Years)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	PREV	QL (1 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	PREV	QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	PREV	QL (3 ML per 365 days); Age (Min 18 Years)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	PREV	QL (2 EA per 365 days); Age (Min 50 Years)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	PREV	QL (2 EA per 365 days); Age (Min 50 Years)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	PREV	QL (4 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	PREV	QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	PREV	QL (2 ML per 365 days); Age (Min 18 Years)

Drug	Status	Notes
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	PREV	QL (2 EA per 365 days); Age (Min 18 Years)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	PREV	QL (1 EA per 365 days); Age (Min 60 Years)
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 4	PA
ALDARA TOPICAL CREAM IN PACKET 5 % (imiquimod)	Tier 2	QL (24 EA per 30 days)
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 4	
<i>imiquimod topical cream in metered-dose pump 3.75 %</i> (Zyclara)	Tier 1	PA
<i>imiquimod topical cream in packet 3.75 %</i> (Zyclara)	Tier 1	PA
<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
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	Tier 4	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	Tier 3	PA
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 3.75 % (imiquimod)	Tier 3	PA
ZYCLARA TOPICAL CREAM IN PACKET 3.75 % (imiquimod)	Tier 3	PA
Immunosupp - Monoclonal Ab Inhibiting T Lymph Fxn		
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	Tier 4	
Immunosuppressant-Interferon Gamma Inhibitor, Mab		
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	Tier 4	PA
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 4	PA
Immunosuppressives		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Tier 4	
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	Tier 4	
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	Tier 3	
<i>azathioprine oral tablet 50 mg</i> (Imuran)	Tier 1	

Drug	Status	Notes
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG (mycophenolate mofetil (hcl))	Tier 4	
CELLCEPT ORAL CAPSULE 250 MG (mycophenolate mofetil)	Tier 2	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML (mycophenolate mofetil)	Tier 2	
CELLCEPT ORAL TABLET 500 MG (mycophenolate mofetil)	Tier 2	
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	Tier 4	
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	Tier 4	
<i>cyclosporine modified oral capsule 50 mg</i>	Tier 4	
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	Tier 4	
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	Tier 4	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 4	
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i> (Zortress)	Tier 4	
GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Tier 4	
GENGRAF ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Tier 4	
IMURAN ORAL TABLET 50 MG (azathioprine)	Tier 2	
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 4	PA
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)	Tier 4	
<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 (mycophenolate sodium)	Tier 4	
NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Tier 4	
NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Tier 4	
NULOJIX INTRAVENOUS RECON SOLN 250 MG	Tier 4	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	Tier 4	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 4	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Tier 4	

Drug	Status	Notes
RAPAMUNE ORAL SOLUTION 1 MG/ML (sirolimus)	Tier 4	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (sirolimus)	Tier 4	
SANDIMMUNE INTRAVENOUS SOLUTION 250 MG/5 ML (cyclosporine)	Tier 4	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)	Tier 4	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	Tier 4	
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	Tier 4	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	Tier 4	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	Tier 4	
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	Tier 4	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (everolimus (immunosuppressive))	Tier 4	
Rho Kinase Inhibitor		
REZUROCK ORAL TABLET 200 MG	Tier 4	PA
Infectious Disease - Bacterial		
Absorbable Sulfonamides		
BACTRIM DS ORAL TABLET 800-160 MG (sulfamethoxazole-trimethoprim)	Tier 2	
BACTRIM ORAL TABLET 400-80 MG (sulfamethoxazole-trimethoprim)	Tier 2	
<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 (sulfamethoxazole-trimethoprim)	Tier 1	
Betalactams		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 4	PA
Cephalosporins - 1St Generation		
<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, 750 mg</i>	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	
KEFLEX ORAL CAPSULE 750 MG (cephalexin)	Tier 3	

Drug	Status	Notes
Cephalosporins - 2Nd Generation		
<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	
Cephalosporins - 3Rd Generation		
<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	
SPECTRACEF ORAL TABLET 400 MG (cefditoren pivoxil)	Tier 3	
SUPRAX ORAL CAPSULE 400 MG (cefixime)	Tier 2	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML (cefixime)	Tier 2	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	Tier 2	
Chemotherapeutics, Antibacterial, Misc.		
<i>fosfomycin tromethamine oral packet 3 gram</i> (Monurol)	Tier 1	
HIPREX ORAL TABLET 1 GRAM (methenamine hippurate)	Tier 3	
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	
MONUROL ORAL PACKET 3 GRAM (fosfomycin tromethamine)	Tier 3	
PHOSPHASAL ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	

Drug	Status	Notes
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 2	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
URELLE ORAL TABLET 81-10.8-40.8 MG	Tier 3	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
URIBEL ORAL CAPSULE 118-10-40.8-36 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	(methen-sod phos-meth blue-hyos)	Tier 1
URO-MP ORAL CAPSULE 118-10-40.8-36 MG	Tier 1	
URYL ORAL TABLET 81.6-40.8-0.12 MG	(methen-sod phos-meth blue-hyos)	Tier 3
USTELL ORAL CAPSULE 120-0.12 MG	Tier 1	
UTIRA-C ORAL TABLET 81.6-10.8-40.8 MG	Tier 3	
Macrolides		
<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
<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 (5 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	(erythromycin ethylsuccinate)	Tier 1
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	(erythromycin ethylsuccinate)	Tier 2
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	(erythromycin ethylsuccinate)	Tier 2

Drug	Status	Notes
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML (erythromycin ethylsuccinate)	Tier 2	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG (erythromycin)	Tier 1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG (erythromycin)	Tier 2	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (erythromycin stearate)	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 (dr/ec) 250 mg</i>	Tier 1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i> (Ery-Tab)	Tier 1	
ZITHROMAX ORAL PACKET 1 GRAM (azithromycin)	Tier 2	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML (azithromycin)	Tier 2	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (azithromycin)	Tier 2	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (azithromycin)	Tier 2	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (azithromycin)	Tier 2	
Nitrofurantoin Derivatives		
FURADANTIN ORAL SUSPENSION 25 MG/5 ML (nitrofurantoin)	Tier 2	
MACROBID ORAL CAPSULE 100 MG (nitrofurantoin monohyd/m-cryst)	Tier 2	
MACRODANTIN ORAL CAPSULE 100 MG, 50 MG (nitrofurantoin macrocrystal)	Tier 2	
MACRODANTIN ORAL CAPSULE 25 MG (nitrofurantoin macrocrystal)	Tier 2	QL (4 EA per 1 day)
<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 monohyd/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
Oxazolidinones		
linezolid oral suspension for reconstitution 100 mg/5 ml (Zyvox)	Tier 1	
linezolid oral tablet 600 mg (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)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (linezolid)	Tier 2	
ZYVOX ORAL TABLET 600 MG (linezolid)	Tier 2	
Penicillins		
amoxicillin oral capsule 250 mg, 500 mg	Tier 1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	Tier 1	
amoxicillin oral tablet 500 mg, 875 mg	Tier 1	
amoxicillin oral tablet, chewable 125 mg, 250 mg	Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml	Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml (Augmentin)	Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml (Augmentin ES-600)	Tier 1	
amoxicillin-pot clavulanate oral tablet 250-125 mg	Tier 1	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg (Augmentin)	Tier 1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg (Augmentin XR)	Tier 1	
amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg	Tier 1	
ampicillin oral capsule 250 mg, 500 mg	Tier 1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML (amoxicillin-pot clavulanate)	Tier 2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	Tier 3	ST: Requires prior prescription for Amoxicillin/potassium Clav within the past 120 days; QL (150 ML per 30 days)
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML (amoxicillin-pot clavulanate)	Tier 2	

Drug	Status	Notes
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG (amoxicillin-pot clavulanate)	Tier 2	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG (amoxicillin-pot clavulanate)	Tier 2	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (amoxicillin)	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	
Pleuromutilin Derivatives		
XENLETA ORAL TABLET 600 MG	Tier 3	PA
Quinolones		
BAXDELA ORAL TABLET 450 MG	Tier 3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (ciprofloxacin)	Tier 2	
CIPRO ORAL TABLET 250 MG, 500 MG (ciprofloxacin hcl)	Tier 2	
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>moxifloxacin-sod.ace,sul-water intravenous piggyback 400 mg/250 ml</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
Tetracyclines		
ACTICLATE ORAL TABLET 150 MG (doxycycline hyclate)	Tier 3	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
ACTICLATE ORAL TABLET 75 MG (doxycycline hyclate)	Tier 3	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
AVIDOXY DK KIT 100 MG-2 % -SPF 30	Tier 3	ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days)
AVIDOXY ORAL TABLET 100 MG (doxycycline monohydrate)	Tier 3	QL (2 EA per 1 day)
BENZODOX 30 KIT, CLEANSER ER AND TABLET 100-4.4 MG-%	Tier 3	ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days)
BENZODOX 60 KIT, CLEANSER ER AND TABLET 100-4.4 MG-%	Tier 3	ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days)
COREMINO ORAL TABLET EXTENDED RELEASE 24 HR 135 MG, 45 MG, 90 MG (minocycline)	Tier 1	ST: Requires prior prescription for generic immediate-release Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1	
DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC) 120 MG	Tier 3	ST: Requires prior prescription for Doxycycline Monohydrate or Hyclate 100mg tablets or capsules within the past 120 days; QL (2 EA per 1 day)
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG (doxycycline hyclate)	Tier 3	ST: Requires prior prescription for Doxycycline Monohydrate or Hyclate 100mg tablets or capsules within the past 120 days; QL (1 EA per 1 day)
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 50 MG (doxycycline hyclate)	Tier 3	ST: Requires prior prescription for Doxycycline Hyclate 50mg tablets or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
<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> (LymePak)	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 or tablets 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 hyclate oral tablet, delayed release (dr/ec) 100 mg</i>	Tier 1	ST: Requires prior prescription for Doxycycline Monohydrate or Hyclate 100mg tablets or capsules within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 150 mg</i>	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, delayed release (dr/ec) 200 mg</i> (Doryx)	Tier 1	ST: Requires prior prescription for Doxycycline Monohydrate or Hyclate 100mg tablets or capsules within the past 120 days; QL (1 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 50 mg</i> (Doryx)	Tier 1	ST: Requires prior prescription for Doxycycline Hyclate 50mg tablets or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
<i>doxycycline hyclate oral tablet, delayed release (drlec) 75 mg</i>	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 hyclate oral tablet, delayed release (drlec) 80 mg</i> (Doryx)	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)
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)	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, ir - delay rel, biphasic 40 mg</i> (Oracea)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 50mg capsules within the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
<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 capsule, extended release 24hr 135 mg, 45 mg, 90 mg</i> (Ximino)	Tier 1	ST: Requires prior prescription for generic immediate-release Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	

Drug	Status	Notes
<i>minocycline oral tablet extended release</i> (Solodyn) 24 hr 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	Tier 1	ST: Requires prior prescription for generic immediate-release Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>minocycline oral tablet extended release</i> (CoreMino) 24 hr 135 mg, 45 mg, 90 mg	Tier 1	ST: Requires prior prescription for generic immediate-release Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
MINOLIRA ER ORAL TABLET, IR - ER, BIPHASIC 24HR 105 MG, 135 MG	Tier 3	ST: Requires prior prescription for generic immediate-release Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
MONDOXYNE NL ORAL CAPSULE 100 MG (doxycycline monohydrate)	Tier 1	QL (2 EA per 1 day)
MONDOXYNE NL ORAL CAPSULE 75 MG (doxycycline monohydrate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
MONODOX ORAL CAPSULE 100 MG, 50 MG (doxycycline monohydrate)	Tier 3	QL (2 EA per 1 day)
MONODOX ORAL CAPSULE 75 MG (doxycycline monohydrate)	Tier 3	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
MORGIDOX 1X 50 KIT 50 MG	Tier 3	ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days)
MORGIDOX 1X100 KIT 100 MG	Tier 3	ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days)
MORGIDOX 2X100 KIT 100 MG	Tier 3	ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days)

Drug	Status	Notes
MORGIDOX ORAL CAPSULE 100 MG, 50 MG (doxycycline hyclate)	Tier 2	QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG	Tier 3	PA
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG (doxycycline monohydrate)	Tier 3	ST: Requires prior prescription for generic Doxycycline Monohydrate 50mg capsules within the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	Tier 3	ST: Requires prior prescription for Doxycycline Hyclate, Doxycycline Monohydrate, Minocycline HCL, or Vibramycin within the past 120 days; QL (1 EA per 1 day); Age (Min 9 Years)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (minocycline)	Tier 3	ST: Requires prior prescription for generic immediate-release Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
TARGADOX ORAL TABLET 50 MG (doxycycline hyclate)	Tier 3	ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	
VIBRAMYCIN ORAL CAPSULE 100 MG (doxycycline hyclate)	Tier 2	QL (2 EA per 1 day)
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION 25 MG/5 ML (doxycycline monohydrate)	Tier 2	
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML	Tier 2	
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG (minocycline)	Tier 3	ST: Requires prior prescription for generic immediate-release Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
Infectious Disease - Fungal		
Antifungal Agents		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (flucytosine)	Tier 3	
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
CRESEMBA ORAL CAPSULE 186 MG	Tier 3	PA

Drug	Status	Notes
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML, 40 MG/ML (fluconazole)	Tier 2	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (fluconazole)	Tier 2	
<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) (posaconazole)	Tier 3	PA
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG (posaconazole)	Tier 3	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 3	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	Tier 1	PA
SPORANOX ORAL CAPSULE 100 MG (itraconazole)	Tier 2	
SPORANOX ORAL SOLUTION 10 MG/ML (itraconazole)	Tier 2	
SPORANOX PULSEPAK ORAL CAPSULE 100 MG (itraconazole)	Tier 2	
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	Tier 3	PA
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML) (voriconazole)	Tier 2	
VFEND ORAL TABLET 200 MG, 50 MG (voriconazole)	Tier 2	
<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	
Antifungal Antibiotics		
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	
Infectious Disease - Miscellaneous		
Aminoglycosides		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 4	PA

Drug	Status	Notes
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML (tobramycin)	Tier 4	PA
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (tobramycin with nebulizer)	Tier 4	PA
<i>neomycin oral tablet 500 mg</i>	Tier 1	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (tobramycin in 0.225 % nacl)	Tier 4	PA
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 4	PA
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	Tier 4	PA
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	Tier 4	PA
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak)	Tier 4	PA
Antibacterial Agents, Miscellaneous		
GLYCINE UROLOGIC IRRIGATION SOLUTION 1.5 % (glycine urologic solution)	Tier 3	
<i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)	Tier 1	
Antileptotics		
<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; QL (2 EA per 1 day)
Anti-Mycobacterium Agents		
<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	
MYAMBUTOL ORAL TABLET 400 MG (ethambutol)	Tier 2	
MYCIBUTIN ORAL CAPSULE 150 MG (rifabutin)	Tier 3	
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	
Antitubercular Antibiotics		
<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
Lincosamides		
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG (clindamycin hcl)	Tier 3	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)	Tier 2	

Drug	Status	Notes
<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 (clindamycin palmitate hcl)	Tier 1	
Rifamycins And Related Derivative Antibiotics		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	Tier 3	ST: Requires prior prescription for Azithromycin, Cipro, Cipro XR, 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
Vancomycin And Derivatives		
FIRVANQ ORAL RECON SOLN 25 MG/ML	Tier 2	QL (300 ML per 1 FILL)
FIRVANQ ORAL RECON SOLN 50 MG/ML (vancomycin)	Tier 2	QL (600 ML per 1 FILL)
VANCOCIN ORAL CAPSULE 125 MG (vancomycin)	Tier 2	QL (56 EA per 1 FILL)
VANCOCIN ORAL CAPSULE 250 MG (vancomycin)	Tier 2	QL (112 EA 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)
Infectious Disease - Parasitic		
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial		
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	
Amebicides		
<i>paromomycin oral capsule 250 mg</i> (Humatin)	Tier 1	
Anaerobic Antiprotozoal-Antibacterial Agents		
FLAGYL ORAL CAPSULE 375 MG (metronidazole)	Tier 2	
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	

Drug	Status	Notes
Anthelmintics		
<i>albendazole oral tablet 200 mg</i> (Albenza)	Tier 1	
ALBENZA ORAL TABLET 200 MG (albendazole)	Tier 2	
BILTRICIDE ORAL TABLET 600 MG (praziquantel)	Tier 2	
EGATEN ORAL TABLET 250 MG	Tier 3	
EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)	Tier 3	PA
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	Tier 1	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	Tier 1	
STROMECTOL ORAL TABLET 3 MG (ivermectin)	Tier 3	
Antimalarial Drugs		
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	
DARAPRIM ORAL TABLET 25 MG (pyrimethamine)	Tier 4	PA
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	Tier 1	QL (100 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG	Tier 2	QL (2 EA per 1 FILL)
MALARONE ORAL TABLET 250-100 MG (atovaquone-proguanil)	Tier 3	
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG (atovaquone-proguanil)	Tier 3	
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
PLAQUENIL ORAL TABLET 200 MG (hydroxychloroquine)	Tier 2	QL (100 EA per 30 days)
<i>primaquine oral tablet 26.3 mg</i>	Tier 2	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	Tier 4	PA
QUALAQUIN ORAL CAPSULE 324 MG (quinine sulfate)	Tier 2	
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	Tier 1	
Antiparasitics		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 3	QL (50 ML per 1 day)
ALINIA ORAL TABLET 500 MG (nitazoxanide)	Tier 3	QL (2 EA per 1 day)
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	Tier 1	QL (2 EA per 1 day)
Antiprotozoal Drugs,Miscellaneous		
<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 3	PA
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 3	
MEPRON ORAL SUSPENSION 750 MG/5 ML (atovaquone)	Tier 3	

Drug	Status	Notes
NEBUPENT INHALATION RECON SOLN 300 MG (pentamidine)	Tier 2	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	Tier 1	
Infectious Disease - Viral		
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
JULUCA ORAL TABLET 50-25 MG	Tier 2	QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
DOVATO ORAL TABLET 50-300 MG	Tier 2	QL (1 EA per 1 day)
Antiretroviral-Nucleoside,Nucleotide,Protease Inh.		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 2	QL (1 EA per 1 day)
Antiviral Monoclonal Antibodies		
<i>bamlanivimab intravenous solution 700 mg/20 ml (35 mg/ml)</i>	Tier 4	QL (20 ML per 1 FILL); Age (Min 12 Years)
<i>casirivimab (regn10933) intravenous solution 120 mg/ml</i>	Tier 4	QL (11.1 ML per 1 FILL); Age (Min 12 Years)
<i>etesevimab intravenous solution 700 mg/20 ml (35 mg/ml)</i>	Tier 4	QL (40 ML per 1 FILL); Age (Min 12 Years)
<i>imdevimab (regn10987) intravenous solution 120 mg/ml</i>	Tier 4	QL (11.1 ML per 1 FILL); Age (Min 12 Years)
REGEN-COV (EUA) INTRAVENOUS SOLUTION 120 MG/ML- 120 MG/ML (casirivimab-imdevimab)	Tier 4	QL (22.2 ML per 1 FILL); Age (Min 12 Years)
REGEN-COV (EUA) INTRAVENOUS SOLUTION 60 MG-60 MG/ ML	Tier 4	QL (10 ML per 1 FILL); Age (Min 12 Years)
<i>sotrovimab intravenous solution 500 mg/8 ml (62.5 mg/ml)</i>	Tier 4	QL (8 ML per 1 FILL); Age (Min 12 Years)
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA
Antiviral Nucleotide Analogs		
<i>remdesivir intravenous recon soln 100 mg</i> (Veklury)	Tier 4	QL (11 EA per 10 days)
<i>remdesivir intravenous solution 100 mg/20 ml (5 mg/ml)</i>	Tier 4	QL (220 ML per 10 days)
VEKLURY INTRAVENOUS RECON SOLN 100 MG (remdesivir)	Tier 4	QL (11 EA per 10 days)
Antivirals, General		
<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	
ACYCLOVIX KIT,GEL AND CAPSULE 200 MG- 10 %	Tier 3	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
FLUMADINE ORAL TABLET 100 MG (rimantadine)	Tier 3	
<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)

Drug	Status	Notes
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	Tier 1	QL (360 ML per 180 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	Tier 3	PA
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	
SITAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 3	ST: Requires prior prescription for generic Acyclovir (tablets, capsules, suspension), Famciclovir (tablets), or Valacyclovir (tablets) within the past 120 days; QL (4 EA per 365 days)
TAMIFLU ORAL CAPSULE 30 MG (oseltamivir)	Tier 2	QL (40 EA per 180 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (oseltamivir)	Tier 2	QL (20 EA per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML (oseltamivir)	Tier 2	QL (360 ML per 180 days)
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG	Tier 3	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	Tier 1	
VALCYTE ORAL RECON SOLN 50 MG/ML (valganciclovir)	Tier 3	
VALCYTE ORAL TABLET 450 MG (valganciclovir)	Tier 3	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	Tier 1	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	Tier 1	
VALTREX ORAL TABLET 1 GRAM, 500 MG (valacyclovir)	Tier 2	
VIRAZOLE INHALATION RECON SOLN 6 GRAM (ribavirin)	Tier 2	
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)
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML (acyclovir)	Tier 2	
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib		
APTIVUS ORAL CAPSULE 250 MG	Tier 2	QL (4 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 2	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 2	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 600 MG	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
PREZISTA ORAL TABLET 75 MG	Tier 2	QL (16 EA per 1 day)
PREZISTA ORAL TABLET 800 MG	Tier 2	QL (1 EA per 1 day)
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog		
CIMDUO ORAL TABLET 300-300 MG	Tier 2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	Tier 2	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	Tier 1	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	Tier 1	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
TEMIXYS ORAL TABLET 300-300 MG	Tier 2	QL (1 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (emtricitabine-tenofovir (tdf))	Tier 2	QL (1 EA per 1 day)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb		
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	Tier 1	QL (1 EA per 1 day)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	Tier 1	QL (2 EA per 1 day)
EPZICOM ORAL TABLET 600-300 MG (abacavir-lamivudine)	Tier 2	QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	Tier 1	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.		
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 2	QL (31 ML per 1 day)
SELZENTRY ORAL TABLET 150 MG, 75 MG	Tier 2	QL (2 EA per 1 day)
SELZENTRY ORAL TABLET 25 MG, 300 MG	Tier 2	QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 2	PA
Antivirals, Hiv-Specific, Fusion Inhibitors		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 2	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
EDURANT ORAL TABLET 25 MG	Tier 2	QL (1 EA per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i> (Sustiva)	Tier 1	
<i>efavirenz oral tablet 600 mg</i> (Sustiva)	Tier 1	
<i>etravirine oral tablet 100 mg</i> (Intelence)	Tier 1	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i> (Intelence)	Tier 1	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 100 MG (etravirine)	Tier 2	QL (4 EA per 1 day)
INTELENCE ORAL TABLET 200 MG (etravirine)	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
INTELENCE ORAL TABLET 25 MG	Tier 2	QL (4 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i> (Viramune XR)	Tier 1	QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG	Tier 2	QL (2 EA per 1 day)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG (efavirenz)	Tier 2	
SUSTIVA ORAL TABLET 600 MG (efavirenz)	Tier 2	
VIRAMUNE ORAL SUSPENSION 50 MG/5 ML (nevirapine)	Tier 2	QL (1200 ML per 30 days)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG (nevirapine)	Tier 2	QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	Tier 1	QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i> (Ziagen)	Tier 1	QL (2 EA per 1 day)
<i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	Tier 1	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE 200 MG (emtricitabine)	Tier 2	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 2	QL (850 ML per 30 days)
EPIVIR ORAL SOLUTION 10 MG/ML (lamivudine)	Tier 2	QL (960 ML per 30 days)
EPIVIR ORAL TABLET 150 MG (lamivudine)	Tier 2	QL (2 EA per 1 day)
EPIVIR ORAL TABLET 300 MG (lamivudine)	Tier 2	QL (1 EA per 1 day)
<i>lamivudine oral solution 10 mg/ml</i> (EpiVir)	Tier 1	QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i> (EpiVir)	Tier 1	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i> (EpiVir)	Tier 1	QL (1 EA per 1 day)
RETROVIR ORAL CAPSULE 100 MG (zidovudine)	Tier 2	QL (6 EA per 1 day)
RETROVIR ORAL SYRUP 10 MG/ML (zidovudine)	Tier 2	QL (1920 ML per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
ZIAGEN ORAL SOLUTION 20 MG/ML (abacavir)	Tier 2	QL (960 ML per 30 days)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	Tier 1	QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	Tier 1	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleotide Analog, Rti		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	Tier 1	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 2	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2	QL (1 EA per 1 day)
VIREAD ORAL TABLET 300 MG (tenofovir disoproxil fumarate)	Tier 2	QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitor Comb		
KALETRA ORAL SOLUTION 400-100 MG/5 ML (lopinavir-ritonavir)	Tier 2	QL (480 ML per 30 days)
KALETRA ORAL TABLET 100-25 MG (lopinavir-ritonavir)	Tier 2	QL (10 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG (lopinavir-ritonavir)	Tier 2	QL (4 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	Tier 1	QL (480 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	Tier 1	QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	Tier 1	QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitors		
<i>atazanavir oral capsule 150 mg, 200 mg</i> (Reyataz)	Tier 1	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	Tier 1	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	Tier 2	QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	Tier 1	QL (4 EA per 1 day)
INVIRASE ORAL TABLET 500 MG	Tier 2	QL (4 EA per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 2	QL (1800 ML per 30 days)
LEXIVA ORAL TABLET 700 MG (fosamprenavir)	Tier 2	QL (4 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 2	QL (12 EA per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML	Tier 2	QL (480 ML per 30 days)
NORVIR ORAL TABLET 100 MG (ritonavir)	Tier 2	QL (12 EA per 1 day)
REYATAZ ORAL CAPSULE 150 MG, 200 MG (atazanavir)	Tier 2	QL (2 EA per 1 day)
REYATAZ ORAL CAPSULE 300 MG (atazanavir)	Tier 2	QL (1 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 2	QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i> (Norvir)	Tier 1	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 2	
Antivirals, Hiv-1 Integrase Strand Transfer Inhibtr		
ISENTRESS HD ORAL TABLET 600 MG	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	Tier 2	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 2	QL (6 EA per 1 day)
VOCABRIA ORAL TABLET 30 MG	Tier 2	QL (1 EA per 1 day); Age (Min 18 Years)
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti		
ATRIPLA ORAL TABLET 600-200-300 MG (efavirenz-emtricitabin-tenofof)	Tier 2	QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG	Tier 2	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 2	QL (1 EA per 1 day)
<i>efavirenz-emtricitabin-tenofof oral tablet 600-200-300 mg</i> (Atripla)	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofof disop oral tablet 400-300-300 mg</i> (Symfi Lo)	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofof disop oral tablet 600-300-300 mg</i> (Symfi)	Tier 1	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	QL (1 EA per 1 day)
SYMFI LO ORAL TABLET 400-300-300 MG (efavirenz-lamivu-tenofof disop)	Tier 2	QL (1 EA per 1 day)
SYMFI ORAL TABLET 600-300-300 MG (efavirenz-lamivu-tenofof disop)	Tier 2	QL (1 EA per 1 day)
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor		
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 2	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 2	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 2	QL (1 EA per 1 day)
Arv Comb-Nrtis & Integrase Inhibitor		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	QL (1 EA per 1 day)
Cytochrome P450 Inhibitors		
TYBOST ORAL TABLET 150 MG	Tier 2	QL (1 EA per 1 day)
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 4	PA
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.		
EPCLUSA ORAL TABLET 200-50 MG	Tier 4	PA
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	Tier 4	PA
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 4	PA
HARVONI ORAL TABLET 45-200 MG	Tier 4	PA
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	Tier 4	PA

Drug	Status	Notes
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Tier 4	PA
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 4	PA
Hepatitis B Treatment Agents		
<i>adefovir oral tablet 10 mg</i> (Hepsera)	Tier 4	QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 4	QL (630 ML per 30 days)
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (entecavir)	Tier 4	QL (1 EA per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	Tier 4	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)
EPIVIR HBV ORAL TABLET 100 MG (lamivudine)	Tier 2	QL (1 EA per 1 day)
HEPSERA ORAL TABLET 10 MG (adefovir)	Tier 4	QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i> (EpiVir HBV)	Tier 1	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	Tier 4	ST: Requires prior prescription for Tenofovir Disoproxil Fumarate within the past 120 days; QL (1 EA per 1 day)
Hepatitis C Treatment Agents		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 4	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 4	PA
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
Hepatitis C Virus - Ns5a, Ns3/4A, Ns5b Inhib Cmb.		
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	Tier 4	PA
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb		
MAVYRET ORAL TABLET 100-40 MG	Tier 4	PA
ZEPATIER ORAL TABLET 50-100 MG	Tier 4	PA
Inflammatory Disease		
Anti-Arthritic And Chelating Agents		
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 4	PA
DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	Tier 4	PA
D-PENAMINE ORAL TABLET 125 MG	Tier 4	PA
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	Tier 4	PA
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	Tier 4	PA

Drug	Status	Notes
Anti-Arthritic, Folate Antagonist Agents		
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)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (0.6 ML per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 10 MG/0.4 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.6 ML per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 12.5 MG/0.5 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2 ML per 28 days)

Drug	Status	Notes
REDITREX (PF) SUBCUTANEOUS SYRINGE 15 MG/0.6 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2.4 ML per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 17.5 MG/0.7 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2.8 ML per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 20 MG/0.8 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (3.2 ML per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 22.5 MG/0.9 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (3.6 ML per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 25 MG/ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (4 ML per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 7.5 MG/0.3 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.2 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 4	
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 4	PA
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
AVSOLA INTRAVENOUS RECON SOLN 100 MG	Tier 4	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 4	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 4	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 4	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 4	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	Tier 4	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 4	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 4	PA

Drug	Status	Notes
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 4	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 4	PA
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
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 4	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 4	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 4	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	Tier 4	PA
REMICADE INTRAVENOUS RECON (infliximab) SOLN 100 MG	Tier 4	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	Tier 4	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	Tier 4	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA
Anti-Inflammatory, Interleukin-1 Beta Blockers		
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	Tier 4	PA
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
ARAVA ORAL TABLET 10 MG, 20 MG (leflunomide)	Tier 2	

Drug	Status	Notes
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	Tier 1	
Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.		
OTEZLA ORAL TABLET 30 MG	Tier 4	PA
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
Anti-inflammatory, Sel. Costim. Mod., T-Cell Inhibitor		
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	Tier 4	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 4	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	Tier 4	PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SUBCUTANEOUS SYRINGE (icatibant) 30 MG/3 ML	Tier 4	PA
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	Tier 4	PA
SAJAZIR SUBCUTANEOUS SYRINGE (icatibant) 30 MG/3 ML	Tier 4	PA
C1 Esterase Inhibitors		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 4	PA
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	Tier 4	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 4	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 4	PA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Tier 4	PA
Glucocorticoids		
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 4	PA
<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
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (hydrocortisone)	Tier 2	
DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG (dexamethasone)	Tier 1	

Drug	Status	Notes
DEXABLISS ORAL TABLETS,DOSE PACK 1.5 MG (39 TABS)	Tier 1	ST: Requires prior prescription for generic Dexamethasone 1.5mg tablets within the past 120 days
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	
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs)</i> (HiDex)	Tier 1	ST: Requires prior prescription for generic Dexamethasone 1.5mg tablets within the past 120 days
<i>dexamethasone oral tablets,dose pack 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	Tier 1	ST: Requires prior prescription for generic Dexamethasone 1.5mg tablets within the past 120 days
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Tier 3	
DMT SUIK KIT 10 MG/ML	Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Tier 4	PA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Tier 4	PA
ENTOCORT EC ORAL CAPSULE,DELAYED,EXTEND.RELEASE 3 MG (budesonide)	Tier 2	
HEMADY ORAL TABLET 20 MG	Tier 3	
HIDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS) (dexamethasone)	Tier 1	ST: Requires prior prescription for generic Dexamethasone 1.5mg tablets within the past 120 days
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	Tier 1	
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG (methylprednisolone)	Tier 2	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (methylprednisolone)	Tier 2	
MEDROL ORAL TABLET 2 MG	Tier 2	
<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	

Drug	Status	Notes
MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS), 5 MG (48 TABS)	Tier 2	
MILLIPRED ORAL TABLET 5 MG (prednisolone)	Tier 2	
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG (prednisolone sodium phosphate)	Tier 3	
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG	Tier 3	PA
PEDIAPRED ORAL SOLUTION 5 MG BASE/5 ML (6.7 MG/5 ML) (prednisolone sodium phosphate)	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), 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	
PREDNISONE 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	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	Tier 3	PA
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS) (dexamethasone)	Tier 1	ST: Requires prior prescription for generic Dexamethasone 1.5mg tablets within the past 120 days
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS), 1.5 MG (49 TABS)	Tier 1	ST: Requires prior prescription for generic Dexamethasone 1.5mg tablets within the past 120 days
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG (budesonide)	Tier 3	ST: Requires prior prescription for Balsalazide Disodium within the past 120 days
VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML) (prednisolone sodium phosphate)	Tier 3	

Drug	Status	Notes
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS)	Tier 3	ST: Requires prior prescription for generic Dexamethasone 1.5mg tablets within the past 120 days
Gold Salts		
RIDAURA ORAL CAPSULE 3 MG	Tier 3	
Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	Tier 4	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 4	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 4	PA
Interleukin-6 (Il-6) Receptor Inhibitors		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 4	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	Tier 4	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 4	PA
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 4	PA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 4	PA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 4	PA
Janus Kinase (Jak) Inhibitors		
OLUMIANT ORAL TABLET 1 MG, 2 MG	Tier 4	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	Tier 4	PA
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 4	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 4	PA
Mineralocorticoids		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 4	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 4	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 4	PA

Drug	Status	Notes
Nasal Nsaids, Cox Non-Selective, Systemic Analgesic		
<i>ketorolac nasal spray, non-aerosol 15.75 mg/spray</i> (Sprix)	Tier 1	ST: Requires prior prescription for a generic Nonsteroidal Anti-Inflammatory Drug (NSAID) within the past 120 days; QL (5 EA per 30 days)
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY (ketorolac)	Tier 3	ST: Requires prior prescription for a generic Nonsteroidal Anti-Inflammatory Drug (NSAID) within the past 120 days; QL (5 EA per 30 days)
Nsaid & Histamine H2 Receptor Antagonist Comb.		
DUEXIS ORAL TABLET 800-26.6 MG (ibuprofen-famotidine)	Tier 3	ST: Requires prior prescription for generic prescription strength Ibuprofen (400mg, 600mg, or 800mg) within the past 120 days; QL (3 EA per 1 day)
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i> (Duexis)	Tier 1	ST: Requires prior prescription for generic prescription strength Ibuprofen (400mg, 600mg, or 800mg) within the past 120 days; QL (3 EA per 1 day)
Nsaid & Topical Irritant Counter-Irritant Comb.		
COMFORT PAC-IBUPROFEN KIT 800 MG	Tier 3	
COMFORT PAC-MELOXICAM KIT 15 MG	Tier 3	
COMFORT PAC-NAPROXEN KIT 500 MG	Tier 3	
FLEXIPAK KIT 75 MG- 0.025 %	Tier 3	
INAVIX KIT 75 MG- 0.025 %	Tier 3	
INFLAMMACIN KIT 75 MG- 0.025 %	Tier 3	
INFLATHERM(DICLOFENAC-MENTHOL) KIT, GEL AND TABLET DELAY REL 75 MG-3 %- 3 %	Tier 3	
NUDICLO TABPAK KIT 75 MG- 0.025 %	Tier 3	
NUDROXIPAK DSDR-50 KIT, LIQUID AND TABLET DEL REL 50 MG-0.025 %- 25 %-6 %	Tier 3	
NUDROXIPAK DSDR-75 KIT, LIQUID AND TABLET DEL REL 75 MG-0.025 %- 25 %-6 %	Tier 3	

Drug	Status	Notes
NUDROXIPAK E-400 KIT, LIQUID AND TABLET 400 MG-0.025 %- 25 %-6 %	Tier 3	
NUDROXIPAK I-800 KIT, LIQUID AND TABLET 800 MG-0.025 %- 25 %-6 %	Tier 3	
NUDROXIPAK N-500 KIT, LIQUID AND TABLET 500 MG-0.025 %- 25 %-6 %	Tier 3	
XENAFLAMM KIT 75 MG- 0.025 %	Tier 3	
Nsaid, Cox Inhibitor-Type & Proton Pump Inhib Comb		
<i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg, 500-20 mg</i> (Vimovo)	Tier 1	ST: Requires prior prescription for generic Naproxen within the past 120 days
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 375-20 MG, 500-20 MG (naproxen-esomeprazole)	Tier 3	ST: Requires prior prescription for generic Naproxen within the past 120 days
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb		
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG (diclofenac-misoprostol)	Tier 3	
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG (diclofenac-misoprostol)	Tier 3	
<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	
Nsaids, Cyclooxygenase 2 Inhibitor - Type		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (celecoxib)	Tier 2	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	Tier 1	
Nsaids, Cyclooxygenase Inhibitor-Type		
ANAPROX DS ORAL TABLET 550 MG (naproxen sodium)	Tier 2	
CATAFLAM ORAL TABLET 50 MG (diclofenac potassium)	Tier 3	
DAYPRO ORAL TABLET 600 MG (oxaprozin)	Tier 2	
<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	

Drug	Status	Notes
<i>diclofenac submicronized oral capsule</i> (Zorvolex) 35 mg	Tier 1	ST: Requires prior prescription for Diclo Gel, Diclofenac Sodium, Diclofono, Diclozor, Dyloject, or Pennsaid within the past 120 days; QL (3 EA per 1 day)
EC-NAPROSYN ORAL (naproxen) TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	Tier 2	
EC-NAPROXEN ORAL (naproxen) 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	
FELDENE ORAL CAPSULE 10 MG, 20 MG (piroxicam)	Tier 2	
<i>fenoprofen oral capsule 200 mg</i> (Fenortho)	Tier 1	
<i>fenoprofen oral capsule 400 mg</i> (Nalfon)	Tier 1	
<i>fenoprofen oral tablet 600 mg</i> (Nalfon)	Tier 1	
FENORTHO ORAL CAPSULE 200 MG (fenoprofen)	Tier 3	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG (ibuprofen)	Tier 1	
IBUPAK ORAL KIT 600 MG	Tier 3	
<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	
INDOCIN RECTAL SUPPOSITORY 50 MG (indomethacin)	Tier 3	PA
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	
<i>indomethacin submicronized oral capsule 20 mg</i> (Tivorbex)	Tier 1	ST: Requires prior prescription for Indomethacin capsules within the past 120 days; QL (3 EA per 1 day)
<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	

Drug	Status	Notes
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	Tier 1	
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	Tier 1	
<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>meloxicam submicronized oral capsule 10 mg, 5 mg</i> (Vivlodex)	Tier 1	ST: At least 2 prior prescriptions for Diclofenac Potassium, Diclofenac Sodium, or Meloxicam within the past 365 days; QL (1 EA per 1 day)
MOBIC ORAL TABLET 15 MG, 7.5 MG (meloxicam)	Tier 2	
<i>nabumetone oral tablet 500 mg, 750 mg</i> (Relafen)	Tier 1	
NALFON ORAL CAPSULE 400 MG (fenoprofen)	Tier 3	
NALFON ORAL TABLET 600 MG (fenoprofen)	Tier 3	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG (naproxen sodium)	Tier 3	
NAPROSYN ORAL SUSPENSION 125 MG/5 ML (naproxen)	Tier 2	
NAPROSYN ORAL TABLET 500 MG (naproxen)	Tier 2	
<i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)	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 (dr/ec) 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>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg</i> (Naprelan CR)	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 DS ORAL TABLET 1,000 MG	Tier 3	ST: Requires prior prescription for generic Nabumetone tablets within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	

Drug		Status	Notes
TIVORBEX ORAL CAPSULE 20 MG	(indomethacin submicronized)	Tier 3	ST: Requires prior prescription for Indomethacin capsules within the past 120 days; QL (3 EA per 1 day)
<i>tolmetin oral capsule 400 mg</i>		Tier 1	
<i>tolmetin oral tablet 200 mg, 600 mg</i>		Tier 1	
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	(meloxicam submicronized)	Tier 3	ST: At least 2 prior prescriptions for Diclofenac Potassium, Diclofenac Sodium, or Meloxicam within the past 365 days; QL (1 EA per 1 day)
ZIPSOR ORAL CAPSULE 25 MG		Tier 3	ST: Requires prior prescription for Diclo Gel, Diclofenac Sodium, Diclofenac Sodium/Misoprostol, Diclofono, Diclozor, Dyloject, or Pennsaid within the past 120 days; QL (4 EA per 1 day)
ZORVOLEX ORAL CAPSULE 18 MG		Tier 3	ST: Requires prior prescription for Diclo Gel, Diclofenac Sodium, Diclofono, Diclozor, Dyloject, or Pennsaid within the past 120 days; QL (3 EA per 1 day)
ZORVOLEX ORAL CAPSULE 35 MG	(diclofenac submicronized)	Tier 3	ST: Requires prior prescription for Diclo Gel, Diclofenac Sodium, Diclofono, Diclozor, Dyloject, or Pennsaid within the past 120 days; QL (3 EA per 1 day)
Nsaids,Cox-2 Sel.Inhib.(Syst)- Top.Irritant Ctr-Irr			
NUDROXIPAK KIT, LIQUID AND CAPSULE 200 MG-0.025 %- 25 %-6 %		Tier 3	
Plasma Kallikrein Inhibitors			
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)		Tier 4	PA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG		Tier 4	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)		Tier 4	PA
Local Anesthesia			
Local Anesthetics			
ACCUCAINE KIT KIT 10 MG/ML (1 %)		Tier 3	

Drug	Status	Notes
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 % (lidocaine hcl)	Tier 1	
<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 % (lidocaine hcl)	Tier 1	
LIDOMARK 1-5 KIT 10 MG/ML (1 %)	Tier 3	
LIDOMARK 2-5 KIT 20 MG/ML (2 %)	Tier 3	
<i>ropivacaine (pf) injection solution 2 mg/ml (0.2 %), 7.5 mg/ml (0.75 %)</i> (Naropin (PF))	Tier 1	
Periodontal Anesthetics		
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %	Tier 3	
Lower Gastrointestinal Disorders - Bowel Inflammation		
Chronic Inflammation of the Colon, 5-Aminosalicylates, Rectal Treatment		
CANASA RECTAL SUPPOSITORY 1,000 MG (mesalamine)	Tier 2	
<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	
ROWASA RECTAL ENEMA 4 GRAM/60 ML (mesalamine)	Tier 2	
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML (mesalamine with cleansing wipe)	Tier 2	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML (mesalamine)	Tier 2	
Drug Treatment of Chronic Inflammation of the Colon, 5-Aminosalicylates		
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM (mesalamine)	Tier 2	
ASACOL HD ORAL TABLET, DELAYED RELEASE (DR/EC) 800 MG (mesalamine)	Tier 3	
AZULFIDINE EN-TABS ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG (sulfasalazine)	Tier 2	
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	Tier 2	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	Tier 1	
COLAZAL ORAL CAPSULE 750 MG (balsalazide)	Tier 2	

Drug	Status	Notes
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG (mesalamine)	Tier 3	ST: Requires prior prescription for Balsalazide Disodium, Mesalamine, or Pentasa within the past 120 days
DIPENTUM ORAL CAPSULE 250 MG	Tier 3	ST: Requires prior prescription for Balsalazide Disodium, Mesalamine, or Pentasa within the past 120 days
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM (mesalamine)	Tier 1	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol)	Tier 1	ST: Requires prior prescription for Balsalazide Disodium, Mesalamine, or Pentasa within the past 120 days
<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	
Hemorrhoidal Prep, Anti-Inflam Steroid/Local Anesth		
ANA-LEX KIT RECTAL KIT 2-2 % (lidocaine-hydrocortisone- aloe)	Tier 1	
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 % (hydrocortisone- pramoxine)	Tier 2	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i> (Analpram-HC)	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal kit 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
Ibs Agents,Mixed Opioid Recep Agonists/Antagonists		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 3	PA
Integrin Receptor Antagonist, Monoclonal Antibody		
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	Tier 4	PA
Irritable Bowel Agents,Guanylate Cylase-C Agonist		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG	Tier 3	ST: Requires prior prescription for Linzess within the past 120 days; QL (1 EA per 1 day)
Local Anorectal Nitrate Preparations		
RECTIV RECTAL OINTMENT 0.4 % (W/W)	Tier 3	
Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 1	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 2	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG (hydrocortisone acetate)	Tier 2	
<i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)	Tier 1	
<i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC)	Tier 1	
PROCTOCORT RECTAL SUPPOSITORY 30 MG (hydrocortisone acetate)	Tier 2	
Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)		
CORTENEMA RECTAL ENEMA 100 MG/60 ML (hydrocortisone)	Tier 2	
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
Lower Gastrointestinal Disorders - Other		
Ammonia Inhibitors		
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM (sodium phenylbutyrate)	Tier 4	PA
BUPHENYL ORAL TABLET 500 MG (sodium phenylbutyrate)	Tier 4	PA

Drug	Status	Notes
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)	Tier 4	
ENULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 1	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 1	
LITHOSTAT ORAL TABLET 250 MG	Tier 3	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Tier 4	PA
sodium phenylbutyrate oral powder 0.94 gram/gram (Buphenyl)	Tier 4	PA
sodium phenylbutyrate oral tablet 500 mg (Buphenyl)	Tier 4	PA
Antidiarrheal - G.I. Chloride Channel Inhibitors		
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)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor		
XERMELO ORAL TABLET 250 MG	Tier 4	PA
Antidiarrheals		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	Tier 1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg (Lomotil)	Tier 1	
LOMOTIL ORAL TABLET 2.5-0.025 MG (diphenoxylate-atropine)	Tier 2	
loperamide oral capsule 2 mg (Anti-Diarrheal (loperamide))	Tier 1	
MOTOFEN ORAL TABLET 1-0.025 MG	Tier 3	ST: Requires prior prescription for Diphenoxylate HCL/atropine within the past 120 days; QL (8 EA per 1 day)
opium tincture oral tincture 10 mg/ml (morphine)	Tier 1	
Bile Salts		
CHENODAL ORAL TABLET 250 MG	Tier 4	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 4	PA
RELTONE ORAL CAPSULE 200 MG, 400 MG (ursodiol)	Tier 3	PA
URSO 250 ORAL TABLET 250 MG (ursodiol)	Tier 2	
URSO FORTE ORAL TABLET 500 MG (ursodiol)	Tier 2	
ursodiol oral capsule 200 mg, 400 mg (Reltone)	Tier 1	PA
ursodiol oral capsule 300 mg	Tier 1	
ursodiol oral tablet 250 mg (URSO 250)	Tier 1	
ursodiol oral tablet 500 mg (URSO Forte)	Tier 1	

Drug	Status	Notes
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog		
OICALIVA ORAL TABLET 10 MG, 5 MG	Tier 4	PA
Ileal Bile Acid Transporter (Ibat) Inhibitor		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Tier 4	PA
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	Tier 4	PA
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	Tier 1	
LOTROXON ORAL TABLET 0.5 MG, 1 MG (alosetron)	Tier 3	
Irritable Bowel Synd. Agent,5Ht-4 Partial Agonist		
ZELNORM ORAL TABLET 6 MG	Tier 3	ST: Requires prior prescription for Linzess within the past 120 days; QL (2 EA per 1 day); Age (Max 64 Years)
Laxatives And Cathartics		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (lubiprostone)	Tier 3	ST: Requires prior prescription for Linzess or Movantik within the past 120 days; QL (2 EA per 1 day)
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 (lactulose)	Tier 1	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350-electrolytes)	Tier 1	\$0 COPAY IF AGE 45-75 YEARS
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350-electrolytes)	Tier 1	\$0 COPAY IF AGE 45-75 YEARS
GAVILYTE-N ORAL RECON SOLN 420 GRAM (peg-electrolyte soln)	Tier 1	\$0 COPAY IF AGE 45-75 YEARS
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350-electrolytes)	Tier 2	
KRISTALOSE ORAL PACKET 10 GRAM (lactulose)	Tier 3	ST: Requires prior prescription for generic Lactulose solution within the past 120 days; QL (3 EA per 1 day)
KRISTALOSE ORAL PACKET 20 GRAM	Tier 3	ST: Requires prior prescription for generic Lactulose solution within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
<i>lactulose oral packet 10 gram</i> (Kristalose)	Tier 1	ST: Requires prior prescription for generic Lactulose solution within the past 120 days; QL (3 EA per 1 day)
<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)
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM (peg3350-sod sul-nacl-kcl-asb-c)	Tier 3	
NULYTELY LEMON-LIME ORAL RECON SOLN 420 GRAM (peg-electrolyte soln)	Tier 2	\$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 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	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 (peg-electrolyte soln)	Tier 1	IF AGE 45-75 YEARS THEN \$0 COPAY
Narcotic Antagonists, Peripherally-Acting		
<i>alvimopan oral capsule 12 mg</i> (Entereg)	Tier 1	
ENTEREG ORAL CAPSULE 12 MG (alvimopan)	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)

Drug	Status	Notes
SYMPROIC ORAL TABLET 0.2 MG	Tier 3	ST: Requires prior prescription for Movantik within the past 120 days; QL (1 EA per 1 day)
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	PA
Tissue Bulking Implants - Non-Cosmetic		
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4)	Tier 4	
Medical Supplies		
Bandages And Related Supplies		
ACTICOAT 7 DRESSING TOPICAL BANDAGE 2 X 2 ", 4 X 5 ", 6 X 6 "	Tier 3	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 5 X 5 ", 8 X 16 "	Tier 3	
ACTICOAT FLEX 3 DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "	Tier 3	
ACTICOAT FLEX 7 DRESSING TOPICAL BANDAGE 1 X 24 ", 16 X 16 ", 2 X 2 ", 4 X 5 ", 6 X 6 ", 8 X 16 "	Tier 3	
ACTICOAT SURGICAL DRESSING TOPICAL BANDAGE 4 X 10 ", 4 X 13 3/4 ", 4 X 4 3/4 ", 4 X 8 "	Tier 3	
ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 3 X 3 ", 5 X 5 ", 7 X 7 ", 9 X 9 "	Tier 3	
ALLEVYN AG ADHESIVE TOPICAL BANDAGE 5 %- 3" X 3", 5 %- 5" X 5", 5 %- 7" X 7"	Tier 3	
ALLEVYN AG GENTLE DRESSING TOPICAL BANDAGE 5 %- 2" X 2", 5 %- 4" X 4", 5 %- 6" X 6", 5 %- 8" X 8"	Tier 3	
ALLEVYN AG TOPICAL BANDAGE 5 %- 2" X 2", 5 %- 4" X 4", 5 %- 6" X 6", 5 %- 8" X 8"	Tier 3	
ALLEVYN HEEL TOPICAL BANDAGE 4 1/2 X 5 1/2 "	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	
ALLEVYN TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 6 X 6 ", 8 X 8 "	Tier 3	

Drug	Status	Notes
BIOSTEP AG TOPICAL BANDAGE 2 X 2", 4 X 4"	Tier 3	
BIOSTEP TOPICAL BANDAGE 2 X 2", 4 X 4"	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	
KERAGEL TOPICAL GEL	Tier 3	
KERAGELT TOPICAL GEL	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 (CAL ALGINATE-HONEY) TOPICAL BANDAGE 2 X 2", 3/4 X 12", 4 X 5"	Tier 3	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4"	Tier 3	
RESTORE CONTACT LAYER SILVER TOPICAL BANDAGE 4 X 5", 6 X 8"	Tier 3	
RESTORE FOAM DRESSING SILVER TOPICAL BANDAGE 4 X 4", 6 X 8"	Tier 3	
RESTORE TOPICAL BANDAGE 1 X 12", 2 X 2"	Tier 3	
XEROFORM NON-OCCLUSIVE TOPICAL BANDAGE 4 X 3 "-YARD	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 1 X 8", 2 X 2", 4 X 3 "-YARD, 4 X 4", 5 X 9"	Tier 3	
XEROFORM PETROLATUM OVERWRAP TOPICAL BANDAGE 1 X 8", 5 X 9"	Tier 3	
XEROFORM TOPICAL BANDAGE 5 X 9"	Tier 3	
Catheters And Related Devices		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-"	Tier 3	
ADVANCE PLUS INTERMITTENT 14-16 (catheter) FR-"	Tier 3	

Drug	Status	Notes
APOGEE HC INTERMIT CATHETER 12-16 FR-", 16-16 FR-"	Tier 3	
APOGEE HC INTERMIT CATHETER (catheter) 14-16 FR-"	Tier 3	
APOGEE IC INTERMIT 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 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 (catheterization tray)	Tier 3	
FEMALE CATHETER 14 FR	Tier 3	
KENGUARD FOLEY CATHETER 18-16 FR-"	Tier 3	
KENGUARD FOLEY CATHETER TRAY (catheterization tray)	Tier 3	
LOFRIC 12-16 FR-"	Tier 3	
LOFRIC 14-16 FR-" (catheter)	Tier 3	
LOFRIC ORIGO 14-16 FR-" (catheter)	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	
Durable Medical Equipment, Misc		
AERONEB GO (nebulizer accessories)	Tier 3	
ALL FLOW 1000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 1000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 3000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 3000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 4000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 4000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 5000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 5000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 6000 PFT FILTER (nebulizer accessories)	Tier 3	
AMIELLE VAGINAL TRAINER KIT	Tier 3	
HYPERSONIQ NEBULIZER (nebulizer accessories) CARTRIDGE	Tier 3	
INNOSPIRE REPLACEMENT FILTER (nebulizer accessories)	Tier 3	

Drug	Status	Notes
INSPIRATION ELITE FILTER (nebulizer accessories)	Tier 3	
NOSE CLIP (nebulizer accessories)	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 (nebulizer accessories)	Tier 3	
PILLOW MASK CHILD (nebulizer accessories)	Tier 3	
PRONEB ULTRA II FILTER ASSEM (nebulizer accessories)	Tier 3	
REUSABLE NEBULIZER KIT KIT	Tier 3	
RUBBER MOUTHPIECE (nebulizer accessories)	Tier 3	
SAMI THE SEAL MASK (nebulizer accessories)	Tier 3	
SIDESTREAM MASK (nebulizer accessories)	Tier 3	
SILICONE MASK (nebulizer accessories)	Tier 3	
Durable Medical Equipment,Misc(Group 1)		
1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	Tier 2	
ACCU-CHEK MULTICLIX LANCET (lancets)	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 (lancets)	Tier 2	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE	Tier 2	
ACTI-LANCE LANCETS 28 GAUGE (lancets)	Tier 2	
ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
ADVOCATE LANCET 26 GAUGE, 30 GAUGE (lancets)	Tier 2	
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Tier 2	
ASSURE HAEMOLANCE PLUS 1.2 MM, 18 GAUGE, 25 GAUGE	Tier 2	
ASSURE HAEMOLANCE PLUS 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
ASSURE LANCE 25 GAUGE	Tier 2	
ASSURE LANCE 28 GAUGE (lancets)	Tier 2	
ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE (lancets)	Tier 2	
ASSURE LANCE PLUS 25 GAUGE	Tier 2	
BD MICROTAINER LANCET 1.5 X 2 MM	Tier 2	
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)	Tier 2	
BD ULTRA FINE LANCETS 33 GAUGE (lancets)	Tier 2	
BD ULTRA-FINE II LANCETS 30 GAUGE (lancets)	Tier 2	

Drug	Status	Notes
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
BULLSEYE MINI SAFETY LANCETS 25 GAUGE	Tier 2	
BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)	Tier 2	
CAREONE THIN LANCET (lancets)	Tier 2	
CAREONE ULTRA THIN LANCET (lancets)	Tier 2	
CARESENS LANCETS 30 GAUGE (lancets)	Tier 2	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 2	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
CLEVER CHEK LANCETS 30 GAUGE (lancets)	Tier 2	
COAGUCHEK LANCETS (lancets)	Tier 2	
COLOR LANCETS 21 GAUGE (lancets)	Tier 2	
COMFORT EZ LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
COMFORT EZ LANCETS 23 GAUGE	Tier 2	
COMFORT LANCETS (lancets)	Tier 2	
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (lancets)	Tier 2	
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	Tier 2	
DROPLET LANCETS 30 GAUGE (lancets)	Tier 2	
EASY COMFORT LANCETS 30 GAUGE (lancets)	Tier 2	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
EASY TOUCH LANCETS 32 GAUGE	Tier 2	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE	Tier 2	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
EASY TOUCH TWIST LANCETS 32 GAUGE	Tier 2	
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	Tier 2	
EMBRACE LANCETS 30 GAUGE (lancets)	Tier 2	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
E-Z JECT LANCETS 32 GAUGE	Tier 2	
E-Z JECT THIN LANCETS 28 GAUGE (lancets)	Tier 2	
EZ SMART LANCETS 28 GAUGE (lancets)	Tier 2	
EZ-LETS 26 GAUGE (lancets)	Tier 2	

Drug	Status	Notes
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE (lancets)	Tier 2	
FIFTY50 SAFETY SEAL LANCETS 32 GAUGE	Tier 2	
FINE 30 UNIVERSAL LANCETS 30 GAUGE (lancets)	Tier 2	
FINGERSTIX LANCETS (lancets)	Tier 2	
FORACARE LANCETS 30 GAUGE (lancets)	Tier 2	
FREESTYLE LANCETS 28 GAUGE (lancets)	Tier 2	
FREESTYLE UNISTIK 2 (lancets)	Tier 2	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
GOJJI LANCETS 30 GAUGE (lancets)	Tier 2	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (lancets)	Tier 2	
INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 2	
INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)	Tier 2	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
INVACARE LANCETS 30 GAUGE (lancets)	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 (lancets)	Tier 2	
LANCETS, THIN , 28 GAUGE (lancets)	Tier 2	
LANCETS, THIN 23 GAUGE	Tier 2	
LANCETS, ULTRA THIN , 26 GAUGE (lancets)	Tier 2	
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
MEDISENSE THIN LANCETS 28 GAUGE (lancets)	Tier 2	
MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE (lancets)	Tier 2	
MEDLANCE PLUS LANCETS 25 GAUGE	Tier 2	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	Tier 2	
MICRO THIN LANCETS 33 GAUGE (lancets)	Tier 2	
MICROLET LANCET (lancets)	Tier 2	
MONOLET LANCETS 21 GAUGE (lancets)	Tier 2	
MONOLET THIN LANCETS 28 GAUGE (lancets)	Tier 2	
MYGLUCOHEALTH LANCETS 30 GAUGE (lancets)	Tier 2	

Drug	Status	Notes
NOVA SAFETY LANCETS 23 GAUGE	Tier 2	
NOVA SAFETY LANCETS 28 GAUGE (lancets)	Tier 2	
NOVA SUREFLEX LANCETS (lancets)	Tier 2	
ON CALL LANCET 30 GAUGE (lancets)	Tier 2	
ON CALL PLUS LANCET 30 GAUGE (lancets)	Tier 2	
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
ONETOUCH SURESOFT LANCING DEV 28 GAUGE (lancets)	Tier 2	
ONETOUCH ULTRASOFT LANCETS (lancets)	Tier 2	
ON-THE-GO LANCETS 30 GAUGE (lancets)	Tier 2	
PIP LANCET 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
PRO COMFORT LANCET 30 GAUGE (lancets)	Tier 2	
PRO COMFORT LANCET 31 GAUGE	Tier 2	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 2	
PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)	Tier 2	
PURE COMFORT LANCETS 30 GAUGE (lancets)	Tier 2	
PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)	Tier 2	
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
READYLANCE SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
READYLANCE SAFETY LANCETS 23 GAUGE	Tier 2	
RELIAMED LANCET 23 GAUGE	Tier 2	
RELIAMED LANCET 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
RELIAMED TWIST AND CAP LANCET 28 GAUGE (lancets)	Tier 2	
RELION THIN LANCETS 26 GAUGE (lancets)	Tier 2	
RELION ULTRA THIN PLUS LANCETS (lancets)	Tier 2	
RIGHTEST GL300 LANCETS 30 GAUGE (lancets)	Tier 2	
SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE (lancets)	Tier 2	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
SAFETY-LET LANCETS 30 GAUGE (lancets)	Tier 2	

Drug	Status	Notes
SINGLE-LET (lancets)	Tier 2	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)	Tier 2	
SMARTEST LANCET (lancets)	Tier 2	
SOFT TOUCH LANCETS (lancets)	Tier 2	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
STERILANCE TL 30 GAUGE (lancets)	Tier 2	
STERILANCE TL 32 GAUGE	Tier 2	
SUPER THIN LANCETS , 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE	Tier 2	
SURE COMFORT LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)	Tier 2	
SURE-LANCE ULTRA THIN 30 GAUGE (lancets)	Tier 2	
SURE-TOUCH LANCET (lancets)	Tier 2	
TECHLITE LANCETS 25 GAUGE	Tier 2	
TECHLITE LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
TELCARE LANCETS 30 GAUGE (lancets)	Tier 2	
THIN LANCETS 26 GAUGE (lancets)	Tier 2	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)	Tier 2	
TRUE COMFORT LANCET 30 GAUGE (lancets)	Tier 2	
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
TWIST LANCETS 30 GAUGE (lancets)	Tier 2	
TWIST LANCETS 32 GAUGE	Tier 2	
ULTILET BASIC LANCETS 30 GAUGE (lancets)	Tier 2	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
ULTILET SAFETY LANCETS 23 GAUGE	Tier 2	
ULTRA FINE LANCETS 30 GAUGE (lancets)	Tier 2	
ULTRA THIN II LANCETS 30 GAUGE (lancets)	Tier 2	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
ULTRA THIN LANCETS 31 GAUGE	Tier 2	
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	Tier 2	
ULTRA TLC LANCETS (lancets)	Tier 2	
ULTRA-CARE LANCETS 30 GAUGE (lancets)	Tier 2	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 2	
ULTRA-THIN II LANCETS 28 GAUGE (lancets)	Tier 2	

Drug	Status	Notes
UNILET COMFORTOUCH LANCET , (lancets) 26 GAUGE	Tier 2	
UNILET EXCELITE II LANCET (lancets)	Tier 2	
UNILET EXCELITE LANCET (lancets)	Tier 2	
UNILET GP LANCET (lancets)	Tier 2	
UNILET LANCET 28 GAUGE, 33 (lancets) GAUGE	Tier 2	
UNILET LANCETS 30 GAUGE (lancets)	Tier 2	
UNILET SUPER THIN LANCETS 30 (lancets) GAUGE	Tier 2	
UNISTIK 3 COMFORT LANCET (lancets)	Tier 2	
UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)	Tier 2	
UNISTIK 3 GENTLE 30 GAUGE (lancets)	Tier 2	
UNISTIK 3 LANCETS 21 GAUGE (lancets)	Tier 2	
UNISTIK 3 NORMAL LANCET 23 (lancets) GAUGE	Tier 2	
UNISTIK CZT LANCET 23 GAUGE (lancets)	Tier 2	
UNISTIK CZT LANCET 28 GAUGE (lancets)	Tier 2	
UNISTIK PRO LANCET 21 GAUGE, 28 (lancets) GAUGE	Tier 2	
UNISTIK PRO LANCET 25 GAUGE (lancets)	Tier 2	
UNISTIK SAFETY 28 GAUGE, 30 (lancets) GAUGE	Tier 2	
UNISTIK TOUCH LANCETS 21 (lancets) GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
UNISTIK TOUCH LANCETS 23 GAUGE (lancets)	Tier 2	
UNIVERSAL 1 LANCETS 21 GAUGE, (lancets) 26 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
VIVAGUARD LANCET 30 GAUGE (lancets)	Tier 2	
Parenteral Administration Sets		
BD INSYTE AUTOGUARD INFUSION (lancets) SET 24 GAUGE X 3/4"	Tier 3	
BD SAF-T-INTIMA INFUSION SET 22 (lancets) GAUGE X 3/4"	Tier 3	
INSYTE IV CATHETER INFUSION SET (lancets) 14 X 1.75 ", 20 X 1.16 "	Tier 3	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 (lancets) 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	
Syringes And Accessories		
ADVOCATE SYRINGES SYRINGE 0.3 (insulin syringe-needle u- ML 29 GAUGE X 1/2", 0.3 ML 30 100) 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	

Drug	Status	Notes
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 ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	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" (insulin syringe-needle u-100)	Tier 2	
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 2	
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML (insulin syringe needleless)	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 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 2	
BD INSULIN SYRINGE SYRINGE 1 ML 25 X 1", 1 ML 26 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" (insulin syringe-needle u-100)	Tier 2	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 2	
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64"	Tier 2	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 2	
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" (insulin syringe-needle u-100)	Tier 2	

Drug	Status	Notes
CARETOUCH INSULIN SYRINGE (insulin syringe-needle u-100) 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 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16	Tier 2	
COMFORT EZ INSULIN SYRINGE (insulin syringe-needle u-100) 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 (insulin syringe-needle u-100) 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", 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	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 15/64"	Tier 2	
EASY COMFORT INSULIN SYRINGE (insulin syringe-needle u-100) 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	Tier 2	
EASY COMFORT INSULIN SYRINGE SYRINGE 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Tier 2	
EASY GLIDE INSULIN SYRINGE (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"	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"	(insulin syringe-needle u-100) Tier 2	
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML	(insulin syringe needleless) 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	(insulin syringe needleless) Tier 2	
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"	(insulin syringe-needle u-100) 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	(insulin syringe-needle u-100) 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	(insulin syringe-needle u-100) Tier 2	
<i>insulin syr/ndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i>	(UltiCare Insuln Syr(half unit)) Tier 2	
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 2	
INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) 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>	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>	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 30</i>	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>	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>	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>	Tier 2	
<i>insulin syringe-needle u-100 syringe 1 ml 27 gauge x 1/2", 1 ml 28 gauge x 1/2"</i>	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>	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>	Tier 2	
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"</i>	Tier 2	
<i>insulin syringe-needle u-100 syringe 1/2 ml 27 gauge x 1/2"</i>	Tier 2	
<i>insulin syringe-needle u-100 syringe 1/2 ml 28 gauge x 1/2"</i>	Tier 2	
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 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	

Drug	Status	Notes
LITE TOUCH INSULIN SYRINGE SYRINGE 1 ML 29 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 SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	Tier 2	
MAXICOMFORT INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 100) ML 27 GAUGE X 1/2"	Tier 2	
MAXI-COMFORT INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 100) ML 28 GAUGE X 1/2"	Tier 2	
MONOJECT INSULIN SAFETY SYRING (insulin syringe-needle u- SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 100) ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16"	Tier 2	
MONOJECT INSULIN SAFETY SYRING SYRINGE 29 GAUGE X 1/2"	Tier 2	
MONOJECT INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 100) 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 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 INSULIN SYRINGE (insulin syringes SYRINGE 1 ML (disposable))	Tier 2	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (insulin syringe-needle u- 100)	Tier 2	
MONOJECT ULTRA COMFORT (insulin syringe-needle u- INSULIN SYRINGE 1/2 ML 28 GAUGE 100)	Tier 2	
PRO COMFORT INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 100) 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 (insulin syringe-needle u- SYRINGE 0.3 ML 31 GAUGE X 5/16", 100) 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"	(insulin syringe-needle u- 100) 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"	(insulin syringe-needle u- 100) 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"	(insulin syringe-needle u- 100) Tier 2	
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	(insulin syringe-needle u- 100) Tier 2	
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"	(insulin syringe-needle u- 100) Tier 2	

Drug	Status	Notes
THINPRO INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Tier 2	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 31 X 3/8"	Tier 2	
TOPCARE ULTRA COMFORT (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	Tier 2	
TRUE COMFORT INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	Tier 2	
TRUE COMFORT PRO INS SYRINGE (insulin syringe-needle u-100) 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	
TRUE COMFORT PRO INS SYRINGE SYRINGE 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Tier 2	
TRUEPLUS INSULIN SYRINGE (insulin syringe-needle u-100) 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	
ULTICARE INSULIN SYRINGE (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"	Tier 2	
ULTICARE INSULN SYR(HALF UNIT) (insulin syr/ndl u100 half mark) SYRINGE 0.3 ML 31 GAUGE X 1/4"	Tier 2	
ULTICARE SYRINGE (insulin syringe-needle u-100) 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	

Drug	Status	Notes
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 (insulin syringe-needle u-100) 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 X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29	Tier 2	
ULTILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE	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 (insulin syringe-needle u-100) 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 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 COMFORT INSULIN SYRINGE SYRINGE 1 ML 29 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	
ULTRA FLO INSULIN SYRINGE SYRINGE (insulin syringe-needle u-100) 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 (insulin syringe-needle u-100) 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	

Drug	Status	Notes
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 (insulin syringe-needle u-100)	Tier 2	
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	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" (insulin syringe-needle u-100)	Tier 2	
Miscellaneous Agents		
Amyloidosis Agents-Transthyretin (Ttr) Suppression		
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML	Tier 4	PA
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	Tier 4	PA
Anaphylaxis Therapy Agents		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	Tier 3	QL (2 EA per 365 days)
AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML (epinephrine)	Tier 3	QL (2 EA per 365 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> (Auvi-Q)	Tier 1	QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	Tier 1	QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (EpiPen)	Tier 1	QL (4 EA per 1 FILL)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (epinephrine)	Tier 2	QL (4 EA per 1 FILL)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (epinephrine)	Tier 2	QL (4 EA per 1 FILL)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)	Tier 2	QL (4 EA per 1 FILL)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)	Tier 2	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML	Tier 2	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML (epinephrine)	Tier 2	QL (4 EA per 1 FILL)
Fibroblast Growth Factor 23 (Fgf23) Inhibitors,Mab		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	Tier 4	PA

Drug	Status	Notes
Genetic D/O Tx-Exon Inclusion		
Antisense Oligonucle		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 4	PA
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML	Tier 4	PA
Genetic D/O Tx-Exon Skipping		
Antisense Oligonucleo		
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML	Tier 4	PA
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	Tier 4	PA
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML	Tier 4	PA
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML	Tier 4	PA
Metabolic Dx Enzyme Replacement, Lyso. Acid Lip. Def.		
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	Tier 4	PA
Miscellaneous Agents		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 3	
Parasympathetic Agents		
<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	
EVOXAC ORAL CAPSULE 30 MG (cevimeline)	Tier 2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	Tier 1	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG (pilocarpine hcl)	Tier 2	
Pharmacological Chaperone-Alpha-Galactosid.A Stabz		
GALAFOLD ORAL CAPSULE 123 MG	Tier 4	PA
Pku Treatment Agents - Phenylalanine Ammonia Lyase		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 4	PA
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Tier 4	PA
KUVAN ORAL TABLET, SOLUBLE 100 MG (sapropterin)	Tier 4	PA
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Kuvan)	Tier 4	PA
<i>sapropterin oral tablet, soluble 100 mg</i> (Kuvan)	Tier 4	PA

Drug	Status	Notes
Systemic Enzyme Inhibitors		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	Tier 4	
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	Tier 4	
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	Tier 4	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML	Tier 4	
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	Tier 4	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA
Topical Anticholinergic Hyperhidrosis		
Tx Agents		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 2	PA
Neoplastic Disease		
Alkylating Agents		
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN 50 MG (melphalan hcl)	Tier 4	
ALKERAN ORAL TABLET 2 MG (melphalan)	Tier 2	
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	Tier 4	
BICNU INTRAVENOUS RECON SOLN 100 MG (carmustine)	Tier 4	
<i>busulfan intravenous solution 60 mg/10 ml</i> (Busulfex)	Tier 4	
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML (busulfan)	Tier 4	
<i>carboplatin intravenous recon soln 150 mg</i>	Tier 4	
<i>carboplatin intravenous solution 10 mg/ml</i> (Paraplatin)	Tier 4	
<i>carmustine intravenous recon soln 100 mg</i> (BiCNU)	Tier 4	
<i>cisplatin intravenous recon soln 50 mg</i>	Tier 4	
<i>cisplatin intravenous solution 1 mg/ml</i>	Tier 4	
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	Tier 4	
<i>cyclophosphamide intravenous solution 200 mg/ml</i>	Tier 4	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 4	
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 4	
EVOMELA INTRAVENOUS RECON SOLN 50 MG	Tier 4	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	Tier 4	PA

Drug	Status	Notes
GLIADEL WAFER IMPLANT WAFER 7.7 MG	Tier 4	
HYDREA ORAL CAPSULE 500 MG (hydroxyurea)	Tier 2	
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Tier 1	
IFEX INTRAVENOUS RECON SOLN 1 GRAM, 3 GRAM (ifosfamide)	Tier 4	
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i> (Ifex)	Tier 4	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	Tier 4	
LEUKERAN ORAL TABLET 2 MG	Tier 4	
<i>melphalan hcl intravenous recon soln 50 mg</i> (Alkeran (as HCl))	Tier 4	
<i>melphalan oral tablet 2 mg</i> (Alkeran)	Tier 1	
MYLERAN ORAL TABLET 2 MG	Tier 4	
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	Tier 4	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	Tier 4	
PARAPLATIN INTRAVENOUS SOLUTION 10 MG/ML (carboplatin)	Tier 4	
PEPAXTO INTRAVENOUS RECON SOLN 20 MG	Tier 4	PA
TEMODAR INTRAVENOUS RECON SOLN 100 MG	Tier 4	PA
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 250 MG (temozolomide)	Tier 4	PA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg</i> (Temodar)	Tier 4	PA
<i>temozolomide oral capsule 20 mg, 5 mg</i>	Tier 4	PA
TEPADINA INJECTION RECON SOLN 100 MG, 15 MG (thiotepa)	Tier 4	
<i>thiotepa injection recon soln 100 mg, 15 mg</i> (Tepadina)	Tier 4	
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	Tier 4	
YONDELIS INTRAVENOUS RECON SOLN 1 MG	Tier 4	PA
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	Tier 4	PA
Antiandrogenic Agents		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	Tier 4	PA
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	Tier 1	
CASODEX ORAL TABLET 50 MG (bicalutamide)	Tier 2	
ERLEADA ORAL TABLET 60 MG	Tier 4	PA
<i>flutamide oral capsule 125 mg</i> (Eulexin)	Tier 1	
NILANDRON ORAL TABLET 150 MG (nilutamide)	Tier 4	QL (2 EA per 1 day)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	Tier 4	QL (2 EA per 1 day)

Drug	Status	Notes
NUBEQA ORAL TABLET 300 MG	Tier 4	PA
XTANDI ORAL CAPSULE 40 MG	Tier 4	PA
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 4	PA
YONSA ORAL TABLET 125 MG	Tier 4	PA
ZYTIGA ORAL TABLET 250 MG, 500 MG (abiraterone)	Tier 4	PA
Antibiotic Antineoplastics		
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	Tier 4	
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG (dactinomycin)	Tier 4	
<i>dactinomycin intravenous recon soln 0.5 mg</i> (Cosmegen)	Tier 4	
<i>daunorubicin intravenous solution 5 mg/ml</i>	Tier 4	
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML (doxorubicin, peg-liposomal)	Tier 4	
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)	Tier 4	
ELLECE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML (epirubicin)	Tier 4	
<i>epirubicin intravenous recon soln 200 mg, 50 mg</i>	Tier 4	
<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i> (Ellence)	Tier 4	
IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML (idarubicin)	Tier 4	
<i>idarubicin intravenous solution 1 mg/ml</i> (Idamycin PFS)	Tier 4	
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	Tier 4	PA
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i> (Mutamycin)	Tier 4	
MUTAMYCIN INTRAVENOUS RECON SOLN 20 MG, 40 MG, 5 MG (mitomycin)	Tier 4	
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	Tier 4	
Anti-Cd20 (B Lymphocyte) Monoclonal Antibody		
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML	Tier 4	PA
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	Tier 4	PA
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	Tier 4	PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	Tier 4	PA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	Tier 4	PA

Drug	Status	Notes
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	Tier 4	PA
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	Tier 4	PA
Antimetabolites		
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	Tier 4	PA
ARRANON INTRAVENOUS SOLUTION (nelarabine) 250 MG/50 ML	Tier 4	
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	Tier 4	
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	Tier 4	PA
<i>cladribine intravenous solution 10 mg/10 ml</i>	Tier 4	
<i>clofarabine intravenous solution 20 mg/20 ml</i> (Clolar)	Tier 4	
CLOLAR INTRAVENOUS SOLUTION (clofarabine) 20 MG/20 ML	Tier 4	
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	Tier 4	
<i>cytarabine injection solution 20 mg/ml</i>	Tier 4	
DACOGEN INTRAVENOUS RECON (decitabine) SOLN 50 MG	Tier 4	
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	Tier 4	
<i>floxuridine injection recon soln 0.5 gram</i>	Tier 4	
<i>fludarabine intravenous recon soln 50 mg</i>	Tier 4	
<i>fludarabine intravenous solution 50 mg/2 ml</i>	Tier 4	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	Tier 4	PA
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	Tier 4	
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	Tier 4	
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML)	Tier 4	
INQOVI ORAL TABLET 35-100 MG	Tier 4	PA

Drug	Status	Notes
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 4	PA
<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	
NIPENT INTRAVENOUS RECON SOLN (pentostatin) 10 MG	Tier 4	
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 4	PA
PURIXAN ORAL SUSPENSION 20 MG/ML	Tier 4	ST: Requires prior prescription for Mercaptopurine within the past 120 days
TABLOID ORAL TABLET 40 MG (thioguanine)	Tier 4	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 2	
VIDAZA INJECTION RECON SOLN 100 MG (azacitidine)	Tier 4	
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 4	ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)
XELODA ORAL TABLET 150 MG, 500 MG (capecitabine)	Tier 4	PA
Antineoplast Egf Receptor Blocker Rcmb Mc Antibody		
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	Tier 4	PA
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	Tier 4	PA
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	Tier 4	PA
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 4	PA
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 4	PA
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	Tier 4	PA
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 4	PA

Drug	Status	Notes
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 4	PA
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	Tier 4	PA
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	Tier 4	PA
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	Tier 4	PA
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 4	PA
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	Tier 4	PA
Antineoplast Hum Vegf Inhibitor Recomb Mc Antibody		
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	Tier 4	PA
MVASI INTRAVENOUS SOLUTION 25 MG/ML	Tier 4	PA
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	Tier 4	PA
Antineoplastic - Antibiotic And Antimetabolite		
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	Tier 4	PA
Antineoplastic - Anti-Cd38 Monoclonal Antibody		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	Tier 4	PA
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	Tier 4	PA
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	Tier 4	PA
Antineoplastic - Anti-Slamf7 Monoclonal Antibody		
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	Tier 4	PA
Antineoplastic Aromatase Inhibitors		
<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)
ARIMIDEX ORAL TABLET 1 MG (anastrozole)	Tier 2	
AROMASIN ORAL TABLET 25 MG (exemestane)	Tier 2	
<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)
FEMARA ORAL TABLET 2.5 MG (letrozole)	Tier 2	

Drug	Status	Notes
letrozole oral tablet 2.5 mg (Femara)	Tier 1	
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA
ZELBORAF ORAL TABLET 240 MG	Tier 4	PA; QL (8 EA per 1 day)
Antineoplastic - Cd19 (B Lymphocyte) Mc Antibody		
MONJUVI INTRAVENOUS RECON SOLN 200 MG	Tier 4	PA
Antineoplastic - Egfr And Met Receptor Inhib, Mab		
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	Tier 4	PA
Antineoplastic - Epoprostanolol And Analogs		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	Tier 4	PA
Antineoplastic - Halichondrin B Analogs		
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	Tier 4	PA
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 4	PA
ERIVEDGE ORAL CAPSULE 150 MG	Tier 4	PA; QL (1 EA per 1 day)
ODOMZO ORAL CAPSULE 200 MG	Tier 4	PA
Antineoplastic - Immunotherapy, Therapeutic Vac		
PROVENGE INTRAVENOUS SUSPENSION 50 MILLION CELL/250 ML	Tier 4	
Antineoplastic - Immunotherapy, Virus-Based Agents		
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML	Tier 4	PA
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 4	PA
Antineoplastic - Kras Protein Inhibitor		
LUMAKRAS ORAL TABLET 120 MG	Tier 4	PA
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC ORAL TABLET 20 MG	Tier 4	PA; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 4	PA

Drug	Status	Notes
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 4	PA
MEKTOVI ORAL TABLET 15 MG	Tier 4	PA; QL (6 EA per 1 day)
Antineoplastic - Mtor Kinase Inhibitors		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG (everolimus (antineoplastic))	Tier 4	PA
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (everolimus (antineoplastic))	Tier 4	PA
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor)	Tier 4	PA
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i> (Torisel)	Tier 4	PA
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST) (temsirolimus)	Tier 4	PA
Antineoplastic - Protein Methyltransferase Inhibit		
TAZVERIK ORAL TABLET 200 MG	Tier 4	PA
Antineoplastic - Topoisomerase I Inhibitors		
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML (irinotecan)	Tier 4	
HYCAMTIN INTRAVENOUS RECON SOLN 4 MG (topotecan)	Tier 4	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 4	
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i> (Camptosar)	Tier 4	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	Tier 4	
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	Tier 4	PA
<i>topotecan intravenous recon soln 4 mg</i> (Hycamtin)	Tier 4	
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	Tier 4	
Antineoplastic - Vegf-A,B & P1gf Inhibitor		
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	Tier 4	PA
Antineoplastic - Vegfr Antagonist		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	Tier 4	PA
Antineoplastic- Cd22 Antibody-Cytotoxic Antibiotic		
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	Tier 4	PA

Drug	Status	Notes
Antineoplastic- Cd33 Antibody-Cytotoxic Antibiotic		
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	Tier 4	PA
Antineoplastic Comb - Kinase And Aromatase Inhibit		
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
Antineoplastic Immunomodulator Agents		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 4	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 4	PA
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 4	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 4	QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Tier 4	QL (2 EA per 365 days)
ORGOVYX ORAL TABLET 120 MG	Tier 4	PA
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	Tier 4	PA
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	Tier 4	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 4	PA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 4	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 4	PA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 4	PA
<i>bortezomib intravenous recon soln 3.5 mg</i>	Tier 4	PA
BOSULIF ORAL TABLET 100 MG	Tier 4	PA; QL (3 EA per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	Tier 4	PA; QL (1 EA per 1 day)
BRUKINSA ORAL CAPSULE 80 MG	Tier 4	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 4	PA
CALQUENCE ORAL CAPSULE 100 MG	Tier 4	PA

Drug	Status	Notes
CAPRELSA ORAL TABLET 100 MG (vandetanib)	Tier 4	PA; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	Tier 4	PA; 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; QL (112 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 4	PA
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i> (Tarceva)	Tier 4	PA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 4	PA
GAVRETO ORAL CAPSULE 100 MG	Tier 4	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 4	PA
GLEEVEC ORAL TABLET 100 MG, 400 MG (imatinib)	Tier 4	PA
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 4	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 4	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 4	PA
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	Tier 4	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 4	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	Tier 4	PA
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 4	PA
INREBIC ORAL CAPSULE 100 MG	Tier 4	PA
IRESSA ORAL TABLET 250 MG	Tier 4	PA
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
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	Tier 4	PA
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	Tier 4	PA
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
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 4	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 4	PA
NERLYNX ORAL TABLET 40 MG	Tier 4	PA
NEXAVAR ORAL TABLET 200 MG	Tier 4	PA; QL (4 EA per 1 day)

Drug	Status	Notes
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 4	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 4	PA
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
QINLOCK ORAL TABLET 50 MG	Tier 4	PA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Tier 4	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 4	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 4	PA
RYDAPT ORAL CAPSULE 25 MG	Tier 4	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 4	PA
STIVARGA ORAL TABLET 40 MG	Tier 4	PA; QL (3 EA per 1 day)
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	Tier 4	PA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (sunitinib)	Tier 4	PA
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 4	PA
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 4	PA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	Tier 4	PA
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG (erlotinib)	Tier 4	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 4	PA; QL (4 EA per 1 day)
TEPMETKO ORAL TABLET 225 MG	Tier 4	PA
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
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 4	PA
TURALIO ORAL CAPSULE 200 MG	Tier 4	PA
TYKERB ORAL TABLET 250 MG (lapatinib)	Tier 4	PA
UKONIQ ORAL TABLET 200 MG	Tier 4	PA
VELCADE INJECTION RECON SOLN 3.5 MG	Tier 4	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 4	PA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 4	PA

Drug	Status	Notes
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 4	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 4	PA
VOTRIENT ORAL TABLET 200 MG	Tier 4	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 4	PA
XOSPATA ORAL TABLET 40 MG	Tier 4	PA
ZEJULA ORAL CAPSULE 100 MG	Tier 4	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 4	PA
ZYKADIA ORAL TABLET 150 MG	Tier 4	PA
Antineoplastic,Anti-Programmed Death-1 (Pd-1) Mab		
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	Tier 4	PA
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	Tier 4	PA
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	Tier 4	PA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	Tier 4	PA
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	Tier 4	PA
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 4	PA
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML (romidepsin)	Tier 4	PA
<i>romidepsin intravenous solution 5 mg/ml</i>	Tier 4	PA
ZOLINZA ORAL CAPSULE 100 MG	Tier 4	
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 4	PA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 4	PA
Antineoplastic-Cd123-Directed Cytotoxin Conjugate		
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	Tier 4	PA
Antineoplastic-Cd19 Dir. Car-T Cell Immunotherapy		
ABECMA INTRAVENOUS SUSPENSION 300X10EXP6 TO 460X10EXP6 CELL	Tier 4	PA

Drug	Status	Notes
BREYANZI CD4 COMPONENT (2OF 2) INTRAVENOUS SUSPENSION 1.5 X TO 70 X 10EXP6 CELL/ML	Tier 4	PA
BREYANZI CD8 COMPONENT (1OF 2) INTRAVENOUS SUSPENSION 1.5 X TO 70 X 10EXP6 CELL/ML	Tier 4	PA
BREYANZI INTRAVENOUS SUSPENSION 1.5 X TO 70 X 10EXP6 CELL/ML	Tier 4	PA
KYMRIAH INTRAVENOUS SUSPENSION 0.2X10EXP6 TO 2.5X10EXP8 CELL, 0.6 TO 6 X 10EXP8 CELL	Tier 4	PA
TECARTUS INTRAVENOUS SUSPENSION 2X10EXP6 TO 2X10EXP8 CELL	Tier 4	PA
YESCARTA INTRAVENOUS SUSPENSION	Tier 4	PA
Antineoplastic-Cd22 Direct Antibody/Cytotoxin Conj		
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	Tier 4	PA
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
WELIREG ORAL TABLET 40 MG	Tier 4	PA
Antineoplastic-Interleukin-6(Il- 6)Inhib,Antibody		
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	Tier 4	PA
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 4	PA
TIBSOVO ORAL TABLET 250 MG	Tier 4	PA
Antineoplastics Antibody/Antibody- Drug Complexes		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	Tier 4	PA
BLNREP INTRAVENOUS RECON SOLN 100 MG	Tier 4	PA
BLINCYTO INTRAVENOUS KIT 35 MCG	Tier 4	PA
BLINCYTO INTRAVENOUS RECON SOLN 35 MCG	Tier 4	PA
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	Tier 4	PA
ENHERTU INTRAVENOUS RECON SOLN 100 MG	Tier 4	PA
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	Tier 4	PA
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	Tier 4	PA

Drug	Status	Notes
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	Tier 4	PA
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	Tier 4	PA
TRODELVY INTRAVENOUS RECON SOLN 180 MG	Tier 4	PA
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	Tier 4	PA
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML	Tier 4	
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	Tier 4	PA
Antineoplastics, Miscellaneous		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	Tier 4	PA
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	Tier 4	
<i>arsenic trioxide intravenous solution 2 (Trisenox) mg/ml</i>	Tier 4	
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	Tier 4	PA
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG, 80 MG	Tier 4	
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	Tier 4	
ERWINASE INJECTION RECON SOLN 10,000 UNIT	Tier 4	PA
ERWINAZE INJECTION RECON SOLN 10,000 UNIT	Tier 4	PA
<i>etoposide oral capsule 50 mg</i>	Tier 1	
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	Tier 4	
LYSODREN ORAL TABLET 500 MG	Tier 4	
MATULANE ORAL CAPSULE 50 MG	Tier 4	
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	Tier 4	PA
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	Tier 4	PA
ONXOL INTRAVENOUS (paclitaxel) CONCENTRATE 6 MG/ML	Tier 4	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	Tier 4	
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Tier 4	PA
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	Tier 4	PA

Drug	Status	Notes
<i>teniposide intravenous solution 50 mg/5 ml</i>	Tier 4	
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 4	
TRISENOX INTRAVENOUS SOLUTION (arsenic trioxide) 2 MG/ML	Tier 4	
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
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
Anti-Programmed Cell Death-Ligand 1 (Pd-L1) Mab		
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	Tier 4	PA
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	Tier 4	PA
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	Tier 4	PA
Chemotherapy Rescue/Antidote Agents		
COSELA INTRAVENOUS RECON SOLN 300 MG	Tier 4	PA
FUSILEV INTRAVENOUS RECON (levoleucovorin calcium) SOLN 50 MG	Tier 4	
KHAPZORY INTRAVENOUS RECON SOLN 175 MG, 300 MG	Tier 4	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i> (Fusilev)	Tier 4	
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	Tier 4	
MESNEX ORAL TABLET 400 MG	Tier 3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Tier 4	QL (24 EA per 14 days)
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT	Tier 4	
Cytotoxic T-Lymphocyte Antigen(Ctla-4)Rmc Antibody		
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	Tier 4	PA

Drug	Status	Notes
Intrapleural Sclerosing Agents, Antineoplast. Adj.		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 3	
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 1	
Photoactivated, Antineoplastic Agents (Systemic)		
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG	Tier 4	PA
Photoactivated, Antineopls. & Premalignant Lesions		
AMELUZ TOPICAL GEL 10 %	Tier 3	
LEVULAN TOPICAL SOLUTION 20 %	Tier 3	
Radioactive Therapeutic Agents		
AZEDRA DOSIMETRIC INTRAVENOUS SOLUTION 30 MCI/2 ML	Tier 4	PA
AZEDRA THERAPEUTIC INTRAVENOUS SOLUTION 337.5 MCI/22.5 ML	Tier 4	PA
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
<i>sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)</i>	Tier 1	
XOFIGO INTRAVENOUS SOLUTION 1,100 KBQ/ML(30 MICROCURIE/ML)	Tier 4	
Selective Estrogen Receptor Modulators (Serm)		
FARESTON ORAL TABLET 60 MG (toremifene)	Tier 4	PA
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML (fulvestrant)	Tier 4	PA
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	Tier 4	PA
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
Selective Retinoid X Receptor Agonists (Rxr)		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Tier 4	PA
TARGRETIN ORAL CAPSULE 75 MG (bexarotene)	Tier 4	PA
Steroid Antineoplastics		
EMCYT ORAL CAPSULE 140 MG	Tier 4	
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	

Drug	Status	Notes
Vinca Alkaloids		
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	Tier 4	PA
NAVELBINE INTRAVENOUS SOLUTION 10 MG/ML, 50 MG/5 ML (vinorelbine)	Tier 4	
<i>vinblastine intravenous solution 1 mg/ml</i>	Tier 4	
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine)	Tier 4	
Neurological Disease - Miscellaneous		
Agents To Treat Multiple Sclerosis		
AUBAGIO ORAL TABLET 14 MG, 7 MG	Tier 4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	Tier 4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 4	PA
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	Tier 4	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 4	PA
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	Tier 4	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 4	PA
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (interferon beta-1b)	Tier 4	PA
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)	Tier 4	PA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	Tier 4	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	Tier 4	PA
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG (interferon beta-1b)	Tier 4	PA
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	Tier 4	PA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Copaxone)	Tier 4	PA
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)	Tier 4	PA
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 4	PA
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	Tier 4	PA
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA

Drug	Status	Notes
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA
MAYZENT ORAL TABLET 0.25 MG, 2 MG	Tier 4	PA
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 4	PA
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	Tier 4	PA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	Tier 4	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 4	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 4	PA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	Tier 4	PA
PONVORY ORAL TABLET 20 MG	Tier 4	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 4	PA
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
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 4	PA
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG (dimethyl fumarate)	Tier 4	PA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 4	PA
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 4	PA
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG	Tier 4	PA

Drug	Status	Notes
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)-0.46 MG (3)	Tier 4	PA
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG (dalfampridine)	Tier 4	PA
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Tier 4	PA
FIRDAPSE ORAL TABLET 10 MG	Tier 4	PA
RUZURGI ORAL TABLET 10 MG	Tier 4	PA
Amyotrophic Lateral Sclerosis Agents		
EXSERVAN ORAL FILM 50 MG	Tier 4	PA
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	Tier 4	PA
RILUTEK ORAL TABLET 50 MG (riluzole)	Tier 3	
<i>riluzole oral tablet 50 mg</i> (Rilutek)	Tier 1	
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 4	PA
Anti-Cd19 (B Lymphocyte) Monoclonal Antibody		
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	Tier 4	PA
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib		
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	
Leukocyte Adhesion Inhib,Alpha4-Mediat Igg4k Mc Ab		
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	Tier 4	PA
Metabolic Disease Enzyme Replacement, Batten Disea		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2)	Tier 4	PA
BRINEURA INTRAVENTRICULAR SOLUTION 150 MG/ 5 ML	Tier 4	PA
Metabolic Disease Enzyme Replacement, Moccd		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Tier 4	PA
Movement Disorders(Drug Therapy)		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 4	PA

Drug	Status	Notes
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	Tier 3	ST: Requires prior prescription for Gabapentin, Pramipexole IR, or Ropinirole IR within the past 120 days; QL (30 EA per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	Tier 3	ST: Requires prior prescription for Gabapentin, Pramipexole IR, or Ropinirole IR within the past 120 days; QL (2 EA per 1 day)
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 4	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 4	PA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	Tier 4	PA
XENAZINE ORAL TABLET 12.5 MG, 25 MG	Tier 4	PA
Neuropathic Agents		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG (pregabalin)	Tier 3	ST: At least 2 prior prescriptions for Amitriptyline, Desipramine, Divalproex, Doxepin, Duloxetine, Gabapentin, Imipramine HCL, Imipramine Pamoate, Maprotiline, Nortriptyline, Pregabalin, Valproic Acid, or Venlafaxine within the past 365 days; QL (3 EA per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG (pregabalin)	Tier 3	ST: At least 2 prior prescriptions for Amitriptyline, Desipramine, Divalproex, Doxepin, Duloxetine, Gabapentin, Imipramine HCL, Imipramine Pamoate, Maprotiline, Nortriptyline, Pregabalin, Valproic Acid, or Venlafaxine within the past 365 days; QL (2 EA per 1 day)

Drug	Status	Notes
<i>pregabalin oral tablet extended release</i> (Lyrica CR) <i>24 hr 165 mg, 82.5 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Amitriptyline, Desipramine, Divalproex, Doxepin, Duloxetine, Gabapentin, Imipramine HCL, Imipramine Pamoate, Maprotiline, Nortriptyline, Pregabalin, Valproic Acid, or Venlafaxine within the past 365 days; QL (3 EA per 1 day)
<i>pregabalin oral tablet extended release</i> (Lyrica CR) <i>24 hr 330 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Amitriptyline, Desipramine, Divalproex, Doxepin, Duloxetine, Gabapentin, Imipramine HCL, Imipramine Pamoate, Maprotiline, Nortriptyline, Pregabalin, Valproic Acid, or Venlafaxine within the past 365 days; QL (2 EA per 1 day)
Postherpetic Neuralgia Agents		
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	Tier 3	ST: Requires prior prescription for Gabapentin immediate release within the past 120 days; QL (3 EA per 1 day)
GRALISE ORAL TABLET, EXT REL 24HR DOSE PACK 300 MG (9)- 600 MG (24)	Tier 3	ST: Requires prior prescription for Gabapentin immediate release within the past 120 days; QL (33 EA per 15 days)
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists		
NUDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Pareox Oral Rinse)	Tier 1	
ORALONE DENTAL PASTE 0.1 % (triamcinolone acetonide)	Tier 1	
PAROEX ORAL RINSE MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)	Tier 1	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)	Tier 2	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)	Tier 1	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	Tier 1	

Drug	Status	Notes
Keratinocyte Growth Factor (Kgf)		
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	Tier 4	
Nose Preparations, Miscellaneous (Rx)		
ALZAIR NASAL SPRAY, NON-AEROSOL	Tier 3	
<i>cocaine nasal solution 4 %</i> (Numbrino)	Tier 1	
GOPRELTO NASAL SOLUTION 4 % (cocaine)	Tier 3	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 1	
NUMBRINO NASAL SOLUTION 4 % (cocaine)	Tier 1	
Periodontal Collagenase Inhibitors		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
Periodontal Tetracycline Antiinfective, Local		
ARESTIN DENTAL CARTRIDGE 1 MG	Tier 4	PA
Other Drugs		
Abortifacient, Progesterone Receptor Antagonist-Typ		
MIFEPREX ORAL TABLET 200 MG (mifepristone)	Tier 3	
<i>mifepristone oral tablet 200 mg</i> (Mifeprex)	Tier 1	
Agents For Stomatological Use		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 3	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %	Tier 3	
Antivenins		
ANASCORP INTRAVENOUS RECON SOLN 120 MG	Tier 3	
Appetite Stim. For Anorexia, Cachexia, Wasting Synd.		
<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 within the past 120 days
Blood Collection Set With Local Anesthetics		
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	

Drug	Status	Notes
Blood Testing Preparations, In-Vitro		
PRECISION XTRA B-KETONE STRIP (ketone blood test)	Tier 2	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
Calcium Channel Blocker And Nsaid, Cox-2 Inhibitor		
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	Tier 3	PA
Cardioplegic Solutions		
<i>cardioplegic soln perfusion solution 16 meq/l (= k+)</i> (Plegisol)	Tier 1	
PLEGISOL PERFUSION SOLUTION 16 MEQ/L (= K+)	Tier 3	
Cholinesterase Reactivat.&Muscarinic Antg.Antidote		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 3	
Cholinesterase Reactivating, Organophos. Antidotes		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 3	
Condoms		
FC2 FEMALE CONDOM	PREV	QL (30 EA per 30 days)
Cryopreservative Agents		
CRYOSERV SOLUTION 99 %	Tier 3	
Cxcr4 Chemokine Receptor Antagonist		
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	Tier 4	PA
Cystic Fibrosis - Inhaled Osmotic Agents		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 4	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)
Diluent Solutions		
<i>diluent for decitabine intravenous solution</i>	Tier 4	
DILUENT FOR ELIGARD SUBCUTANEOUS SYRINGE	Tier 4	
DILUENT FOR JEVTANA INTRAVENOUS SOLUTION 5.7 ML	Tier 4	

Drug	Status	Notes
<i>diluent for melphalan intravenous solution 10 ml</i>	Tier 4	
DILUENT FOR NOVOSEVEN RT SUBCUTANEOUS SYRINGE	Tier 4	
DILUENT FOR VIVITROL INTRAMUSCULAR SOLUTION	Tier 4	
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION	Tier 3	
Drugs To Treat Hereditary Tyrosinemia		
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> (Orfadin)	Tier 4	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 4	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG (nitisinone)	Tier 4	PA
ORFADIN ORAL CAPSULE 20 MG	Tier 4	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 4	PA
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing		
CERDELGA ORAL CAPSULE 84 MG	Tier 4	PA
<i>miglustat oral capsule 100 mg</i> (Zavesca)	Tier 4	PA
ZAVESCA ORAL CAPSULE 100 MG (miglustat)	Tier 4	PA
Environment Allergens And Irritants, Other		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH, MEDICATED	Tier 3	
General Anesthetics, Inhalant		
<i>desflurane inhalation liquid 100 %</i> (Suprane)	Tier 1	
FORANE INHALATION LIQUID 99.9 % (isoflurane)	Tier 3	
<i>isoflurane inhalation liquid 99.9 %</i> (Terrell)	Tier 1	
<i>sevoflurane inhalation liquid</i> (Ultane)	Tier 1	
SUPRANE INHALATION LIQUID 100 % (desflurane)	Tier 3	
TERRELL INHALATION LIQUID 99.9 % (isoflurane)	Tier 1	
ULTANE INHALATION LIQUID (sevoflurane)	Tier 3	
General Inhalation Agents		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (sodium chloride)	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 3	
PULMOSAL INHALATION SOLUTION FOR NEBULIZATION 7 % (sodium chloride)	Tier 2	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>	Tier 1	
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	Tier 1	
<i>sodium chloride inhalation solution for nebulization 7 %</i> (Pulmosal)	Tier 1	

Drug	Status	Notes
Homeopathic Drugs		
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	
SYZYGium COMPOSITUM ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL TABLET,SOLUBLE	Tier 3	
Intra-Uterine Devices (IUD's)		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	PREV	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/24 HRS (6 YRS) 52 MG	PREV	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (7 YRS) 52 MG	PREV	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	PREV	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	PREV	
Metabolic Deficiency Agents		
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine)	Tier 3	
CARNITOR ORAL SOLUTION 100 MG/ML (levocarnitine (with sugar))	Tier 3	
CARNITOR ORAL TABLET 330 MG (levocarnitine)	Tier 3	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	Tier 4	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	Tier 1	
<i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free))	Tier 1	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	Tier 1	

Drug	Status	Notes
Metabolic Disease Enzyme Replace, Hypophosphatasia		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Tier 4	PA
Metabolic Disease Enzyme Replacement, Fabry's Dx		
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	Tier 4	PA
Metabolic Disease Enzyme Replacement, Gaucher's Dx		
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	Tier 4	PA
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	Tier 4	PA
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	Tier 4	PA
Metabolic Disease Enzyme Replacement, Pompe Disease		
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	Tier 4	PA
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG	Tier 4	PA
Metabolic Dx Enzyme Replace, Mucopolysaccharidosis		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	Tier 4	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	Tier 4	
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	Tier 4	PA
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	Tier 4	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	Tier 4	PA
Metabolic Dx Enzyme Replacemt, Sev. Comb. Immune Def.		
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 4	PA
Metabolic Function Diagnostics		
MACRILEN ORAL RECON SOLN 0.5 MG/ML	Tier 4	
Metallic Poison, Agents To Treat		
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
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	Tier 4	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	Tier 4	PA

Drug	Status	Notes
<i>deferiprone oral tablet 500 mg</i> (Ferriprox)	Tier 4	PA
<i>deferoxamine injection recon soln 2 gram</i>	Tier 1	PA
<i>deferoxamine injection recon soln 500 mg</i> (Desferal)	Tier 1	PA
DESFERAL INJECTION RECON SOLN 500 MG (deferoxamine)	Tier 3	PA
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG (deferasirox)	Tier 4	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG	Tier 4	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 4	PA
FERRIPROX ORAL TABLET 1,000 MG	Tier 4	PA
FERRIPROX ORAL TABLET 500 MG (deferiprone)	Tier 4	PA
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 3	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (deferasirox)	Tier 4	PA
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG (deferasirox)	Tier 4	PA
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 3	
SYPRINE ORAL CAPSULE 250 MG (trientine)	Tier 4	PA
<i>trientine oral capsule 250 mg</i> (Syprine)	Tier 4	PA
WILZIN ORAL CAPSULE 25 MG (ZINC)	Tier 3	
Muscarinic Receptor Antagonists		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 3	
Needles/Needleless Devices		
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" (pen needle, diabetic)	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" (pen needle, diabetic)	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" (pen needle, diabetic)	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" (pen needle, diabetic)	Tier 2	
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 2	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic)	Tier 2	

Drug	Status	Notes
BD NANO 2ND GEN PEN NEEDLE (pen needle, diabetic) NEEDLE 32 GAUGE X 5/32"	Tier 2	
BD ULTRA-FINE MICRO PEN NEEDLE (pen needle, diabetic) NEEDLE 32 GAUGE X 1/4"	Tier 2	
BD ULTRA-FINE MINI PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 3/16"	Tier 2	
BD ULTRA-FINE NANO PEN NEEDLE (pen needle, diabetic) NEEDLE 32 GAUGE X 5/32"	Tier 2	
BD ULTRA-FINE ORIG PEN NEEDLE (pen needle, diabetic) NEEDLE 29 GAUGE X 1/2"	Tier 2	
BD ULTRA-FINE SHORT PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 5/16"	Tier 2	
CAREFINE PEN NEEDLE NEEDLE 29 (pen needle, diabetic) 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 (pen needle, diabetic) 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 (pen needle, diabetic) GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
COMFORT EZ PEN NEEDLES NEEDLE (pen needle, diabetic) 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", 33 GAUGE X 5/32"	Tier 2	
COMFORT EZ PEN NEEDLES NEEDLE 32 GAUGE X 5/16", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16"	Tier 2	
COMFORT TOUCH PEN NEEDLE (pen needle, diabetic) 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	
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 5/32", 32 GAUGE X 5/16", 33 GAUGE X 1/4", 33 GAUGE X 3/16"	Tier 2	
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	Tier 2	
DROPLET PEN NEEDLE NEEDLE 29 (pen needle, diabetic) 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 3/16", 32 GAUGE X 5/32"	Tier 2	
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 3/8", 32 GAUGE X 5/16"	Tier 2	

Drug	Status	Notes
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	
EASY COMFORT PEN NEEDLES (pen needle, diabetic) NEEDLE 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	
EASY COMFORT PEN NEEDLES NEEDLE 33 GAUGE X 1/4", 33 GAUGE X 3/16"	Tier 2	
EASY GLIDE PEN NEEDLE NEEDLE (pen needle, diabetic) 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 (pen needle, diabetic) 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	
HEALTHWISE PEN NEEDLE NEEDLE (pen needle, diabetic) 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"	Tier 2	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 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 5/32", 33 GAUGE X 5/32"	Tier 2	
INSUPEN NEEDLE 32 GAUGE X 5/16"	Tier 2	
LITE TOUCH INSULIN PEN NEEDLES (pen needle, diabetic) NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 2	
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	

Drug	Status	Notes
MICRODOT INSULIN PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	
MINI ULTRA-THIN II NEEDLE 31 (pen needle, diabetic) GAUGE X 3/16"	Tier 2	
NOVOFINE 32 NEEDLE 32 GAUGE X (pen needle, diabetic) 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 (pen needle, diabetic) 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", (pen needle, diabetic) 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
PIP PEN NEEDLE NEEDLE 31 GAUGE (pen needle, diabetic) 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 (pen needle, diabetic) 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 (pen needle, diabetic) NEEDLE 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 5/16"	Tier 2	
RELION NEEDLES NEEDLE 31 (pen needle, diabetic) GAUGE X 1/4"	Tier 2	
RELION PEN NEEDLES NEEDLE 32 (pen needle, diabetic) GAUGE X 5/32"	Tier 2	

Drug	Status	Notes
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 (pen needle, diabetic) 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 (pen needle, diabetic) 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 2	
TECHLITE PEN NEEDLE NEEDLE 29 (pen needle, diabetic) 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	
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 3/8", 32 GAUGE X 5/16"	Tier 2	
TOPCARE CLICKFINE NEEDLE 31 (pen needle, diabetic) GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	
TRUE COMFORT PEN NEEDLE (pen needle, diabetic) 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 (pen needle, diabetic) 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 (pen needle, diabetic) 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	Tier 2	
ULTILET PEN NEEDLE NEEDLE 32 (pen needle, diabetic) GAUGE X 5/32"	Tier 2	
ULTRA FLO PEN NEEDLE NEEDLE 29 (pen needle, diabetic) 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	

Drug	Status	Notes
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	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" (pen needle, diabetic)	Tier 2	
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 2	
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	Tier 2	
UNIFINE PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16"	Tier 2	
UNIFINE PENTIPS NEEDLE 29 GAUGE	Tier 2	
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 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16"	Tier 2	
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" (pen needle, diabetic)	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" (pen needle, diabetic)	Tier 2	
Neuromuscular Blocking Agents		
BOTOX INJECTION RECON SOLN 200 UNIT	Tier 4	PA
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	Tier 4	PA
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	Tier 4	PA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	Tier 4	PA
Ointment/Cream Bases		
RADIAGEL TOPICAL GEL	Tier 3	
Oral Lipid Supplements		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 4	PA
Oral Mucositis/Stomatitis Agents		
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	Tier 3	
GELX MUCOUS MEMBRANE GEL	Tier 3	
MUGARD MUCOUS MEMBRANE SOLUTION	Tier 3	

Drug	Status	Notes
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Tier 3	
ORAPEUTIC MUCOUS MEMBRANE GEL	Tier 3	
Oral Mucositis/Stomatitis Anti-Inflammatory Agent		
EPISIL MUCOUS MEMBRANE GEL FORMING SOLUTION	Tier 3	
Saliva Stimulant Agents		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 3	
Saliva Substitute Agents		
AQUORAL MUCOUS MEMBRANE AEROSOL,SPRAY	Tier 3	
BOCASAL MUCOUS MEMBRANE POWDER IN PACKET 538 MG	Tier 3	
CAPHOSOL MUCOUS MEMBRANE SOLUTION	Tier 3	
MUCOSITISRX MUCOUS MEMBRANE POWDER IN PACKET 351 MG	Tier 3	
NEUTRASAL MUCOUS MEMBRANE POWDER IN PACKET	Tier 3	
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 3	
SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET 351 MG	Tier 3	
XEROSTOMIA RELIEF MUCOUS MEMBRANE AEROSOL,SPRAY	Tier 3	
Skin Tissue Replacement		
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	Tier 3	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM	Tier 3	
MATRISTEM MICROMATRIX TOPICAL POWDER 100 MG, 20 MG, 200 MG, 30 MG, 60 MG	Tier 3	
MATRISTEM TOPICAL SHEET 10 X 15 CM, 3 X 3 1/2 CM, 3 X 7 CM, 7 X 10 CM	Tier 3	
STRAVIX TOPICAL SHEET 2 X 4 CM	Tier 3	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM	Tier 3	

Drug	Status	Notes
Solvents		
MURI-LUBE OIL	Tier 3	
Somatostatic Agents		
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	Tier 4	PA
<i>octreotide acetate injection solution</i> 1,000 mcg/ml, 200 mcg/ml	Tier 4	
<i>octreotide acetate injection solution 100</i> (Sandostatin) <i>mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 4	
<i>octreotide acetate injection syringe 100</i> <i>mcg/ml (1 ml), 50 mcg/ml (1 ml), 500</i> <i>mcg/ml (1 ml)</i>	Tier 4	
SANDOSTATIN INJECTION SOLUTION (octreotide acetate) 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	Tier 4	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	Tier 4	
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	Tier 4	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 4	PA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	Tier 4	
Suspending Agents		
GELFILM IMPLANT FILM	Tier 3	
<i>hydroxypropyl cellulose powder</i>	Tier 3	
<i>hypromellose powder</i> (Methocel E 4 M)	Tier 3	
Tissue/Wound Adhesives		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML)	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 2 ML, 4 ML	Tier 3	
Vaccine Adjuvants		
SHINGRIX ADJUVANT COMPONENT- PF INTRAMUSCULAR SUSPENSION	PREV	QL (1 ML per 365 days); Age (Min 50 Years)
Vehicles		
<i>citric acid (bulk) powder</i>	Tier 3	
<i>citric acid anhydrous (bulk) granules 100</i> <i>%</i>	Tier 3	
Water		
<i>water for injection, sterile injection</i> <i>solution</i> (Sterile Water for IC- Green)	Tier 4	

Drug	Status	Notes
Wound Healing Agents, Local		
<i>balsam peru-castor oil topical ointment</i> (BPCO)	Tier 1	
BPCO TOPICAL OINTMENT (balsam peru-castor oil)	Tier 1	
DERMULCERA TOPICAL OINTMENT (balsam peru-castor oil)	Tier 3	
VENELEX TOPICAL OINTMENT (balsam peru-castor oil)	Tier 3	
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
ESBRIET ORAL CAPSULE 267 MG	Tier 4	PA
ESBRIET ORAL TABLET 267 MG, 801 MG	Tier 4	PA
Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator		
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	Tier 4	PA
KALYDECO ORAL TABLET 150 MG	Tier 4	PA
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	Tier 4	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 4	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 4	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 4	PA
Lung Surfactants		
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	
Mucolytics		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 4	PA
Pulmonary Fibrosis - Systemic Enzyme Inhibitors		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 4	PA

Drug	Status	Notes
Pain Management - Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		
ALLZITAL ORAL TABLET 25-325 MG (butalbital-acetaminophen)	Tier 3	ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (12 EA per 1 day)
BUPAP ORAL TABLET 50-300 MG (butalbital-acetaminophen)	Tier 3	ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 25-325 mg</i> (Allzital)	Tier 1	ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (12 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-300 mg</i> (Bupap)	Tier 1	ST: Requires prior prescription for generic 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 (butalbital-acetaminophen)	Tier 1	
Analgesic, Salicylate, Barbiturate, & Xanthine Cmb		
<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	
Analgesic, Non-Salicylate, Barbiturate, & Xanthine Cmb		
<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	
ESGIC ORAL CAPSULE 50-325-40 MG (butalbital-acetaminophen-caff)	Tier 3	
ESGIC ORAL TABLET 50-325-40 MG (butalbital-acetaminophen-caff)	Tier 2	

Drug	Status	Notes
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-acetaminophen-caff)	Tier 1	
VANATOL LQ ORAL SOLUTION 50-325-40 MG/15 ML	Tier 1	
VANATOL S ORAL SOLUTION 50-325-40 MG/15 ML	Tier 1	
VTOL LQ ORAL SOLUTION 50-325-40 MG/15 ML	Tier 1	
ZEBUTAL ORAL CAPSULE 50-325-40 MG (butalbital-acetaminophen-caff)	Tier 1	
Analgesic/Antipyretics, Salicylates		
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	PREV	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Aspir-Trin)	PREV	
ASPIR-TRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	PREV	
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
DISALCID ORAL TABLET 500 MG, 750 MG (salsalate)	Tier 2	
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	PREV	
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	Tier 1	
Analgesics, Narcotic Agonist And Nsaid Combination		
<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 (hydrocodone-ibuprofen)	Tier 1	
Analgesics, Narcotics		
ACTIQ BUCCAL LOZENGE ON A HANDLE 1,200 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (fentanyl citrate)	Tier 3	PA
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine hcl)	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 (buprenorphine hcl)	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

Drug	Status	Notes
<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</i> (Butrans) <i>10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	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	
BUTRANS TRANSDERMAL PATCH (buprenorphine) WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<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)
CONZIP ORAL CAPSULE,ER BIPHASE (tramadol) 24 HR 17-83 300 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
CONZIP ORAL CAPSULE,ER BIPHASE (tramadol) 24 HR 25-75 100 MG, 200 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 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	
DEMEROL INJECTION SOLUTION 50 (meperidine) MG/ML	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 1 (hydromorphone (pf)) MG/ML, 2 MG/ML, 4 MG/ML	Tier 3	
DILAUDID ORAL LIQUID 1 MG/ML (hydromorphone)	Tier 2	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (hydromorphone)	Tier 2	
DISKETS ORAL TABLET,SOLUBLE 40 (methadone) MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML (morphine (pf))	Tier 3	

Drug	Status	Notes
<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 citrate buccal tablet, effervescent 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Fentora)	Tier 1	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 3 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (fentanyl citrate)	Tier 3	PA
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	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 (pf) injection solution 10 mg/ml, 2 mg/ml</i>	Tier 1	
<i>hydromorphone injection solution 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>hydromorphone injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	Tier 1	
<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 (hydrocodone bitartrate)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)

Drug	Status	Notes
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 400 MCG/SPRAY	Tier 3	PA
<i>levorphanol tartrate oral tablet 2 mg, 3 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>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 (methadone)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 ML per 1 day)
<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)

Drug	Status	Notes
METHADOSE ORAL CONCENTRATE (methadone) 10 MG/ML	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 ML per 1 day)
METHADOSE ORAL TABLET,SOLUBLE 40 MG (methadone)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i> (Duramorph (PF))	Tier 1	
<i>morphine (pf) intravenous syringe 1 mg/2 ml</i>	Tier 1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	PA
<i>morphine injection solution 10 mg/ml, 5 mg/ml, 8 mg/ml</i>	Tier 1	
<i>morphine injection syringe 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	Tier 1	
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 1	
<i>morphine intravenous syringe 10 mg/ml, 4 mg/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 capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 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 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	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> (MS Contin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	

Drug	Status	Notes
MS CONTIN ORAL TABLET (morphine) EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	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 5 mg</i>	Tier 1	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 1	PA
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1	
<i>oxycodone oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>oxycodone oral tablet 15 mg, 30 mg, 5 mg</i> (Roxicodone)	Tier 1	
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</i> (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 80 mg</i> (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 (oxycodone)	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 (oxycodone)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)

Drug	Status	Notes
<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
ROXICODONE ORAL TABLET 15 MG, 30 MG, 5 MG (oxycodone)	Tier 2	
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY	Tier 3	PA
<i>tramadol oral capsule, er biphasic 24 hr 17-83 300 mg</i> (ConZip)	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 capsule, er biphasic 24 hr 25-75 100 mg, 200 mg</i> (ConZip)	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 100 mg</i>	Tier 1	QL (4 EA per 1 day); Age (Min 12 Years)
<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 multiphasic 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 multiphasic 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)

Drug	Status	Notes
ULTRAM ORAL TABLET 50 MG (tramadol)	Tier 2	QL (8 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)
ZOXYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG (hydrocodone bitartrate)	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
Antimigraine Preparations		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 3	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 3	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)
AMERGE ORAL TABLET 1 MG, 2.5 MG (naratriptan)	Tier 2	QL (18 EA per 30 days)
CAFERGOT ORAL TABLET 1-100 MG (ergotamine-caffeine)	Tier 2	QL (10 EA per 7 days)
CAMBIA ORAL POWDER IN PACKET 50 MG	Tier 3	PA
D.H.E.45 INJECTION SOLUTION 1 MG/ML (dihydroergotamine)	Tier 3	QL (15 ML per 14 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)

Drug	Status	Notes
<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)
FROVA ORAL TABLET 2.5 MG (frovatriptan)	Tier 3	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 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)
IMITREX NASAL SPRAY, NON-AEROSOL 20 MG/ACTUATION, 5 MG/ACTUATION (sumatriptan)	Tier 2	QL (6 EA per 15 days)
IMITREX ORAL TABLET 100 MG (sumatriptan succinate)	Tier 2	QL (9 EA per 30 days)
IMITREX ORAL TABLET 25 MG, 50 MG (sumatriptan succinate)	Tier 2	QL (3 EA per 5 days)
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML (sumatriptan succinate)	Tier 2	QL (4 ML per 28 days)
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 6 MG/0.5 ML (sumatriptan succinate)	Tier 3	QL (4 ML per 28 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML (sumatriptan succinate)	Tier 2	QL (4 ML per 28 days)
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5 ML (sumatriptan succinate)	Tier 2	QL (5 ML per 28 days)
MAXALT ORAL TABLET 10 MG (rizatriptan)	Tier 2	QL (18 EA per 30 days)
MAXALT-MLT ORAL TABLET, DISINTEGRATING 10 MG (rizatriptan)	Tier 2	QL (18 EA per 30 days)
MIGRANAL NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML) (dihydroergotamine)	Tier 3	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (8 ML per 28 days)

Drug	Status	Notes
MIGRANOW KIT,GEL AND TABLET 50 MG- 10 %-4 %	Tier 3	
<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
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	Tier 3	ST: Requires prior prescription for generic Sumatriptan nasal spray within the past 120 days; QL (16 EA per 30 days)
RELPAX ORAL TABLET 20 MG, 40 MG (eletriptan)	Tier 3	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
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)
<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)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i> (Treximet)	Tier 1	ST: Requires prior prescription for Sumatriptan within the past 180 days; QL (9 EA per 30 days)
TOSYMRA NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION	Tier 3	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
TREXIMET ORAL TABLET 85-500 MG (sumatriptan-naproxen)	Tier 3	ST: Requires prior prescription for Sumatriptan within the past 180 days; QL (9 EA per 30 days)

Drug	Status	Notes
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 2	PA
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	Tier 4	PA
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	Tier 3	ST: Requires prior prescription for Sumatriptan Succinate within the past 120 days; QL (8 ML per 28 days)
<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)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG (zolmitriptan)	Tier 2	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG (zolmitriptan)	Tier 2	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (6 EA per 15 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (zolmitriptan)	Tier 2	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)

Drug	Status	Notes
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 2	PA
Narc.& Non-Sal.Analgesic,Barbiturate &Xanthine Cmb		
<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)
<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)
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG (butalbital-acetaminop-caf-cod)	Tier 3	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic & Salicylate Analgesics, Barb.& Xanthine		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG (codeine-butalbital-asa-caff)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG (codeine-butalbital-asa-caff)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-butalbital-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)
Narcotic Analgesic & Non-Salicylate Analgesic Comb		
<i>acetaminophen-codeine oral solution 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 (benzhydrocodone-acetaminophen)	Tier 3	ST: Requires prior prescription for Hydrocodone/acetaminophen tablets 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 tablets 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 (oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
HYCET ORAL SOLUTION 7.5-325 MG/15 ML (hydrocodone-acetaminophen)	Tier 2	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 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)

Drug	Status	Notes
<i>hydrocodone-acetaminophen oral tablet</i> 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 tablet</i> 5-300 mg, 7.5-300 mg	Tier 1	QL (13 EA per 1 day)
NALOCET ORAL TABLET 2.5-300 MG (oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet</i> 10-300 mg (Primlev)	Tier 1	QL (13 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet</i> 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg (Endocet)	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet</i> 2.5-300 mg (Nalocet)	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet</i> 5-300 mg (Prolate)	Tier 1	QL (13 EA per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)	Tier 2	QL (12 EA per 1 day)
PRIMLEV ORAL TABLET 10-300 MG (oxycodone-acetaminophen)	Tier 1	QL (13 EA per 1 day)
PRIMLEV ORAL TABLET 5-300 MG, 7.5-300 MG (oxycodone-acetaminophen)	Tier 3	QL (13 EA per 1 day)
PROLATE ORAL SOLUTION 10-300 MG/5 ML (oxycodone-acetaminophen)	Tier 3	QL (66 ML per 1 day)
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (oxycodone-acetaminophen)	Tier 1	QL (13 EA per 1 day)
<i>tramadol-acetaminophen oral tablet</i> 37.5-325 mg (Ultracet)	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
ULTRACET ORAL TABLET 37.5-325 MG (tramadol-acetaminophen)	Tier 3	QL (10 EA per 1 day); Age (Min 12 Years)
VICODIN HP ORAL TABLET 10-300 MG (hydrocodone-acetaminophen)	Tier 1	QL (13 EA per 1 day)
Narcotic Analgesic, Non-Salicylate, Xanthine Comb		
<i>acetaminophen-caff-dihydrocod oral capsule</i> 320.5-30-16 mg (Trezix)	Tier 1	ST: Requires prior prescription for Acetaminophen With Codeine tablets within the past 120 days; QL (10 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-caff-dihydrocod oral tablet</i> 325-30-16 mg (Dvorah)	Tier 1	ST: Requires prior prescription for Acetaminophen With Codeine tablets within the past 120 days; QL (10 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
DVORAH ORAL TABLET 325-30-16 MG (acetaminophen-caff-dihydrocod)	Tier 1	ST: Requires prior prescription for Acetaminophen With Codeine tablets within the past 120 days; QL (10 EA per 1 day); Age (Min 12 Years)
TREZIX ORAL CAPSULE 320.5-30-16 MG (acetaminophen-caff-dihydrocod)	Tier 3	ST: Requires prior prescription for Acetaminophen With Codeine tablets within the past 120 days; QL (10 EA per 1 day); Age (Min 12 Years)
Narcotic Withdrawal Therapy Agents		
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 mg, 8 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg</i> (Suboxone)	Tier 1	QL (2 EA per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg</i> (Suboxone)	Tier 1	QL (1 EA per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 1	QL (3 EA per 1 day)
PROBUPHINE SUBDERMAL IMPLANT 74.2 MG	Tier 4	PA
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	Tier 4	PA
SUBOXONE SUBLINGUAL FILM 12-3 MG, 8-2 MG (buprenorphine-naloxone)	Tier 2	QL (2 EA per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG (buprenorphine-naloxone)	Tier 2	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)
Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist		
LUCEMYRA ORAL TABLET 0.18 MG	Tier 3	PA
Skeletal Muscle Relaxant, Salicylate, Narc Analgesic		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
Parkinsons Disease		
Antiparkinsonism		
Drugs,Anticholinergic		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 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	
Antiparkinsonism Drugs,Other		
<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
AZILECT ORAL TABLET 0.5 MG, 1 MG (rasagiline)	Tier 2	QL (1 EA per 1 day)
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	Tier 1	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	Tier 1	
<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	
COMTAN ORAL TABLET 200 MG (entacapone)	Tier 2	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 4	PA
ELDEPRYL ORAL CAPSULE 5 MG (selegiline hcl)	Tier 2	
<i>entacapone oral tablet 200 mg</i> (Comtan)	Tier 1	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG	Tier 4	PA
INBRIJA INHALATION CAPSULE 42 MG	Tier 4	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 4	PA

Drug	Status	Notes
KYNMOBI SUBLINGUAL FILM 10 MG, 10-15-20-25-30 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 4	PA
MIRAPEX ER ORAL TABLET (pramipexole) EXTENDED RELEASE 24 HR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG	Tier 3	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
MIRAPEX ORAL TABLET 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG (pramipexole)	Tier 2	
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
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	Tier 3	PA
PARLODEL ORAL CAPSULE 5 MG (bromocriptine)	Tier 2	
PARLODEL ORAL TABLET 2.5 MG (bromocriptine)	Tier 2	
<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)
<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)

Drug	Status	Notes
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	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (carbidopa-levodopa)	Tier 2	
STALEVO 100 ORAL TABLET 25-100-200 MG (carbidopa-levodopa-entacapone)	Tier 2	
STALEVO 125 ORAL TABLET 31.25-125-200 MG (carbidopa-levodopa-entacapone)	Tier 2	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (carbidopa-levodopa-entacapone)	Tier 2	
STALEVO 200 ORAL TABLET 50-200-200 MG (carbidopa-levodopa-entacapone)	Tier 2	
STALEVO 50 ORAL TABLET 12.5-50-200 MG (carbidopa-levodopa-entacapone)	Tier 2	
STALEVO 75 ORAL TABLET 18.75-75-200 MG (carbidopa-levodopa-entacapone)	Tier 2	
TASMAR ORAL TABLET 100 MG (tolcapone)	Tier 3	ST: Requires prior prescription for Entacapone within the past 120 days; QL (3 EA per 1 day)
<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 (Sinemet IR, Sinemet CR, Duopa, Parcopa, 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 generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)
Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	Tier 1	
LODOSYN ORAL TABLET 25 MG (carbidopa)	Tier 2	
Seizure Disorder		
Anticonvulsant - Benzodiazepine Type		
<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	

Drug	Status	Notes
<i>clonazepam oral tablet, disintegrating</i> 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG (diazepam)	Tier 2	QL (1 EA per 1 FILL)
DIASTAT RECTAL KIT 2.5 MG (diazepam)	Tier 2	QL (1 EA per 1 FILL)
<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)
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (clonazepam)	Tier 2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 3	QL (10 EA per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)	Tier 3	QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	Tier 3	QL (2 EA per 1 day)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Tier 3	PA
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)
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 4	PA
Anticonvulsants		
ACTIVE-PAC KIT, GEL AND CAPSULE 300-4-1 MG-%-%	Tier 3	
APTIOM ORAL TABLET 200 MG, 400 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, 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, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 365 days; QL (2 EA per 1 day)

Drug	Status	Notes
BANZEL ORAL SUSPENSION 40 MG/ML (rufinamide)	Tier 3	ST: Requires prior prescription for Divalproex, Lamotrigine, Topiramate, or Valproic Acid within the past 120 days; QL (80 ML per 1 day)
BANZEL ORAL TABLET 200 MG (rufinamide)	Tier 3	ST: Requires prior prescription for Divalproex, Lamotrigine, Topiramate, or Valproic Acid within the past 120 days; QL (16 EA per 1 day)
BANZEL ORAL TABLET 400 MG (rufinamide)	Tier 3	ST: Requires prior prescription for Divalproex, Lamotrigine, Topiramate, or Valproic Acid within the past 120 days; QL (8 EA per 1 day)
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 (carbamazepine)	Tier 2	
CELONTIN ORAL CAPSULE 300 MG	Tier 3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex)	Tier 2	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (divalproex)	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex)	Tier 2	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 4	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	Tier 4	PA
DILANTIN EXTENDED ORAL CAPSULE 100 MG (phenytoin sodium extended)	Tier 2	

Drug	Status	Notes
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG (phenytoin)	Tier 2	
DILANTIN ORAL CAPSULE 30 MG	Tier 2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (phenytoin)	Tier 2	
<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	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> (Depakote)	Tier 1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG	Tier 3	ST: Requires prior prescription for Levetiracetam within the past 120 days; QL (3 EA per 1 day); Age (Min 12 Years)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG	Tier 3	ST: Requires prior prescription for Levetiracetam within the past 120 days; QL (2 EA per 1 day); Age (Min 12 Years)
EPITOL ORAL TABLET 200 MG (carbamazepine)	Tier 1	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	Tier 1	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	Tier 1	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	Tier 1	ST: Requires prior prescription for Lamotrigine or Topiramate within the past 120 days; QL (30 ML per 1 day)
<i>felbamate oral tablet 400 mg</i> (Felbatol)	Tier 1	ST: Requires prior prescription for Lamotrigine or Topiramate within the past 120 days; QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i> (Felbatol)	Tier 1	ST: Requires prior prescription for Lamotrigine or Topiramate within the past 120 days; QL (6 EA per 1 day)
FELBATOL ORAL SUSPENSION 600 MG/5 ML (felbamate)	Tier 3	ST: Requires prior prescription for Lamotrigine or Topiramate within the past 120 days; QL (30 ML per 1 day)
FELBATOL ORAL TABLET 400 MG (felbamate)	Tier 3	ST: Requires prior prescription for Lamotrigine or Topiramate within the past 120 days; QL (9 EA per 1 day)

Drug	Status	Notes
FELBATOL ORAL TABLET 600 MG (felbamate)	Tier 3	ST: Requires prior prescription for Lamotrigine or Topiramate within the past 120 days; QL (6 EA per 1 day)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 4	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, 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, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, 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, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (60 EA per 30 days)

Drug	Status	Notes
gabapentin oral capsule 100 mg, 300 mg, 400 mg (Neurontin)	Tier 1	
gabapentin oral solution 250 mg/5 ml (Neurontin)	Tier 1	
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	Tier 1	
gabapentin oral tablet 600 mg, 800 mg (Neurontin)	Tier 1	
GABITRIL ORAL TABLET 12 MG, 2 MG, 4 MG (tiagabine)	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
GABITRIL ORAL TABLET 16 MG (tiagabine)	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (3 EA per 1 day)
KEPPRA ORAL SOLUTION 100 MG/ML (levetiracetam)	Tier 2	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG (levetiracetam)	Tier 2	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG (levetiracetam)	Tier 3	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG (lamotrigine)	Tier 3	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 200 MG (lamotrigine)	Tier 3	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 25 MG, 50 MG (lamotrigine)	Tier 3	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)

Drug	Status	Notes
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7) (lamotrigine)	Tier 3	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14) (lamotrigine)	Tier 3	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7) (lamotrigine)	Tier 3	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	Tier 2	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG (lamotrigine)	Tier 2	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35) (lamotrigine)	Tier 2	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) (lamotrigine)	Tier 2	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) (lamotrigine)	Tier 2	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG (lamotrigine)	Tier 3	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 200 MG, 250 MG, 300 MG (lamotrigine)	Tier 3	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 25 MG, 50 MG (lamotrigine)	Tier 3	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
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
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

Drug	Status	Notes
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)
<i>lamotrigine oral tablet,disintegrating 25 mg, 50 mg</i> (Lamictal ODT)	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablets,dose pack 25 mg (35)</i> (Subvenite Starter (Blue) Kit)	Tier 1	

Drug	Status	Notes
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	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	(pregabalin) Tier 3	
LYRICA ORAL SOLUTION 20 MG/ML	(pregabalin) Tier 3	
MYSOLINE ORAL TABLET 250 MG, 50 MG	(primidone) Tier 2	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	(gabapentin) Tier 2	
NEURONTIN ORAL SOLUTION 250 MG/5 ML	(gabapentin) Tier 2	
NEURONTIN ORAL TABLET 600 MG, 800 MG	(gabapentin) Tier 2	
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, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, 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, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	(phenytoin sodium extended) Tier 2	

Drug	Status	Notes
<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	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 25 MG, 50 MG (topiramate)	Tier 3	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (1 EA per 1 day)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 150 MG, 200 MG (topiramate)	Tier 3	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (2 EA per 1 day)
ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG (levetiracetam)	Tier 2	
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG (levetiracetam)	Tier 3	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	Tier 1	ST: Requires prior prescription for Divalproex, Lamotrigine, Topiramate, 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, Lamotrigine, Topiramate, 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, Lamotrigine, Topiramate, or Valproic Acid within the past 120 days; QL (8 EA per 1 day)
SABRIL ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 4	QL (6 EA per 1 day)
SABRIL ORAL TABLET 500 MG (vigabatrin)	Tier 4	QL (6 EA per 1 day)

Drug	Status	Notes
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	(lamotrigine) Tier 1	
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	(lamotrigine) Tier 1	
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	(lamotrigine) Tier 1	
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	(lamotrigine) Tier 1	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	(carbamazepine) Tier 2	
TEGRETOL ORAL TABLET 200 MG	(carbamazepine) Tier 2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	(carbamazepine) Tier 2	
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	(Gabitril) Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, 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, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (3 EA per 1 day)
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	(topiramate) Tier 2	

Drug	Status	Notes
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (topiramate)	Tier 2	
<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)
<i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i> (Qudexy XR)	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, 25 mg, 50 mg</i> (Topamax)	Tier 1	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML) (oxcarbazepine)	Tier 2	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (oxcarbazepine)	Tier 2	
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</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
<i>vigabatrin oral powder in packet 500 mg</i> (Sabril)	Tier 4	QL (6 EA per 1 day)
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	Tier 4	QL (6 EA per 1 day)
VIGADRONE ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 4	QL (6 EA per 1 day)
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)

Drug	Status	Notes
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1)	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 120 days; QL (2 EA per 1 day)
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1)	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 120 days; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, 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, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
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, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 120 days; QL (1 EA per 1 day)
ZARONTIN ORAL CAPSULE 250 MG (ethosuximide)	Tier 2	
ZARONTIN ORAL SOLUTION 250 MG/5 ML (ethosuximide)	Tier 2	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (zonisamide)	Tier 2	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	Tier 1	
<i>zonisamide oral capsule 50 mg</i>	Tier 1	
Skeletal Muscle Disorder		
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh		
KEVEYIS ORAL TABLET 50 MG	Tier 4	PA
Joint Contracture Therapy, Collagenase Enzyme		
XIAFLEX INJECTION RECON SOLN 0.9 MG	Tier 4	
Skeletal Muscle Relax.& Top.Irritant Counter-Irritant		
COMFORT PAC-CYCLOBENZAPRINE KIT 10 MG	Tier 3	
COMFORT PAC-TIZANIDINE KIT 4 MG	Tier 3	
CYCLOPAK KIT 5 MG-2.5 %- 2.5 %	Tier 3	
NOPIOID-LMC KIT COMBO PACK, TABLET AND PATCH 7.5 MG- 4 %-4 %	Tier 3	
Skeletal Muscle Relaxants		
AMRIX ORAL CAPSULE,EXTENDED RELEASE 24HR 15 MG, 30 MG (cyclobenzaprine)	Tier 3	QL (1 EA per 1 day)
<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 250 mg</i>	Tier 1	ST: Requires prior prescription for Chlorzoxazone 500mg within the past 120 days; QL (4 EA per 1 day)

Drug	Status	Notes
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i> (Lorzone)	Tier 1	ST: Requires prior prescription for Chlorzoxazone 500mg within the past 120 days; QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg</i> (Amrix)	Tier 1	QL (1 EA per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	Tier 1	QL (3 EA per 1 day)
CYCLOTENS REFILL COMBO PACK 10 MG	Tier 3	
CYCLOTENS STARTER COMBO PACK 10 MG	Tier 3	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG (dantrolene)	Tier 2	
<i>dantrolene oral capsule 100 mg</i>	Tier 1	
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	Tier 1	
FEXMID ORAL TABLET 7.5 MG (cyclobenzaprine)	Tier 3	QL (3 EA per 1 day)
LORZONE ORAL TABLET 375 MG, 750 MG (chlorzoxazone)	Tier 3	ST: Requires prior prescription for Chlorzoxazone 500mg within the past 120 days; 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)
<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 (orphenadrine-asa-caffeine)	Tier 1	QL (4 EA per 1 day)
OZOBAX ORAL SOLUTION 5 MG/5 ML	Tier 3	PA
SKELAXIN ORAL TABLET 800 MG (metaxalone)	Tier 2	QL (4 EA per 1 day)
SOMA ORAL TABLET 250 MG, 350 MG (carisoprodol)	Tier 2	QL (4 EA per 1 day)
<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)
VANADOM ORAL TABLET 350 MG (carisoprodol)	Tier 2	QL (4 EA per 1 day)
ZANAFLEX ORAL CAPSULE 2 MG (tizanidine)	Tier 2	QL (18 EA per 1 day)
ZANAFLEX ORAL CAPSULE 4 MG (tizanidine)	Tier 2	QL (9 EA per 1 day)
ZANAFLEX ORAL CAPSULE 6 MG (tizanidine)	Tier 2	QL (6 EA per 1 day)
ZANAFLEX ORAL TABLET 4 MG (tizanidine)	Tier 2	QL (9 EA per 1 day)

Drug	Status	Notes
Smoking Cessation		
Smoking Deterrent Agents (Ganglionic Stim,Others)		
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR (nicotine)	PREV	QL (1 EA per 1 day); Age (Min 18 Years)
NICORETTE BUCCAL GUM 2 MG, 4 MG (nicotine (polacrilex))	PREV	QL (9 EA per 1 day); Age (Min 18 Years)
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG (nicotine (polacrilex))	PREV	QL (9 EA per 1 day); Age (Min 18 Years)
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG (nicotine (polacrilex))	PREV	QL (9 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i> (Nicorette)	PREV	QL (9 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i> (Nicorette)	PREV	QL (9 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> (Nicorette)	PREV	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)	PREV	QL (1 EA per 1 day); Age (Min 18 Years)
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	PREV	QL (1 EA per 1 day); Age (Min 18 Years)
NICOTROL INHALATION CARTRIDGE 10 MG	PREV	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	PREV	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 (nicotine (polacrilex))	PREV	QL (9 EA per 1 day); Age (Min 18 Years)
QUIT 2 BUCCAL LOZENGE 2 MG (nicotine (polacrilex))	PREV	QL (9 EA per 1 day); Age (Min 18 Years)
QUIT 4 BUCCAL GUM 4 MG (nicotine (polacrilex))	PREV	QL (9 EA per 1 day); Age (Min 18 Years)
QUIT 4 BUCCAL LOZENGE 4 MG (nicotine (polacrilex))	PREV	QL (9 EA per 1 day); Age (Min 18 Years)
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (nicotine (polacrilex))	PREV	QL (9 EA per 1 day); Age (Min 18 Years)
Smoking Deterrent-Nicotinic Recept.Partial Agonist		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG (varenicline)	PREV	QL (2 EA per 1 day); Age (Min 18 Years)
CHANTIX ORAL TABLET 0.5 MG, 1 MG (varenicline)	PREV	QL (2 EA per 1 day); Age (Min 18 Years)

Drug	Status	Notes
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	PREV	QL (2 EA per 1 day); Age (Min 18 Years)
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	PREV	QL (2 EA per 1 day); Age (Min 18 Years)
Smoking Deterrents, Other		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	PREV	QL (2 EA per 1 day); Age (Min 18 Years)
Upper Gastrointestinal Disorders - Digestive		
Gastric Enzymes		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 4	PA
Pancreatic Enzymes		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000- 19,000 -30,000 UNIT	Tier 2	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000- 97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	Tier 3	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	Tier 3	
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	
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		
<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	

Drug		Status	Notes
Belladonna Alkaloids			
ANASPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 2	
DONNATAL ORAL ELIXIR 16.2 MG-0.1037 MG/5 ML (5 ML), 16.2-0.1037 -0.0194 MG/5 ML	(phenobarb-hyoscy-atropine-scop)	Tier 3	ST: At least 2 prior prescriptions for Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab within the past 365 days; QL (1200 ML per 30 days)
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG	(phenobarb-hyoscy-atropine-scop)	Tier 3	ST: At least 2 prior prescriptions for Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab within the past 365 days; QL (8 EA per 1 day)
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	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	(hyoscyamine sulfate)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML	(hyoscyamine sulfate)	Tier 1	
LEVVID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	(hyoscyamine sulfate)	Tier 2	
LEVSIN ORAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 2	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 2	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>		Tier 1	
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 2	
OSCIMIN ORAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 1	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	(hyoscyamine sulfate)	Tier 1	

Drug		Status	Notes
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	(Donnatal)	Tier 3	ST: At least 2 prior prescriptions for Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab within the past 365 days; QL (1200 ML per 30 days)
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i>	(Donnatal)	Tier 1	ST: At least 2 prior prescriptions for Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab within the past 365 days; QL (8 EA per 1 day)
PHENOHTRO ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	(phenobarb-hyoscy-atropine-scop)	Tier 3	ST: At least 2 prior prescriptions for Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab within the past 365 days; QL (1200 ML per 30 days)
PHENOHTRO ORAL TABLET 16.2-0.1037 -0.0194 MG	(phenobarb-hyoscy-atropine-scop)	Tier 3	ST: At least 2 prior prescriptions for Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab within the past 365 days; QL (8 EA per 1 day)
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	(hyoscyamine sulfate)	Tier 3	
SYMAX FASTABS ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 2	
SYMAX-SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 2	
SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	(hyoscyamine sulfate)	Tier 2	
Upper Gastrointestinal Disorders - Ulcer Disease			
Anticholinergics, Quaternary Ammonium			
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	(Librax (with clidinium))	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	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	(chlordiazepoxide-clidinium)	Tier 2	
Anti-Ulcer Preparations			
CARAFATE ORAL SUSPENSION 100 MG/ML	(sucralfate)	Tier 2	

Drug	Status	Notes
CARAFATE ORAL TABLET 1 GRAM (sucralfate)	Tier 2	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (misoprostol)	Tier 2	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	Tier 1	
<i>sucralfate oral suspension 100 mg/ml</i> (Carafate)	Tier 1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	Tier 1	
Anti-Ulcer-H.Pylori Agents		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 1	QL (112 EA per 10 days)
HELIDAC ORAL COMBO PACK 250-500-262.4 MG	Tier 3	
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)
Histamine H2-Receptor Inhibitors		
<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, 800 mg</i>	Tier 1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>famotidine oral tablet 20 mg, 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	
PEPCID ORAL TABLET 20 MG, 40 MG (famotidine)	Tier 2	
Intestinal Motility Stimulants		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	Tier 4	PA
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	Tier 1	
<i>metoclopramide hcl oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Tier 3	ST: Requires prior prescription for Linzess within the past 120 days; QL (1 EA per 1 day)
REGLAN ORAL TABLET 10 MG, 5 MG (metoclopramide hcl)	Tier 2	
Proton-Pump Inhibitors		
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG (rabeprazole)	Tier 3	QL (1 EA per 1 day)

Drug	Status	Notes
ACIPHEX SPRINKLE ORAL CAPSULE, (rabeprazole) DELAYED REL SPRINKLE 10 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)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 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>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
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG (esomeprazole magnesium)	Tier 2	QL (1 EA per 1 day)
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 40 MG (esomeprazole magnesium)	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG (esomeprazole magnesium)	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)
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)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG (esomeprazole magnesium)	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (2 EA per 1 day)
<i>omeprazole oral capsule, delayed release(dr/ec) 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, 40-1,680 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 (dr/ec) 20 mg, 40 mg</i> (Protonix)	Tier 1	
PREVACID ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG (lansoprazole)	Tier 2	

Drug	Status	Notes
PREVACID SOLUTAB ORAL (lansoprazole) TABLET,DISINTEGRAT, DELAY REL 15 MG, 30 MG	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days
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
PROTONIX ORAL GRANULES DR FOR (pantoprazole) SUSP IN PACKET 40 MG	Tier 3	ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days
PROTONIX ORAL TABLET,DELAYED (pantoprazole) RELEASE (DR/EC) 20 MG, 40 MG	Tier 2	
<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 (dr/ec) 20 mg</i> (AcipHex)	Tier 1	QL (1 EA per 1 day)
ZEGERID ORAL CAPSULE 20-1.1 MG- (omeprazole-sodium GRAM, 40-1.1 MG-GRAM bicarbonate)	Tier 3	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day)
ZEGERID ORAL PACKET 20-1,680 MG, (omeprazole-sodium 40-1,680 MG bicarbonate)	Tier 3	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day)
Urinary Tract - Functional Disorders		
Benign Prostatic Hypertrophy/Micturition Agents		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	Tier 1	
AVODART ORAL CAPSULE 0.5 MG (dutasteride)	Tier 2	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	Tier 1	
<i>finasteride oral tablet 5 mg</i> (Proscar)	Tier 1	
FLOMAX ORAL CAPSULE 0.4 MG (tamsulosin)	Tier 2	

Drug	Status	Notes
PROSCAR ORAL TABLET 5 MG (finasteride)	Tier 2	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (silodosin)	Tier 3	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>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	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG (alfuzosin)	Tier 2	
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb		
<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
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG (dutasteride-tamsulosin)	Tier 2	ST: Requires prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL within the past 120 days
Cystine-Depleting Agents, Nephropathic Cystinosis		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 4	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 4	PA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Tier 4	PA
Kidney Stone Agents		
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	Tier 4	
THIOLA ORAL TABLET 100 MG (tiopronin)	Tier 4	
<i>tiopronin oral tablet 100 mg</i> (Thiola)	Tier 4	

Drug	Status	Notes
Overactive Bladder Agents, Beta-3 Adrenergic Recep		
GEMTESA ORAL TABLET 75 MG	Tier 3	ST: Requires prior prescription for Myrbetriq or Toviaz within the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	Tier 3	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	Tier 2	
Oxalosis Agent - Oxalate Inhibitor, Sirna Based		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	Tier 4	PA
Polycystic Kidney Disease Agent, Avp Recep. Antag		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 4	PA
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
Tissue Bulking Implants - Ureteral		
DEFLUX IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (1)	Tier 4	
Urinary Ph Modifiers		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	Tier 3	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	Tier 3	
<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	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 3	
UROKIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG) (potassium citrate)	Tier 3	
UROKIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (potassium citrate)	Tier 3	

Drug	Status	Notes
UROCIT-K 5 ORAL TABLET (potassium citrate) EXTENDED RELEASE 5 MEQ (540 MG)	Tier 3	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 3	
Urinary Tract Analgesic Agents		
ELMIRON ORAL CAPSULE 100 MG	Tier 2	PA
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Tier 1	
PYRIDIUM ORAL TABLET 100 MG, 200 MG (phenazopyridine)	Tier 2	
Urinary Tract Antispasmodic, M(3) Selective Antag.		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 1	ST: Requires prior prescription for Oxybutynin (IR/XR) within the past 120 days
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	Tier 1	
VESICARE LS ORAL SUSPENSION 1 MG/ML	Tier 3	PA
VESICARE ORAL TABLET 10 MG, 5 MG (solifenacin)	Tier 2	
Urinary Tract Antispasmodic/Antiincontinence Agent		
DETROL LA ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG, 4 MG (tolterodine)	Tier 2	
DETROL ORAL TABLET 1 MG, 2 MG (tolterodine)	Tier 2	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG (oxybutynin chloride)	Tier 2	
<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 (IR/XR) 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 (IR/XR) 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 (IR/XR) 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	
Vaginal Disorders		
Vaginal Antibiotics		
CLEOCIN VAGINAL CREAM 2 % (clindamycin phosphate)	Tier 3	
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	
METROGEL VAGINAL VAGINAL GEL 0.75 % (metronidazole)	Tier 2	
<i>metronidazole vaginal gel 0.75 %</i> (Metrogel Vaginal)	Tier 1	
NUVESSA VAGINAL GEL 1.3 %	Tier 3	
VANDAZOLE VAGINAL GEL 0.75 % (metronidazole)	Tier 2	
Vaginal Antifungals		
GYNAZOLE-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	
Vaginal Antiseptics		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 %	Tier 3	
Vaginal Estrogen Preparations		
ESTRACE VAGINAL CREAM 0.01 % (estradiol) (0.1 MG/GRAM)	Tier 2	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	Tier 1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	Tier 2	QL (1 EA per 90 days)

Drug	Status	Notes
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	
VAGIFEM VAGINAL TABLET 10 MCG (estradiol)	Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG (estradiol)	Tier 1	
Vitamin And/Or Mineral Deficiency		
Fluoride Preparations		
CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	
DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	
fluoride (sodium) dental cream 1.1 % (Denta 5000 Plus)	Tier 1	
fluoride (sodium) dental gel 1.1 % (DentaGel)	Tier 1	
fluoride (sodium) dental paste 1.1 % (Clinpro 5000)	Tier 1	
fluoride (sodium) dental solution 0.2 % (PreviDent)	Tier 1	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	PREV	Age (Max 6 Years)
fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride) (Ludent Fluoride)	PREV	Age (Max 6 Years)
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (fluoride (sodium))	Tier 3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 3	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 3	
PREVIDENT DENTAL GEL 1.1 % (fluoride (sodium))	Tier 3	
PREVIDENT DENTAL SOLUTION 0.2 % (fluoride (sodium))	Tier 3	
SF 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	
SF DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	

Drug	Status	Notes
sodium fluoride-pot nitrate dental paste 1.1-5 % (Fluoridex Sensitivity Relief)	Tier 1	
Folic Acid Preparations		
folic acid injection solution 5 mg/ml	Tier 1	
folic acid oral tablet 1 mg	Tier 1	
folic acid oral tablet 400 mcg, 800 mcg	PREV	
Iron Replacement		
ACCRUFER ORAL CAPSULE 30 MG	Tier 3	PA
CHILDREN'S IRON ORAL DROPS 15 MG IRON (75 MG)/ML (ferrous sulfate)	PREV	Age (Max 1 Years)
CITRANATAL BLOOM ORAL TABLET 90-1-12-50 MG-MG-MCG-MG	Tier 3	
FERAHEME INTRAVENOUS SOLUTION 510 MG/17 ML (30 MG/ML) (ferumoxytol)	Tier 3	
ferrous sulfate oral drops 15 mg iron (75 mg)/ml (Children's Iron)	PREV	Age (Max 1 Years)
INJECTAFER INTRAVENOUS SOLUTION 50 IRON MG/ML	Tier 4	
PEDIA IRON ORAL DROPS 15 MG IRON (75 MG)/ML (ferrous sulfate)	PREV	Age (Max 1 Years)
PEDIATRIC FE-VITE ORAL DROPS 15 MG IRON (75 MG)/ML (ferrous sulfate)	PREV	Age (Max 1 Years)
Multivitamin Preparations		
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	
Prenatal Vitamin Preparations		
VP-CH PLUS ORAL CAPSULE 29 MG IRON-1 MG -50 MG-265 MG	Tier 1	
Vitamin B Preparations		
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 (potassium aminobenzoate)	Tier 3	
Vitamin B1 Preparations		
thiamine hcl (vitamin b1) injection solution 100 mg/ml	Tier 1	
Vitamin B12 Preparations		
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	Tier 1	
hydroxocobalamin intramuscular solution 1,000 mcg/ml	Tier 1	
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY	Tier 3	

Drug	Status	Notes
Vitamin B6 Preparations		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 1	
Vitamin C Preparations		
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 1	
Vitamin D Preparations		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	Tier 1	
DRISDOL ORAL CAPSULE 1,250 MCG (50,000 UNIT) (ergocalciferol (vitamin d2))	Tier 2	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> (Vitamin D2)	Tier 1	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (calcitriol)	Tier 2	
ROCALTROL ORAL SOLUTION 1 MCG/ML (calcitriol)	Tier 2	
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT) (ergocalciferol (vitamin d2))	Tier 1	
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