

# Denver Health Medical Plan

## Elevate Formulary

### Administered by MedImpact

Effective January 2020

### Foreword

This document represents the efforts of the MedImpact Healthcare Systems Pharmacy and Therapeutics (P & T) and Formulary Committees to provide physicians and pharmacists with a method to evaluate the safety, efficacy and cost-effectiveness of commercially available drug products. A structured approach to the drug selection process is essential in ensuring continuing patient access to rational drug therapies.

This is accomplished through the auspices of the MedImpact P & T and Formulary Committees. These committees meet quarterly and more often as warranted to ensure clinical relevancy of the Formulary. To accommodate changes to this document, updates are made accessible as necessary.

**Access to the most current version of the Denver Health Medical Plan (DHMP) Elevate Formulary can be obtained by visiting [www.elevatehealthplans.org](http://www.elevatehealthplans.org).**

The MedImpact P & T and Formulary Committees use the following criteria in the evaluation of drug selection for the Marketplace Exchange Standard Formulary:

- Drug safety profile
- Drug efficacy
- Comparison of relevant therapeutic benefits to current formulary agents of similar use, and to minimize therapeutic duplication where possible
- Cost-effectiveness relative to comparable therapies

### How to Use the Formulary

The Formulary is a list of medications available to MedImpact members under their pharmacy benefit. All drugs are listed by their generic names and most common proprietary (branded) name. The Formulary may be accessed by using the index, either by generic or proprietary name and by therapeutic drug category. In situations where an FDA-approved generic equivalent is available, brand names are listed for reference purposes only, and do not denote coverage for the brand, unless specifically noted.

All drugs are listed in each category in alphabetical order by generic name. Where an FDA-approved generic is available for the listed generic name, the generic name is **bolded**.

For certain agents within the Formulary, a recommended prescribing guideline may apply. These are denoted throughout the document using the following symbols:

Symbol	Guideline	Description
AGE	Age Edit	Coverage may depend on patient age
G	Gender Edit	Coverage may depend on patient gender
PA	Prior Authorization	Requires specific physician request process
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
ST	Step Therapy	Coverage may depend on previous use of another drug

Please refer to the prescribing guideline appendix within this document for details regarding specific agents.

### Benefit Coverage and Limitations

This printed Formulary does not provide information regarding the specific coverage and limitations an individual member may be subject to. Many members have specific benefit inclusions, exclusions, copays, or a lack of coverage, which are not reflected in the Formulary.

The Formulary applies only to outpatient drugs provided to members, and does not apply to medications used in inpatient settings. If a member has any specific questions regarding their coverage, they should refer to their plan's Member Handbook or contact their plan's Member Services at (303) 602-2090 or toll free at 1-855-823-8872. TTY/TDD users should call 711.

### Depending upon a member's specific benefit parameters, the following topics may apply:

#### 1. Generic Substitution

When available, FDA-approved generic drugs are to be used in all situations, regardless of the brand name indicated. The generic names are bolded in the formulary listing wherever an FDA-approved generic drug product is

available. Greater economy is realized through the use of generic equivalents. This policy is not meant to preclude or supplant any state statutes that may exist. All drugs that are or become available generically are subject to review by MedImpact's Pharmacy and Therapeutics Committee.

MedImpact approves such multi-source drugs for addition to the MAC list based on the following criteria:

- A multi-source drug product manufactured by at least one (1) nationally marketed company.
- At least one (1) of the generic manufacturer's products must have an "A" rating or the generic product has been determined to be unassociated with efficacy, safety or bioequivalency concerns by the MedImpact P & T Committee.
- Drug product will be approved for generic substitution by the MedImpact P & T Committee.

This list is reviewed and updated periodically based on the clinical literature and pharmacokinetic characteristics of currently available versions of these drug products.

If a member or physician requests a brand name product in lieu of an approved generic, the member, based upon their coverage, will typically be required to pay the difference in cost between the brand and the generic. If a physician determines that there is a documented medical need for the brand equivalent, a request for coverage may be made using the medication request process.

## 2. Tier Benefit Design

The Formulary may be applied to a tier benefit design, where the member shares the cost of prescription drug therapy based on the drug's tier and copayment or coinsurance. In most instances, generically available drugs will be covered in a separate lower tier (low copay), preferred branded drugs listed on the Formulary will be covered under a higher tier, and branded drugs not on the Formulary will be covered under a separate non-preferred branded drug copay tier. Specialty drugs will be covered under the highest tier (highest copay). Essential health benefit/preventative medications, if available on your plans formulary (applies to new and non-grandfathered plans), will be covered without cost sharing (zero copay).

### Tier Definitions

- Tier 1: Preferred generic medications (formulary agents)
- Tier 2: Preferred brand medications (formulary agents)
- Tier 3: Non-preferred medications (non-formulary agents)

- Tier 4: Specialty medications
- Tier 5: EHB Zero Copay/Preventative

## 3. Medication Request Process

Depending upon plan benefit design, a medication request process may apply as follows:

### A. Coverage Exceptions

Drugs that are listed in the Formulary with associated Prior Authorization (PA) require evaluation, per MedImpact P & T Committee Prior Authorization guidelines prior to dispensing at a pharmacy. Each request will be reviewed on an individual patient need basis. If the request does not meet the guidelines established by the P & T Committee, the request will not be approved and alternative therapy may be recommended.

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### B. Obtaining Coverage

Coverage, questions or information regarding the medication request or formulary process may be obtained by:

1. Faxing a completed **Prior Authorization Request** to DHMP Pharmacy Department at (303) 602-2081.
2. Contacting DHMP Pharmacy Department at (303) 602-2070 and providing all necessary information requested.

Non-approved requests may be appealed.

The prescriber must provide information to support the appeal on the basis of medical necessity. Prior Authorization is generally not available for drugs that are specifically excluded by benefit design.

## 4. General Exclusions

- A. Over the Counter (OTC) medications or their equivalents, except those listed on the formulary.
- B. Dietary supplements.
- C. Any drug products used for cosmetic purposes (anti-wrinkle, hair removal, hair growth)
- D. Blood or blood plasma (except anti-hemophilic factors).
- E. Pigmenting / De-pigmenting.
- F. Infertility.
- G. Therapeutic devices or appliances (except for formulary diabetic monitoring supplies).
- H. Investigational or experimental treatments.
- I. Drugs specifically listed as not covered.
- J. Foreign sourced drugs or drugs not approved by the United States Food & Drug Administration, except in

certain cases of drug shortage, when allowed under the individual's pharmacy benefit.

The P & T and Formulary Committees recognize that not all medical needs can be met with this document and encourage inquiries about alternative therapies.

**5. Pharmacist and Physician Communication** The

Formulary is a tool to promote cost-effective prescription drug use. The P & T and Formulary Committees have made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this a formidable task. MedImpact welcomes the participation of physicians, pharmacists, and ancillary medical providers, in this dynamic process. Physicians and pharmacists are highly encouraged to direct any suggestions, comments or formulary additions to MedImpact at the following address:

Chairperson, Pharmacy & Therapeutics Committee  
MedImpact Healthcare Systems, Inc.  
10181 Scripps Gateway Court  
San Diego, CA 92131

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Drug	Status	Notes
<b>Allergy</b>		
<b>2Nd Gen Antihistamine &amp; Decongestant Combinations</b>		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	Tier 3	ST: Requires prior prescription for Desloratadine or Levocetirizine Dihydrochloride within the past 120 days; QL (2 EA per 1 day)
<i>fexofenadine-pseudoephedrine oral tablet extended release 24 hr 180-240 mg</i> (Allegra-D 24 Hour)	Tier 1	
SEMPREX-D ORAL CAPSULE 8-60 MG	Tier 3	
<b>Allergenic Extracts, Therapeutics</b>		
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Tier 2	PA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6)	Tier 3	PA
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Tier 2	PA
<b>Antihistamines - 1St Generation</b>		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
<i>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 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)
<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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	Tier 1	
<i>promethazine injection syringe 25 mg/ml</i>	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Antihistamines - 2Nd Generation</b>		
<i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))	Tier 1	
<i>desloratadine oral tablet 5 mg</i> (Clarinet)	Tier 1	QL (1 EA per 1 day)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine Dihydrochloride within the past 120 days; QL (1 EA per 1 day)
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine Dihydrochloride within the past 120 days; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	Tier 1	
<b>Nasal Antihistamine</b>		
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	Tier 1	QL (60 ML per 30 days)
<i>azelastine nasal spray, non-aerosol 0.15 % (205.5 mcg)</i> (Astepro)	Tier 1	ST: Requires prior prescription for Azelastine HCL within the past 120 days; QL (60 ML per 30 days)
<i>olopatadine nasal spray, non-aerosol 0.6 %</i> (Patanase)	Tier 1	ST: Requires prior prescription for Azelastine HCL within the past 120 days; QL (30.5 GM per 30 days)
<b>Nasal Antihistamine &amp; Anti-Inflam. Steroid Comb.</b>		
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	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
<b>Nasal Anti-Inflammatory Steroids</b>		
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</i> (24 Hour Allergy Relief) 50 mcg/actuation	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)
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, Fluticasone Propionate, or Qnasl within the past 120 days; QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 2	ST: Requires prior prescription for Flunisolide, Fluticasone Propionate, or Qnasl Children within the past 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: At least 2 prior prescriptions for Children's Flonase Sensimist, Flonase Sensimist, Flunisolide, Fluticasone Propionate, Mometasone Furoate, Qnasl Children, or Qnasl within the past 365 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)
<b>Antiemesis/Antivertigo</b>		
<b>Antiemetic/Antivertigo Agents</b>		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 2	QL (1 EA per 28 days)
<i>aprepitant oral capsule 125 mg</i> (Emend)	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i> (Emend)	Tier 1	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	Tier 1	QL (2 EA per 21 days)



Drug	Status	Notes
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	Tier 1	QL (3 EA per 21 days)
BONJESTA ORAL TABLET, IR, DELAYED REL, BIPHASIC 20-20 MG	Tier 3	QL (60 EA per 30 days)
CESAMET ORAL CAPSULE 1 MG	Tier 3	ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (6 EA per 1 day)
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 1	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlec) 10-10 mg</i> (Diclegis)	Tier 1	QL (120 EA per 30 days)
<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)
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</i>	Tier 1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i> (Zofran)	Tier 1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	
PHENADOZ RECTAL SUPPOSITORY 12.5 MG, 25 MG	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compazine)	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i> (Phenadoz)	Tier 1	
<i>promethazine rectal suppository 50 mg</i> (Phenergan)	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	Tier 1	

Drug	Status	Notes
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	
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 3	ST: Requires prior prescription for Dronabinol or Megestrol Acetate within the past 120 days; QL (60 ML per 30 days)
<i>trimethobenzamide oral capsule 300 mg</i> (Tigan)	Tier 1	
VARUBI ORAL TABLET 90 MG	Tier 3	QL (2 EA per 14 days)
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)
<b>Asthma And Copd</b>		
<b>5-Lipoxygenase Inhibitors</b>		
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	Tier 1	ST: Requires prior prescription 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 prescription for Montelukast Sodium and Zafirlukast within the past 365 days; QL (4 EA per 1 day)
<b>Anticholinergic, Orally Inhaled Short Acting</b>		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 2	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
<b>Anticholinergics, Orally Inhaled Long Acting</b>		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)

Drug	Status	Notes
SEEBRI NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 15.6 MCG	Tier 3	ST: Requires prior prescription for Incruse Ellipta, Spiriva Respimat or Spiriva within the past 120 days; QL (60 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 Incruse Ellipta, 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)
<b>Beta-Adrenergic Agents</b>		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	
<b>Beta-Adrenergic Agents, Inhaled, Short Acting</b>		
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i> (Xopenex)	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i> (Xopenex Concentrate)	Tier 1	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	Tier 1	
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	Tier 1	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	Tier 2	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	Tier 1	

Drug	Status	Notes
<b>Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting</b>		
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG	Tier 3	ST: Requires prior prescription for Serevent Diskus or Striverdi Respimat within the past 120 days; QL (1 EA per 1 day)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
<b>Beta-Adrenergic Agents, Orally Inhaled, Long Acting</b>		
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	Tier 3	QL (120 ML per 30 days)
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	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)
<b>Beta-Adrenergic And Anticholinergic Combinations</b>		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Tier 2	QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 2	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
UTIBRON NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 27.5-15.6 MCG	Tier 3	ST: At least 2 prior prescriptions for Anoro Ellipta, Bevespi Aerosphere, or Stiolto Respimat within the past 365 days; QL (60 EA per 30 days)
<b>Beta-Adrenergic And Glucocorticoid Combinations</b>		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Tier 1	QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	Tier 2	QL (12 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	Tier 2	QL (60 EA per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	Tier 2	QL (13 GM per 30 days)

Drug	Status	Notes
<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	QL (1 EA per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Tier 2	QL (10.2 GM per 30 days)
<b>Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled</b>		
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Tier 2	QL (60 EA per 30 days)
<b>Glucocorticoids, Orally Inhaled</b>		
AEROSPAN INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar within the past 365 days; QL (17.8 GM per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar within the past 365 days; QL (12.2 GM per 30 days)
ARMONAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar within the past 365 days; QL (1 EA per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar within the past 365 days; QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar 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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	Tier 1	QL (60 ML per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 2	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	Tier 2	QL (120 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	Tier 2	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	Tier 2	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	Tier 2	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar within the past 365 days; QL (1 EA per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 2	QL (21.2 GM per 30 days)
<b>Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab</b>		
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 4	PA
<b>Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab</b>		
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	Tier 4	PA
<b>Leukotriene Receptor Antagonists</b>		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	Tier 1	
<i>montelukast oral tablet 10 mg</i> (Singulair)	Tier 1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	Tier 1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	Tier 1	
<b>Mast Cell Stabilizers</b>		
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	Tier 1	
<b>Mast Cell Stabilizers, Orally Inhaled</b>		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
<b>Monoclonal Antibodies To Immunoglobulin E(Ige)</b>		
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	Tier 4	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 4	PA
<b>Monoclonal Antibody - Interleukin-5 Antagonists</b>		
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
<b>Phosphodiesterase-4 (Pde4) Inhibitors</b>		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Tier 2	ST: Requires prior prescription for Breo Ellipta, Fluticasone Propion/salmeterol, Serevent Diskus, Spiriva Respimat, or Spiriva within the past 120 days; QL (1 EA per 1 day)
<b>Respiratory Aids, Devices, Equipment</b>		
ACE AEROSOL CLOUD ENHANCER SPACER	Tier 3	
AEROCHAMBER MINI SPACER	Tier 3	
AEROCHAMBER MV SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER	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	Tier 3	
AEROCHAMBER WITH FLOWSIGNAL SPACER	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	Tier 3	
AEROECLIPSE II NEBULIZER	Tier 3	
AEROGEAR ACTION ASTHMA KIT KIT	Tier 3	
AERONEB GO NEBULIZER	Tier 3	
AEROTRACH PLUS SPACER	Tier 3	
AEROVENT PLUS SPACER	Tier 3	
AIRS DISPOSABLE NEBULIZER	Tier 3	
ALTERA NEBULIZER	Tier 3	
ALTERA NEBULIZER SYSTEM	Tier 3	
ASTHMAPACK CHILDREN'S KIT	Tier 3	
AURA PORTANEB	Tier 3	
BREATHERITE MDI SPACER SPACER	Tier 3	

Drug	Status	Notes
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	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER	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	Tier 3	
CLEVER CHOICE WHISPER AIRE PED DEVICE	Tier 3	
COMPACT SPACE CHAMBER PLUS SPACER	Tier 3	
COMPACT SPACE CHAMBER SPACER	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	Tier 3	
DEVILBISS DISPOSABLE NEBULIZER	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE	Tier 3	
DEVILBISS PULMOMATE COMPRESSOR DEVICE	Tier 3	
DEVILBISS PULMONEB LT COMP-NEB DEVICE	Tier 3	
DEVILBISS TRAVELER COMPRESSOR DEVICE	Tier 3	
EASIVENT HOLDING CHAMBER SPACER	Tier 3	
EASIVENT MASK LARGE DEVICE	Tier 3	
EASIVENT MASK MEDIUM DEVICE	Tier 3	
EASIVENT MASK SMALL DEVICE	Tier 3	
EBASE CONTROLLER DEVICE	Tier 3	
ERAPID NEBULIZER SYSTEM	Tier 3	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
FLEXICHAMBER SPACER	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	Tier 3	
INNOSPIRE DELUXE DEVICE	Tier 3	
INNOSPIRE ELEGANCE DEVICE	Tier 3	
INNOSPIRE ESSENCE DEVICE	Tier 3	
INNOSPIRE GO NEBULIZER	Tier 3	
INNOSPIRE MINI DEVICE	Tier 3	
INSPIRACHAMBER SPACER	Tier 3	
INSPIRACHAMBER WITH MASK-LARGE SPACER	Tier 3	
INSPIRACHAMBER WITH MASK-MED SPACER	Tier 3	
INSPIRACHAMBER WITH MASK-SMALL SPACER	Tier 3	
LC D NEBULIZER SET	Tier 3	
LC PLUS	Tier 3	
LC PLUS NEBULIZER-PED MASK	Tier 3	
LC STAR	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE	Tier 3	
LITEAIRE MDI CHAMBER SPACER	Tier 3	
LITETOUCH-LARGE MASK DEVICE	Tier 3	
LITETOUCH-SMALL MASK DEVICE	Tier 3	
MICRO AIR	Tier 3	
MICROCHAMBER SPACER	Tier 3	
MICROSPACER SPACER	Tier 3	
MINI PLUS NEBULIZER	Tier 3	
MINI WRIGHT PEAK FLOW METER DEVICE	Tier 3	
MINI-WRIGHT PEAK FLOW METER DEVICE	Tier 3	
MISTASSIST DEVICE	Tier 3	
MY MDI PORTABLE NEBULISER DEVICE	Tier 3	
OMBRA COMPRESSOR SYSTEM DEVICE	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER	Tier 3	
PARI BABY NEBULIZER	Tier 3	
PARI LC D NEBULIZER	Tier 3	
PARI LC SPRINT NEBULIZER SET	Tier 3	

Drug	Status	Notes
PARI LC SPRINT SINUS	Tier 3	
PARI SINUS AEROSOL SYSTEM DEVICE	Tier 3	
PARI TREK S COMBO PACK DEVICE	Tier 3	
PARI TREK S COMPACT COMPRESSOR DEVICE	Tier 3	
PEDIATRIC DINOSAUR NEBULIZER DEVICE	Tier 3	
PEDIATRIC DOG NEBULIZER DEVICE	Tier 3	
PEDIATRIC FROG NEBULIZER DEVICE	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE	Tier 3	
POCKET CHAMBER SPACER	Tier 3	
PORTABLE NEBULIZER SYSTEM DEVICE	Tier 3	
PRIMEAIRE SPACER	Tier 3	
PRO COMFORT SPACER-ADULT MASK SPACER	Tier 3	
PRO COMFORT SPACER-CHILD MASK SPACER	Tier 3	
PROCARE COMPRESSOR NEBULIZER DEVICE	Tier 3	
PROCARE PEDIATRIC NEBULIZER DEVICE	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER	Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER	Tier 3	
PROCHAMBER SPACER	Tier 3	
PRODIGY MINI-MIST NEBULIZER	Tier 3	
PRONEB ULTRA II DEVICE	Tier 3	
PULMO-AIDE COMPRESSOR DEVICE	Tier 3	
PULMONEB LT COMPRESSOR NEBULIZER DEVICE	Tier 3	
RITFLO AEROCHAMBER SPACER	Tier 3	
SAMI THE SEAL DEVICE	Tier 3	
SIDESTREAM	Tier 3	
SIDESTREAM NEBULIZER	Tier 3	
SIDESTREAM PLUS	Tier 3	
SILICONE MASK - INFANT DEVICE	Tier 3	
SINUSTAR AEROSOL DEVICE	Tier 3	
SINUSTAR NEBULIZER	Tier 3	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE	Tier 3	
SOOTHENEB MESH NEBULIZER	Tier 3	
SPACE CHAMBER PLUS 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	Tier 3	

Drug	Status	Notes
VIOS AEROSOL DELIVERY SYSTEM DEVICE	Tier 3	
VIXONE NEBULIZER	Tier 3	
VIXONE NEBULIZER-ADULT MASK	Tier 3	
VIXONE NEBULIZER-PEDIATRIC MSK	Tier 3	
VORTEX HOLDING CHAMBER CHILD SPACER	Tier 3	
VORTEX HOLDING CHAMBER SPACER	Tier 3	
VORTEX HOLDING CHAMBER TODDLER SPACER	Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER	Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR SPACER	Tier 3	
WILLIS THE WHALE COMPRESSR NEB DEVICE	Tier 3	
<b>Xanthines</b>		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	Tier 1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Tier 2	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 300 MG	Tier 1	
<i>theophylline oral elixir 80 mg/15 ml</i> (Elixophyllin)	Tier 1	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i> (Theochron)	Tier 1	
<i>theophylline oral tablet extended release 12 hr 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	
<b>Autonomic Nervous System Disorders</b>		
<b>Alzheimer's Therapy, Nmda Receptor Antagonists</b>		
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	Tier 1	QL (30 EA per 30 days)
<i>memantine oral solution 2 mg/ml</i>	Tier 1	QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	Tier 1	QL (60 EA per 30 days)
<i>memantine oral tablets, dose pack 5-10 mg</i> (Namenda Titration Pak)	Tier 1	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG	Tier 2	QL (28 EA per 28 days)
<b>Alzheimer's Thx, Nmda Recept Antag &amp; Cholines Inhib</b>		
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR within the past 365 days; QL (28 EA per 28 days)

Drug	Status	Notes
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR within the past 365 days; QL (1 EA per 1 day)
<b>Cholinesterase Inhibitors</b>		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	Tier 1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	
<i>galantamine oral capsule, ext rel. pellets 24 hr</i> (Razadyne ER) <i>16 mg, 24 mg, 8 mg</i>	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> (Razadyne)	Tier 1	QL (60 EA per 30 days)
MESTINON ORAL SYRUP 60 MG/5 ML	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</i> (Mestinon Timespan) <i>release 180 mg</i>	Tier 1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3</i> (Exelon) <i>mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i>	Tier 1	QL (30 EA per 30 days)
<b>Behavioral Health - Antidepressants</b>		
<b>Alpha-2 Receptor Antagonist</b>		
<b>Antidepressants</b>		
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	Tier 1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	Tier 1	
<i>mirtazapine oral tablet, disintegrating 15 mg,</i> (Remeron SolTab) <i>30 mg, 45 mg</i>	Tier 1	
<b>Antidepressant - Nmda Receptor Antagonist</b>		
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 4	PA
<b>Maais - Non-Selective &amp; Irreversible</b>		
MARPLAN ORAL TABLET 10 MG	Tier 3	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	Tier 1	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	Tier 1	
<b>Norepinephrine And Dopamine Reuptake Inhib (Ndris)</b>		
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</i> (Wellbutrin XL) <i>hr 150 mg, 300 mg</i>	Tier 1	

Drug	Status	Notes
<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	
<b>Selective Serotonin Reuptake Inhibitor (Ssrís)</b>		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	Tier 1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	Tier 1	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	Tier 1	
<i>fluoxetine oral capsule, delayed release(dr/ec) 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</i> (Sarafem)	Tier 1	
<i>fluoxetine oral tablet 60 mg</i>	Tier 1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 1	ST: Requires prior prescription for Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine HCL, Paxil, or Sertraline HCL within the past 120 days; QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	Tier 1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	Tier 1	
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i> (Brisdelle)	Tier 1	ST: Requires prior prescription for Paroxetine HCL, Paxil, or Venlafaxine HCL within the past 120 days; QL (1 EA per 1 day)
PAXIL ORAL SUSPENSION 10 MG/5 ML	Tier 2	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	Tier 3	ST: Requires prior prescription for Paroxetine HCL or Paxil within the past 120 days; QL (1 EA per 1 day)
<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
<b>Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)</b>		
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	Tier 1	
<b>Serotonin-Norepinephrine Reuptake-Inhib (Snris)</b>		
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg	Tier 2	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL within the past 365 days; QL (1 EA per 1 day)
desvenlafaxine oral tablet extended release 24hr 100 mg, 50 mg	Tier 1	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Desvenlafaxine ER, Desvenlafaxine, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL within the past 365 days; QL (1 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg (Pristiq)	Tier 1	
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg (Cymbalta)	Tier 1	
duloxetine oral capsule, delayed release(dr/ec) 40 mg	Tier 1	ST: Requires prior prescription for 2-20mg generic Duloxetine capsules within the past 120 days; QL (1 EA per 1 day)

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

Drug	Status	Notes
<b>Ssri &amp; Serotonin Receptor Modulator Antidepressant</b>		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL within the past 365 days; QL (1 EA per 1 day)
<b>Tricyclic Antidepressant/Benzodiazepine Combinatns</b>		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
<b>Tricyclic Antidepressant/Phenothiazine Combinatns</b>		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
<b>Tricyclic Antidepressants &amp; Rel. Non-Sel. Ru-Inhib</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	Tier 1	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	Tier 1	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> (Tofranil)	Tier 1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	Tier 1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Behavioral Health - Other</b>		
<b>Adrenergics, Aromatic, Non-Catecholamine</b>		
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG	Tier 1	QL (1 EA per 1 day)



Drug	Status	Notes
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG	Tier 1	QL (2 EA per 1 day)
ADZENYS ER ORAL SUSPEN, IR - ER, BIPHASIC 24HR 1.25 MG/ML	Tier 3	ST: Requires prior prescription for Dextroamphetamine/amphetamine 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 Dextroamphetamine/amphetamine within the past 120 days; QL (1 EA per 1 day)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)	Tier 1	PA
<i>dextroamphetamine oral capsule, extended release 10 mg, 5 mg</i> (Dexedrine Spansule)	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i> (Dexedrine Spansule)	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine oral solution 5 mg/5 ml</i> (ProCentra)	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i> (Zenzedi)	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i> (Zenzedi)	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 Dextroamphetamine/amphetamine within the past 120 days; QL (240 ML per 30 days)
EVEKEO ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	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 3	ST: Requires prior prescription for Dextroamphetamine/amphetamine within the past 120 days; QL (1 EA per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 2	ST: Requires prior prescription for a SSRI (sertraline, escitalopram, citalopram, fluoxetine, fluvoxamine, paroxetine), topiramate, generic/multisource mixed amphetamine salts (Adderall IR/XR), or methylphenidate (IR, ER, LA, CD) within the past 120 days; 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	ST: Requires prior prescription for a SSRI (sertraline, escitalopram, citalopram, fluoxetine, fluvoxamine, paroxetine), topiramate, generic/multisource mixed amphetamine salts (Adderall IR/XR), or methylphenidate (IR, ER, LA, CD) within the past 120 days; QL (1 EA per 1 day)
ZENZEDI ORAL TABLET 10 MG	Tier 1	QL (180 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate within the past 120 days; QL (3 EA per 1 day)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate within the past 120 days; QL (90 EA per 30 days)
ZENZEDI ORAL TABLET 20 MG, 30 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate within the past 120 days; QL (2 EA per 1 day)
ZENZEDI ORAL TABLET 5 MG	Tier 1	QL (90 EA per 30 days)
<b>Anti-Alcoholic Preparations</b>		
<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>	Tier 1	
<i>disulfiram oral tablet 250 mg, 500 mg</i> (Antabuse)	Tier 1	
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	Tier 4	
<b>Anti-Anxiety - Benzodiazepines</b>		
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	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	Tier 1	

Drug	Status	Notes
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	Tier 1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
<b>Anti-Anxiety Drugs</b>		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	
<b>Anti-Mania Drugs</b>		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 3	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	Tier 1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	Tier 1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Tier 2	
<b>Anti-Narcolepsy &amp; Anti-Cataplexy, Sedative-Type Agt</b>		
XYREM ORAL SOLUTION 500 MG/ML	Tier 4	PA
<b>Antipsych, Dopamine Antag., Diphenylbutylpiperidines</b>		
<i>pimozide oral tablet 1 mg, 2 mg</i> (Orap)	Tier 1	
<b>Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed</b>		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	ST: At least 2 prior prescriptions for Abilify Discmelt, Abilify Maintena, Abilify Mycite, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL within the past 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	Tier 2	ST: At least 2 prior prescriptions for Abilify Discmelt, Abilify Maintena, Abilify Mycite, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL within the past 365 days; QL (7 EA per 28 days)
<b>Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed</b>		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	Tier 4	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	Tier 4	
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 4	PA
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	ST: At least 2 prior prescriptions for Abilify Discmelt, Abilify Maintena, Abilify Mycite, Abilify, Aripiprazole, Citalopram Hydrobromide, Clozapine, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL within the past 365 days; QL (30 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Abilify Discmelt, Abilify Maintena, Abilify Mycite, Abilify, Aripiprazole, Citalopram Hydrobromide, Clozapine, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL within the past 365 days; QL (3 EA per 1 day)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Abilify Discmelt, Abilify Maintena, Abilify Mycite, Abilify, Aripiprazole, Citalopram Hydrobromide, Clozapine, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL within the past 365 days; QL (2 EA per 1 day)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	Tier 4	

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 Abilify Discmelt, Abilify Maintena, Abilify Mycite, Abilify, Aripiprazole, Citalopram Hydrobromide, Clozapine, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL within the past 365 days; QL (1 EA per 1 day)
<b>Antipsychotics, Dopamine &amp; Serotonin Antagonists</b>		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 4	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
<b>Antipsychotics, Atypical, Dopamine, &amp; Serotonin Antag</b>		
<i>clozapine oral tablet 100 mg, 25 mg</i> (Clozaril)	Tier 1	QL (3 EA per 1 day)
<i>clozapine oral tablet 200 mg, 50 mg</i>	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> (FazaClo)	Tier 1	ST: At least 2 prior prescriptions for Abilify Discmelt, Abilify Maintena, Abilify Mycite, Abilify, Aripiprazole, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL within the past 365 days; QL (3 EA per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	ST: At least 2 prior prescriptions for Abilify Discmelt, Abilify Maintena, Abilify Mycite, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL within the past 365 days; QL (2 EA per 1 day)

Drug	Status	Notes
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 3	ST: At least 2 prior prescriptions for Abilify Discmelt, Abilify Maintena, Abilify Mycite, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL within the past 365 days; QL (8 EA per 28 days)
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	ST: At least 2 prior prescriptions for Abilify Discmelt, Abilify Maintena, Abilify Mycite, Abilify, Aripiprazole, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL within the past 365 days; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	Tier 2	ST: At least 2 prior prescriptions for Abilify Discmelt, Abilify Maintena, Abilify Mycite, Abilify, Aripiprazole, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL within the past 365 days; QL (60 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	Tier 1	QL (1 EA per 1 day)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
<i>paliperidone oral tablet extended release 24hr</i> (Invega) 1.5 mg, 3 mg, 9 mg	Tier 1	ST: At least 2 prior prescriptions for Abilify Discmelt, Abilify Maintena, Abilify Mycite, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL within the past 365 days; QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr</i> (Invega) 6 mg	Tier 1	ST: At least 2 prior prescriptions for Abilify Discmelt, Abilify Maintena, Abilify Mycite, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Seroquel XR, Versacloz, or Ziprasidone HCL within the past 365 days; QL (2 EA per 1 day)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT 120 MG, 90 MG	Tier 4	QL (1 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg,</i> (Seroquel) <i>300 mg, 400 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>quetiapine oral tablet extended release 24 hr</i> (Seroquel XR) <i>150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	Tier 4	
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	Tier 1	QL (8 ML per 1 day)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg,</i> (Risperdal) <i>2 mg, 3 mg, 4 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>risperidone oral tablet, disintegrating 0.25 mg,</i> <i>0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	QL (2 EA per 1 day)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 2	ST: At least 2 prior prescriptions for Abilify Discmelt, Abilify Maintena, Abilify Mycite, Abilify, Aripiprazole, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL within the past 365 days; QL (2 EA per 1 day)



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	ST: At least 2 prior prescriptions for Abilify Discmelt, Abilify Maintena, Abilify Mycite, Abilify, Aripiprazole, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL within the past 365 days; QL (18 ML per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	Tier 1	QL (2 EA per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	Tier 4	
<b>Antipsychotics,Dopamine Antagonists, Thioxanthenes</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
<b>Antipsychotics,Dopamine Antagonists,Butyrophenones</b>		
<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	
<b>Antipsychotics,Dopamine Antagonist,Dihydroindolones</b>		
<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	
<b>Anti-Psychotics,Phenothiazines</b>		
<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	
<b>Barbiturates</b>		
BUTISOL ORAL TABLET 30 MG	Tier 3	
<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
<b>Hsdd Agents-Mixed Serotonin Agonist/Antagonists</b>		
ADDYI ORAL TABLET 100 MG	Tier 3	PA
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	Tier 3	PA
<b>Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists</b>		
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)
<b>Monoamine Oxidase(Mao) Inhibitors</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 3	QL (1 EA per 1 day)
<b>Narcolepsy And Sleep Disorder Therapy Agents</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)	Tier 1	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i> (Nuvigil)	Tier 1	QL (3 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	Tier 1	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 3	PA
<b>Narcotic Antagonists</b>		
EVZIO INJECTION AUTO-INJECTOR 2 MG/0.4 ML	Tier 3	ST: Requires prior prescription for Narcan within the past 120 days; QL (0.8 ML per 365 days)
<i>naltrexone oral tablet 50 mg</i>	Tier 1	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	Tier 2	QL (4 EA per 30 days)
<b>Sedative-Hypnotics - Benzodiazepines</b>		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 1	
<i>quazepam oral tablet 15 mg</i> (Doral)	Tier 1	
<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	
<b>Sedative-Hypnotics, Non-Barbiturate</b>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	Tier 3	ST: Requires prior prescription for Edluar or Zolpidem Tartrate 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)
<i>ketamine sublingual troche 100 mg</i>	Tier 1	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	Tier 1	
SILENOR ORAL TABLET 3 MG, 6 MG	Tier 2	ST: Requires prior prescription for Doxepin HCL, Eszopiclone, Silenor, 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, 3.5 mg</i> (Intermezzo)	Tier 1	ST: Requires prior prescription for Zolpidem Tartrate IR within the past 120 days; 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 IR within the past 120 days; QL (7.7 ML per 30 days)
<b>Selective Serotonin 5-HT<sub>2A</sub> Inverse Agonists (Ssia)</b>		
NUPLAZID ORAL CAPSULE 34 MG	Tier 4	PA
NUPLAZID ORAL TABLET 10 MG	Tier 4	PA
<b>Ssri &amp; Antipsych, Atyp, Dopamine &amp; Serotonin Antag Comb</b>		
<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)
<b>Tx For Adhd - Selective Alpha-2A Receptor Agonist</b>		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i> (Kapvay)	Tier 1	QL (120 EA per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
<b>Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy</b>		
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 Amcinonide, Apexicon E, Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), Diflorasone Diacetate, Fluocinonide 0.05% (gel, ointment, solution, cream), Halcinonide, Halog, or Impoyz 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	Tier 3	ST: Requires prior prescription for generic methylphenidate or mixed amphetamine salts within the past 120 days; QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	Tier 1	QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	Tier 1	QL (2 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG	Tier 3	ST: Requires prior prescription for generic methylphenidate or mixed amphetamine salts 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 generic methylphenidate or mixed amphetamine salts 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 Methylphenidate HCL, Quillivant XR, or Ritalin LA within the past 120 days; QL (1 EA per 1 day)
<i>dexmethylphenidate oral capsule,er biphasic</i> (Focalin XR) 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg,</i> (Focalin) 5 mg	Tier 1	QL (2 EA per 1 day)

Drug	Status	Notes
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 Amcinonide, Apexicon E, Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), Diflorasone Diacetate, Fluocinonide 0.05% (gel, ointment, solution, cream), Halcinonide, Halog, or Impoyz within the past 120 days; QL (1 EA per 1 day)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral capsule, er 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 biphasic 30-70 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er 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, 20 mg, 5 mg</i> (Ritalin)	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 Amcinonide, Apexicon E, Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), Diflorasone Diacetate, Fluocinonide 0.05% (gel, ointment, solution, cream), Halcinonide, Halog, or Impoyz within the past 120 days; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet,chewable 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 2	ST: Requires prior prescription for Methylphenidate HCL or Ritalin LA within 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 2	ST: Requires prior prescription for Methylphenidate HCL or Ritalin LA within 120 days; QL (2 EA per 1 day)
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	Tier 2	60mL BOTTLE; ST: Requires prior prescription for Methylphenidate HCL or Ritalin LA within 120 days; QL (60 ML per 30 days)
<b>Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type</b>		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	Tier 1	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	Tier 1	QL (30 EA per 30 days)
<b>Cardiovascular Disease - Arrhythmia</b>		
<b>Antiarrhythmics</b>		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	Tier 1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	Tier 1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG	Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	Tier 1	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i> (Rythmol SR)	Tier 1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
<b>Cardiovascular Disease - Cardiac Stimulant</b>		
<b>Adrenergic Agents,Catecholamines</b>		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	
<b>Digitalis Glycosides</b>		
DIGITEK ORAL TABLET 125 MCG, 250 MCG	Tier 1	
DIGOX ORAL TABLET 125 MCG, 250 MCG	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>digoxin oral solution 50 mcg/ml</i>	Tier 2	
<i>digoxin oral tablet 125 mcg, 250 mcg</i> (Digitek)	Tier 1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	Tier 2	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	Tier 3	
<b>Cardiovascular Disease - Hypertension</b>		
<b>Ace Inhibitor/Calcium Channel Blocker Combination</b>		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> (Lotrel)	Tier 1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	Tier 1	
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)
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg</i>	Tier 1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg</i> (Tarka)	Tier 1	
<b>Ace Inhibitor/Thiazide &amp; Thiazide-Like Diuretic</b>		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	Tier 1	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	Tier 1	
<b>Alpha/Beta-Adrenergic Blocking Agents</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	Tier 1	

Drug	Status	Notes
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	Tier 1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
<b>Alpha-Adrenergic Blocking Agents</b>		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	Tier 1	
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzyline)	Tier 4	PA
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	Tier 1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
<b>Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb</b>		
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	Tier 1	
<i>olmesartan-amlodipin-hcthiazid 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</i> (Tribenzor)	Tier 1	
<b>Angiotensin Receptor Antag./Thiazide Diuretic Comb</b>		
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	Tier 1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Tier 2	ST: Requires prior prescription for an ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination within the past 120 days
<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	
<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	
<b>Angiotensin Receptor Antgnst &amp; Calc.Channel Blockr</b>		
<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	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> (Twynsta)	Tier 1	
<b>Antihypertensives, Ace Inhibitors</b>		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	Tier 1	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>benazepril oral tablet 5 mg</i>	Tier 1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	Tier 1	
EPANED ORAL SOLUTION 1 MG/ML	Tier 3	ST: Requires prior prescription for Enalapril Maleate within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>lisinopril oral tablet 10 mg, 20 mg, 5 mg</i> (Prinivil)	Tier 1	
<i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg</i> (Zestril)	Tier 1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	ST: Requires prior prescription for Lisinopril within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
<b>Antihypertensives, Angiotensin Receptor Antagonist</b>		
BENICAR ORAL TABLET 40 MG	Tier 2	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	Tier 1	
EDARBI ORAL TABLET 40 MG, 80 MG	Tier 2	ST: Requires prior prescription for an ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination within the past 120 days
<i>eprosartan oral tablet 600 mg</i>	Tier 1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	Tier 1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	Tier 1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	Tier 1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	Tier 1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	Tier 1	
<b>Antihypertensives, Ganglionic Blockers</b>		
VECAMEYL ORAL TABLET 2.5 MG	Tier 3	PA
<b>Antihypertensives, Miscellaneous</b>		
DEMSER ORAL CAPSULE 250 MG	Tier 3	

Drug	Status	Notes
<b>Antihypertensives, Sympatholytic</b>		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg (Catapres)	Tier 1	
clonidine transdermal patch weekly 0.1 mg/24 hr (Catapres-TTS-1)	Tier 1	
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	
<b>Antihypertensives, Vasodilators</b>		
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg	Tier 1	
<b>Beta-Adrenergic Blocking Agents</b>		
acebutolol oral capsule 200 mg, 400 mg	Tier 1	
atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)	Tier 1	
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	Tier 2	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 3	ST: Requires prior prescription for Propranolol HCL within the past 120 days if 1 year of age and older; QL (360 ML per 30 days)
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	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg (Toprol XL)	Tier 1	
metoprolol tartrate oral tablet 100 mg, 50 mg (Lopressor)	Tier 1	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg	Tier 1	
nadolol oral tablet 20 mg, 40 mg, 80 mg (Corgard)	Tier 1	
pindolol oral tablet 10 mg, 5 mg	Tier 1	

Drug	Status	Notes
<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	Tier 1	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (Betapace)	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
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<b>Beta-Adrenergic Blocking Agents/Thiazide &amp; Related</b>		
<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	Tier 3	QL (2 EA per 1 day)
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR 25-12.5 MG, 50-12.5 MG	Tier 3	QL (1 EA per 1 day)
<i>metoprolol su-hydrochlorothiaz oral tablet extended release 24 hr 100-12.5 mg</i> (Dutoprol)	Tier 1	QL (2 EA per 1 day)
<i>metoprolol su-hydrochlorothiaz oral tablet extended release 24 hr 25-12.5 mg</i> (Dutoprol)	Tier 1	QL (1 EA per 1 day)
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i> (Lopressor HCT)	Tier 1	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	Tier 1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	
<b>Calcium Channel Blocking Agents</b>		
AFEDITAB CR ORAL TABLET EXTENDED RELEASE 30 MG, 60 MG	Tier 1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	Tier 1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	Tier 3	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	Tier 1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (DILT-XR)	Tier 1	

Drug	Status	Notes
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	Tier 1	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (Taztia XT)	Tier 1	
diltiazem hcl oral capsule,extended release 24 hr 420 mg (Tiazac)	Tier 1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (Cardizem CD)	Tier 1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg (Cardizem)	Tier 1	
diltiazem hcl oral tablet 90 mg	Tier 1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Cardizem LA)	Tier 1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	Tier 1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	Tier 1	
isradipine oral capsule 2.5 mg, 5 mg	Tier 1	
KATERZIA ORAL SUSPENSION 1 MG/ML	Tier 3	QL (10 ML per 1 day)
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	
nicardipine oral capsule 20 mg, 30 mg	Tier 1	
nifedipine oral capsule 10 mg (Procardia)	Tier 1	
nifedipine oral capsule 20 mg	Tier 1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg (Procardia XL)	Tier 1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg (Adalat CC)	Tier 1	
nimodipine oral capsule 30 mg	Tier 1	
nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg (Sular)	Tier 1	
nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg	Tier 1	
NYMALIZE ORAL SOLUTION 30 MG/10 ML, 60 MG/20 ML	Tier 4	PA
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Tier 1	
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, 80 mg (Calan)	Tier 1	
verapamil oral tablet 40 mg	Tier 1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg (Calan SR)	Tier 1	
<b>Loop Diuretics</b>		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
ethacrynic acid oral tablet 25 mg (Edecrin)	Tier 1	

Drug	Status	Notes
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	Tier 1	
<i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>	Tier 1	
<i>toremide oral tablet 20 mg</i> (Demadex)	Tier 1	
<b>Osmotic Diuretics</b>		
RESECTISOL TRANSURETHRAL SOLUTION 5 %	Tier 3	
<b>Potassium Sparing Diuretics</b>		
<i>amiloride oral tablet 5 mg</i>	Tier 1	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	Tier 3	ST: Requires prior prescription for Spironolactone within the past 120 days; QL (600 ML per 30 days)
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	Tier 3	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	Tier 1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	Tier 1	
<b>Potassium Sparing Diuretics In Combination</b>		
ALDACTAZIDE ORAL TABLET 50-50 MG	Tier 3	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> (Aldactazide)	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> (Dyazide)	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	
<b>Pulm Anti-Htn, Soluble Guanylate Cyclase Stimulator</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 4	PA
<b>Pulm. Anti-Htn, Sel. C-Gmp Phosphodiesterase T5 Inhib</b>		
ALYQ ORAL TABLET 20 MG	Tier 4	PA
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	Tier 4	PA
<i>sildenafil (antihypertensive) oral suspension for reconstitution 10 mg/ml</i> (Revatio)	Tier 4	PA
<i>sildenafil (antihypertensive) oral tablet 20 mg</i> (Revatio)	Tier 1	PA
<i>tadalafil (antihypertensive) oral tablet 20 mg</i> (Adcirca)	Tier 4	PA; QL (1 EA per 5 days)
<b>Pulmonary Anti-Htn, Endothelin Receptor Antagonist</b>		
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	Tier 4	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	Tier 4	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG	Tier 4	PA
OPSUMIT ORAL TABLET 10 MG	Tier 4	PA

Drug	Status	Notes
TRACLEER ORAL TABLET 125 MG, 62.5 MG	Tier 4	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 4	PA
<b>Pulmonary Antihypertensives, Prostaglandin-Type</b>		
<i>epoprostenol (glycine) intravenous recon soln</i> (Flolan) 0.5 mg, 1.5 mg	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	Tier 4	PA
<i>treprostinil sodium injection solution 1 mg/ml,</i> (Remodulin) <i>10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	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 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	Tier 4	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 4	PA
<b>Renin Inhibitor, Direct</b>		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	Tier 1	
<b>Renin Inhibitor, Direct/Thiazide Diuretic Comb</b>		
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	Tier 3	PA
<b>Thiazide And Related Diuretics</b>		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	Tier 1	
<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> (Microzide)	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>methyclothiazide oral tablet 5 mg</i>	Tier 1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	

Drug	Status	Notes
<b>Vasodilators, Combination</b>		
BIDIL ORAL TABLET 20-37.5 MG	Tier 2	
<b>Cardiovascular Disease - Lipid Irregularity</b>		
<b>Antihyperlip.Hmg Coa Reduct</b>		
<b>Inhib&amp;Cholest.Ab.Inhib</b>		
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	Tier 1	ST: Requires prior prescription for Simvastatin within the past 365 days; QL (1 EA per 1 day)
<b>Antihyperlipidemic - Hmg Coa Reductase</b>		
<b>Inhibitors</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	Tier 3	ST: At least 2 prior prescriptions for Altoprev, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin within the past 365 days; QL (1 EA per 1 day)
<i>atorvastatin oral tablet 10 mg, 20 mg</i> (Lipitor)	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin oral tablet 40 mg, 80 mg</i> (Lipitor)	Tier 1	QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Tier 3	QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	Tier 3	PA
<i>fluvastatin oral capsule 20 mg, 40 mg</i> (Lescol)	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ST: At least 2 prior prescriptions for Altoprev, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin within the past 365 days; QL (2 EA per 1 day)



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



Drug	Status	Notes
<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	ST: Requires prior prescription for Ezetimibe/Simvastatin within the past 365 days; QL (1 EA per 1 day)
ZYPITAMAG ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 3	ST: Requires prior prescription for Livalo within the past 120 days; QL (1 EA per 1 day)
<b>Antihyperlipidemic - Mtp Inhibitor</b>		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	Tier 4	PA
<b>Antihyperlipidemic - Pcsk9 Inhibitors</b>		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 4	PA
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 4	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 4	PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 4	PA
<b>Bile Salt Sequestrants</b>		
<i>cholestyramine (with sugar) oral powder 4 gram</i> (Questran)	Tier 1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	Tier 1	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	Tier 1	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM	Tier 3	
<i>colestipol oral granules 5 gram</i> (Colestid)	Tier 1	
<i>colestipol oral packet 5 gram</i> (Colestid)	Tier 1	
<i>colestipol oral tablet 1 gram</i> (Colestid)	Tier 1	
PREVALITE ORAL POWDER 4 GRAM	Tier 1	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	Tier 1	

Drug	Status	Notes
<b>Lipotropics</b>		
ANTARA ORAL CAPSULE 30 MG, 90 MG	Tier 3	ST: Requires prior prescription for Antara, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Gemfibrozil, or Triglide 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> (Fibricor)	Tier 1	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	Tier 1	
LIPOCHOL PLUS ORAL TABLET 0.5 MG	Tier 3	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release)	Tier 1	ST: Requires prior prescription for Altoprev, Antara, Atorvastatin Calcium, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Flolipid, Gemfibrozil, Lovastatin, Pravastatin Sodium, Simvastatin, or Triglide within the past 365 days
NIACOR ORAL TABLET 500 MG	Tier 1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	Tier 1	QL (4 EA per 1 day)
TRIGLIDE ORAL TABLET 160 MG	Tier 2	ST: Requires prior prescription for Antara, Fenofibrate Nanocrystallized, Fenofibrate micronized, or Gemfibrozil within the past 120 days
TRIKLO ORAL CAPSULE 1 GRAM	Tier 1	QL (4 EA per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM	Tier 2	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM	Tier 2	QL (4 EA per 1 day)
<b>Cardiovascular Disease - Miscellaneous Agents</b>		
<b>Adrenergic Vasopressor Agents</b>		
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	Tier 4	PA

Drug	Status	Notes
<b>Angiotensin Recept-Nepriylsin Inhibitor Comb(Arni)</b>		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 2	QL (2 EA per 1 day)
<b>Antianginal &amp; Anti-Ischemic Agents,Non-Hemodynamic</b>		
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i> (Ranexa)	Tier 1	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i> (Ranexa)	Tier 1	QL (120 EA per 30 days)
<b>Antianginal, Heart Rate Reducing, I(F) Inhibitor</b>		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 2	QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 2	ST: Requires prior prescription for Bisoprolol Fumarate, Carvedilol, or Metoprolol Succinate within the past 120 days; QL (2 EA per 1 day)
<b>Antihyperlip - Hmg-Coa&amp;Calcium Channel Blocker Cb</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	Tier 1	QL (1 EA per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>Protein Stabilizers</b>		
VYNDAMAX ORAL CAPSULE 61 MG	Tier 4	PA
VYNDAQEL ORAL CAPSULE 20 MG	Tier 4	PA
<b>Cardiovascular Disease - Vasodilation Vasodilators,Coronary</b>		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE 40 MG	Tier 3	
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	Tier 2	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titrados)	Tier 1	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i> (ISOCHRON)	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	

Drug	Status	Notes
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 2	
<i>nitroglycerin oral capsule, extended release</i> (Nitro-Time) 2.5 mg, 6.5 mg, 9 mg	Tier 1	
<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</i> (Nitrolingual) 400 mcg/spray	Tier 1	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY	Tier 3	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	Tier 1	
<b>Vasodilators, Peripheral</b>		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>papaverine injection solution 30 mg/ml</i>	Tier 1	
<i>papav-phentolamine in water intracavernosal solution 30 mg- 1 mg/ml</i> (IFE-BiMix 30/1)	Tier 1	
<b>Contraception/Oxytocics</b>		
<b>Contraceptives, Intravaginal, Systemic</b>		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	Tier 5	ST: Requires prior prescription for Nuvaring within the past 120 days; QL (1 EA per 365 days)
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	Tier 5	QL (1 EA per 28 days)
<b>Contraceptives, Implantable</b>		
NEXPLANON SUBDERMAL IMPLANT 68 MG	Tier 5	QL (1 EA per 365 days)
<b>Contraceptives, Injectable</b>		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	Tier 5	QL (0.65 ML per 84 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	Tier 5	QL (1 ML per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	Tier 5	QL (1 ML per 84 days)
<b>Contraceptives, Intravaginal</b>		
GYNOL II VAGINAL GEL 3 %	Tier 5	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	Tier 5	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	Tier 5	

Drug	Status	Notes
VAGINAL CONTRACEPTIVE FOAM VAGINAL FOAM 12.5 %	Tier 5	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	Tier 5	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	Tier 5	
<b>Contraceptives, Oral</b>		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	Tier 5	
AFTERA ORAL TABLET 1.5 MG	Tier 5	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	Tier 5	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG- MCG	Tier 5	
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 5	
AMETHIA LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	Tier 5	QL (91 EA per 84 days)
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 5	QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	Tier 5	
APRI ORAL TABLET 0.15-0.03 MG	Tier 5	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 5	
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 5	QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	Tier 5	
AUBRA ORAL TABLET 0.1-20 MG-MCG	Tier 5	
AUROVELA 1.5/30 (21) ORAL TABLET 1.5- 30 MG-MCG	Tier 5	
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 5	
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 5	
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 5	
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 5	
AVIANE ORAL TABLET 0.1-20 MG-MCG	Tier 5	
AYUNA ORAL TABLET 0.15-0.03 MG	Tier 5	
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 5	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7)	Tier 5	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	Tier 5	

Drug	Status	Notes
BEKYREE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 5	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 5	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 5	
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 5	
BREVICON (28) ORAL TABLET 0.5-35 MG-MCG	Tier 5	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	Tier 5	
CAMILA ORAL TABLET 0.35 MG	Tier 5	
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	Tier 5	QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 5	QL (91 EA per 84 days)
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	Tier 5	
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	Tier 5	
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	Tier 5	
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	Tier 5	
CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 5	
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 5	
CYRED EQ ORAL TABLET 0.15-0.03 MG	Tier 5	
CYRED ORAL TABLET 0.15-0.03 MG	Tier 5	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 5	
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 5	
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 5	QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	Tier 5	
DELYLA (28) ORAL TABLET 0.1-20 MG-MCG	Tier 5	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Azurette (28))	Tier 5	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> (Apri)	Tier 5	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i> (Beyaz)	Tier 5	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i> (Safyral)	Tier 5	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> (Gianvi (28))	Tier 5	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> (Ocella)	Tier 5	

Drug	Status	Notes
ECONTRA EZ ORAL TABLET 1.5 MG	Tier 5	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	Tier 5	
ELINEST ORAL TABLET 0.3-30 MG-MCG	Tier 5	
ELLA ORAL TABLET 30 MG	Tier 5	
EMOQUETTE ORAL TABLET 0.15-0.03 MG	Tier 5	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 5	
ENSKYCE ORAL TABLET 0.15-0.03 MG	Tier 5	
ERRIN ORAL TABLET 0.35 MG	Tier 5	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	Tier 5	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))	Tier 5	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1-50)	Tier 5	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	Tier 5	
FAYOSIM ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Tier 5	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	Tier 5	
GIANVI (28) ORAL TABLET 3-0.02 MG	Tier 5	
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 5	
HAILEY ORAL TABLET 1.5-30 MG-MCG	Tier 5	
HEATHER ORAL TABLET 0.35 MG	Tier 5	
INCASSIA ORAL TABLET 0.35 MG	Tier 5	
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	Tier 5	QL (91 EA per 84 days)
ISIBLOOM ORAL TABLET 0.15-0.03 MG	Tier 5	
JASMIEL (28) ORAL TABLET 3-0.02 MG	Tier 5	
JENCYCLA ORAL TABLET 0.35 MG	Tier 5	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	Tier 5	QL (91 EA per 84 days)
JULEBER ORAL TABLET 0.15-0.03 MG	Tier 5	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 5	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 5	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 5	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 5	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 5	
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	Tier 5	
KALLIGA ORAL TABLET 0.15-0.03 MG	Tier 5	

Drug	Status	Notes
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 5	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 5	
KELNOR 1-50 ORAL TABLET 1-50 MG-MCG	Tier 5	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	Tier 5	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (Amethia Lo)	Tier 5	QL (91 EA per 84 days)
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (Fayosim)	Tier 5	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	Tier 5	QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 5	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 5	
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 5	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 5	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 5	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	Tier 5	
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	Tier 5	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 5	
LESSINA ORAL TABLET 0.1-20 MG-MCG	Tier 5	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 5	
<i>levonorgestrel oral tablet 1.5 mg</i> (Aftera)	Tier 5	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	Tier 5	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> (Altavera (28))	Tier 5	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i> (Amethyst (28))	Tier 5	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Introvale)	Tier 5	QL (91 EA per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	Tier 5	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	Tier 5	
LILLOW (28) ORAL TABLET 0.15-0.03 MG	Tier 5	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	Tier 5	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
LORYNA (28) ORAL TABLET 3-0.02 MG	Tier 5	



Drug	Status	Notes
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	Tier 5	
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	Tier 5	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	Tier 5	
LYZA ORAL TABLET 0.35 MG	Tier 5	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	Tier 5	
MELODETTA 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	Tier 5	
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	Tier 5	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 5	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 5	
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 5	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 5	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 5	
MILI ORAL TABLET 0.25-35 MG-MCG	Tier 5	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	Tier 5	
MY CHOICE ORAL TABLET 1.5 MG	Tier 5	
MY WAY ORAL TABLET 1.5 MG	Tier 5	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	Tier 5	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	Tier 5	
NEW DAY ORAL TABLET 1.5 MG	Tier 5	
NEXT CHOICE ONE DOSE ORAL TABLET 1.5 MG	Tier 5	
NIKKI (28) ORAL TABLET 3-0.02 MG	Tier 5	
NORA-BE ORAL TABLET 0.35 MG	Tier 5	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Wymzya Fe)	Tier 5	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i> (Generess Fe)	Tier 5	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	Tier 5	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	Tier 5	

Drug	Status	Notes
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	Tier 5	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)	Tier 5	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	Tier 5	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	Tier 5	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	Tier 5	
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	Tier 5	
NORLYDA ORAL TABLET 0.35 MG	Tier 5	
NORLYROC ORAL TABLET 0.35 MG	Tier 5	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 5	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	Tier 5	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 5	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 5	
OCELLA ORAL TABLET 3-0.03 MG	Tier 5	
OGESTREL (28) ORAL TABLET 0.5-50 MG-MCG	Tier 5	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	Tier 5	
OPTION-2 ORAL TABLET 1.5 MG	Tier 5	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	Tier 5	
PHILITH ORAL TABLET 0.4-35 MG-MCG	Tier 5	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 5	
PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG, 1-35 MG-MCG	Tier 5	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	Tier 5	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	Tier 5	
RAJANI ORAL TABLET 3-0.02-0.451 MG (24) (4)	Tier 5	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	Tier 5	
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Tier 5	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	Tier 5	QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG	Tier 5	
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 5	
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 5	QL (91 EA per 84 days)
SLYND ORAL TABLET 4 MG (28)	Tier 5	QL (28 EA per 28 days)

Drug	Status	Notes
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	Tier 5	
SRONYX ORAL TABLET 0.1-20 MG-MCG	Tier 5	
SYEDA ORAL TABLET 3-0.03 MG	Tier 5	
TAKE ACTION ORAL TABLET 1.5 MG	Tier 5	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 5	
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 5	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 5	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	Tier 5	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)	Tier 5	
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 5	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 5	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Tier 5	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 5	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 5	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 5	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 5	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 5	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 5	
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 5	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 5	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 5	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 5	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 5	
TULANA ORAL TABLET 0.35 MG	Tier 5	
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	Tier 5	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	Tier 5	

Drug	Status	Notes
VIENVA ORAL TABLET 0.1-20 MG-MCG	Tier 5	
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 5	
VYFEMLA (28) ORAL TABLET 0.4-35 MG- MCG	Tier 5	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	Tier 5	
WERA (28) ORAL TABLET 0.5-35 MG-MCG	Tier 5	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	Tier 5	
ZARAH ORAL TABLET 3-0.03 MG	Tier 5	
ZENCHENT (28) ORAL TABLET 0.4-35 MG- MCG	Tier 5	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG- MCG	Tier 5	
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	Tier 5	
<b>Contraceptives, Transdermal</b>		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	Tier 5	QL (3 EA per 28 days)
<b>Diaphragms/Cervical Cap</b>		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	Tier 5	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	Tier 5	
<b>Oxytocics</b>		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 3	
<i>methylergonovine oral tablet 0.2 mg</i> (Methergine)	Tier 1	QL (28 EA per 30 days)
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Tier 3	
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG	Tier 3	

Drug	Status	Notes
<b>Cough And Cold</b>		
<b>1St Gen Antihistamine &amp; Decongestant Combinations</b>		
CENTERGY ORAL DROPS 1-2 MG/ML	Tier 1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i> (Promethazine VC)	Tier 1	
<b>1St Gen Antihist-Decongest-Anticholinergic Comb</b>		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 1	
<b>Antitussives,Non-Narcotic</b>		
<i>benzonatate oral capsule 100 mg</i> (Tessalon Perles)	Tier 1	
<i>benzonatate oral capsule 150 mg, 200 mg</i>	Tier 1	
<b>Expectorants</b>		
SSKI ORAL SOLUTION 1 GRAM/ML	Tier 1	
<b>Narcotic Antituss-1St Gen. Antihistamine-Decongest</b>		
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	Tier 1	Age (Min 18 Years)
<b>Narcotic Antitussive-1St Generation Antihistamine</b>		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 1	Age (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 1	Age (Min 18 Years)
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG, 5-4 MG	Tier 3	Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	Tier 3	ST: Requires prior prescription for Promethazine HCL/codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR 14.7-2.8 MG/5 ML	Tier 3	ST: 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)
<b>Narcotic Antitussive-Anticholinergic Comb.</b>		
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Tier 1	Age (Min 18 Years)
<b>Non-Narc Antituss-1St Gen. Antihistamine-Decongest</b>		
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	Tier 1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i> (Bromfed DM)	Tier 1	
CENTERGY DM ORAL DROPS 1-2-3 MG/ML	Tier 1	

Drug	Status	Notes
<b>Non-Narc Antitussive-1St Gen Antihistamine Comb.</b>		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	
<b>Nose Preparations, Vasoconstrictors (Rx)</b>		
ADRENALIN NASAL SOLUTION 1 MG/ML	Tier 3	
TYZINE NASAL DROPS 0.1 %	Tier 3	
TYZINE NASAL SPRAY, NON-AEROSOL 0.1 %	Tier 3	
<b>Dermatology - Acne</b>		
<b>Acne Agents, Systemic</b>		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	Tier 3	ST: Requires prior prescription for Absorica or Isotretinoin within the past 120 days
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	Tier 1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Absorica)	Tier 1	
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
<b>Acne Agents, Topical</b>		
ACZONE TOPICAL GEL WITH PUMP 7.5 %	Tier 3	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> (Epiduo)	Tier 1	ST: Requires prior prescription for Adapalene 0.1% gel within the past 120 days; Age (Max 25 Years)
AZELEX TOPICAL CREAM 20 %	Tier 3	
<i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 %</i> (Duac)	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 Phosphate/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> (Veltin)	Tier 1	ST: Requires prior prescription for Clindamycin gel or Tretinoin 0.025% gel within the past 120 days
<i>dapsone topical gel 5 %</i> (Aczone)	Tier 1	

Drug	Status	Notes
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	Tier 2	ST: Requires prior prescription for Adapalene 0.1% gel within the past 120 days; Age (Max 25 Years)
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	Tier 3	
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	Tier 1	
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	Tier 2	ST: Requires prior prescription for generic Clindamycin Phosphate/benzoyl Peroxide gel within the past 120 days
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	Tier 1	
<b>Anticorrosive Agents</b>		
<i>butylated hydroxytoluene powder</i>	Tier 3	
<b>Keratolytic-Glucocorticoid Combinations</b>		
VANOXIDE-HC TOPICAL SUSPENSION 5- 0.5 %	Tier 2	
<b>Rosacea Agents, Topical</b>		
<i>azelaic acid topical gel 15 %</i> (Finacea)	Tier 1	
FINACEA TOPICAL FOAM 15 %	Tier 2	
<i>metronidazole topical cream 0.75 %</i> (MetroCream)	Tier 1	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	Tier 1	
<i>metronidazole topical gel 1 %</i> (Metrogel)	Tier 1	
<i>metronidazole topical gel with pump 1 %</i> (Metrogel)	Tier 1	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	Tier 1	
MIRVASO TOPICAL GEL 0.33 %	Tier 3	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	Tier 3	
NORITATE TOPICAL CREAM 1 %	Tier 3	ST: Requires prior prescription for Metronidazole within the past 120 days
RHOFADE TOPICAL CREAM 1 %	Tier 3	
ROSDAN TOPICAL CREAM 0.75 %	Tier 1	
ROSDAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	Tier 3	
ROSDAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %	Tier 3	
SOOLANTRA TOPICAL CREAM 1 %	Tier 3	ST: Requires prior prescription for Finacea gel or foam within the past 120 days
<b>Topical Preparations, Antibacterials</b>		
ALA-QUIN TOPICAL CREAM 3-0.5 %	Tier 3	

Drug	Status	Notes
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	Tier 3	
DERMAZENE TOPICAL CREAM 1-1 %	Tier 1	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	Tier 3	
<i>hydrocortisone-iodoquinol-aloe2 topical gel 2-1-1 %</i> (Alcortin A)	Tier 1	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i> (Dermazene)	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 %	Tier 1	
NORMLGEL AG TOPICAL GEL 0.11 %	Tier 3	
QUINJA TOPICAL GEL 1.25-1 %	Tier 3	
<i>silver nitrate topical ointment 10 %</i>	Tier 1	
<i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>	Tier 1	
SILVRSTAT TOPICAL GEL 32 PPM	Tier 3	
SOLOX GEL TOPICAL GEL 55 PPM	Tier 3	
STRONG IODINE TOPICAL SOLUTION 5-10 %	Tier 1	
<b>Vitamin A Derivatives</b>		
<i>adapalene topical cream 0.1 %</i> (Differin)	Tier 1	Age (Max 25 Years)
<i>adapalene topical gel 0.1 %, 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; Age (Max 25 Years)
ALTRENO TOPICAL LOTION 0.05 %	Tier 3	Age (Max 25 Years)
AVITA TOPICAL CREAM 0.025 %	Tier 1	Age (Max 25 Years)
AVITA TOPICAL GEL 0.025 %	Tier 1	Age (Max 25 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	Tier 3	ST: Requires prior prescriptions for generic Tretinoin Microspheres 0.04% and 0.10% within the past 365 days; Age (Max 25 Years)
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)	Tier 1	Age (Max 25 Years)



Drug	Status	Notes
<i>tretinoin microspheres topical gel with pump</i> (Retin-A Micro Pump) 0.04 %, 0.1 %	Tier 1	Age (Max 25 Years)
<i>tretinoin topical cream</i> 0.025 % (Avita)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical cream</i> 0.05 %, 0.1 % (Retin-A)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel</i> 0.01 % (Retin-A)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel</i> 0.025 % (Avita)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel</i> 0.05 % (Atralin)	Tier 1	Age (Max 25 Years)
TRETIN-X CREAM KIT TOPICAL COMBO PACK 0.025 %, 0.05 %, 0.1 %	Tier 3	Age (Max 25 Years)
<b>Vitamin A Derivatives, Topical Acne Agents</b>		
FABIOR TOPICAL FOAM 0.1 %	Tier 3	Age (Min 12 Years)
<b>Dermatology - Antiinfective</b>		
<b>Topical Antibiotics</b>		
AKTIPAK TOPICAL GEL 3-5 %	Tier 2	
CENTANY AT TOPICAL OINTMENT KIT 2 %	Tier 3	
CLINDACIN ETZ TOPICAL KIT 1 %	Tier 3	
CLINDACIN PAC TOPICAL KIT 1 %	Tier 3	
<i>clindamycin phosphate topical foam</i> 1 % (Evoclin)	Tier 1	
<i>clindamycin phosphate topical gel</i> 1 % (Cleocin T)	Tier 1	
<i>clindamycin phosphate topical gel, once daily</i> 1 % (Clindagel)	Tier 1	ST: Requires prior prescription for Clindamycin Phosphate 1% gel within the past 120 days
<i>clindamycin phosphate topical lotion</i> 1 % (Cleocin T)	Tier 1	
<i>clindamycin phosphate topical solution</i> 1 % (Cleocin T)	Tier 1	
<i>clindamycin phosphate topical swab</i> 1 % (Clindacin ETZ)	Tier 1	
ERY PADS TOPICAL SWAB 2 %	Tier 1	
<i>erythromycin with ethanol topical gel</i> 2 % (Erygel)	Tier 1	
<i>erythromycin with ethanol topical solution</i> 2 %	Tier 1	
<i>erythromycin with ethanol topical swab</i> 2 % (Ery Pads)	Tier 1	
<i>erythromycin-benzoyl peroxide topical gel</i> 3-5 % (Aktipak)	Tier 1	
<i>gentamicin topical cream</i> 0.1 %	Tier 1	
<i>gentamicin topical ointment</i> 0.1 %	Tier 1	
<i>mupirocin calcium topical cream</i> 2 %	Tier 1	
<i>mupirocin topical ointment</i> 2 % (Centany)	Tier 1	
XEPI TOPICAL CREAM 1 %	Tier 3	ST: Requires prior prescription for Mupirocin within the past 120 days
<b>Topical Antifungal/Antiinflammatory, Steriod Agent</b>		
<i>clotrimazole-betamethasone topical cream</i> 1-0.05 % (Lotrisone)	Tier 1	
<i>clotrimazole-betamethasone topical lotion</i> 1-0.05 %	Tier 1	
DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 %	Tier 3	

Drug	Status	Notes
<b>Topical Antifungals</b>		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	Tier 3	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	Tier 1	
<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	
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	Tier 1	
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> (Ciclodan Kit)	Tier 1	
<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	
ECOZA TOPICAL FOAM 1 %	Tier 3	
ERTACZO TOPICAL CREAM 2 %	Tier 3	
EXELDERM TOPICAL CREAM 1 %	Tier 2	
EXELDERM TOPICAL SOLUTION 1 %	Tier 2	
EXODERM TOPICAL LOTION 25-1 %	Tier 1	
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	Tier 3	PA
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 %	Tier 3	PA
<i>ketoconazole topical cream 2 %</i>	Tier 1	
<i>ketoconazole topical foam 2 %</i> (Extina)	Tier 1	
<i>ketoconazole topical shampoo 2 %</i> (Nizoral)	Tier 1	
LOPROX KIT TOPICAL COMBO PACK 0.77 %	Tier 3	
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	Tier 3	
<i>luliconazole topical cream 1 %</i> (Luzu)	Tier 1	ST: Requires prior prescriptions for Clotrimazole and Ketoconazole within the past 365 days; QL (60 GM per 28 days)
MENTAX TOPICAL CREAM 1 %	Tier 3	
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> (Vusion)	Tier 1	
<i>naftifine topical cream 1 %</i>	Tier 1	
<i>naftifine topical cream 2 %</i> (Naftin)	Tier 1	
<i>naftifine topical gel 1 %</i> (Naftin)	Tier 1	
NAFTIN TOPICAL GEL 1 %	Tier 2	
NAFTIN TOPICAL GEL 2 %	Tier 3	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	Tier 1	

Drug	Status	Notes
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	Tier 1	
<i>oxiconazole topical cream 1 %</i> (Oxistat)	Tier 1	
OXISTAT TOPICAL LOTION 1 %	Tier 3	
TRIPLE DYE TOPICAL SWAB 2.29-2.29-1.14 MG/ML	Tier 1	
XOLEGEL TOPICAL GEL 2 %	Tier 3	
<b>Topical Antiparasitics</b>		
CROTAN TOPICAL LOTION 10 %	Tier 3	
EURAX TOPICAL CREAM 10 %	Tier 3	
EURAX TOPICAL LOTION 10 %	Tier 3	
<i>lindane topical shampoo 1 %</i>	Tier 1	
<i>malathion topical lotion 0.5 %</i> (Ovide)	Tier 1	
<i>permethrin topical cream 5 %</i> (Elimite)	Tier 1	
SKLICE TOPICAL LOTION 0.5 %	Tier 3	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	Tier 1	
ULESFIA TOPICAL LOTION 5 %	Tier 3	
<b>Topical Antivirals</b>		
<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	
DENAVIR TOPICAL CREAM 1 %	Tier 3	ST: At least 2 prior prescriptions for Acyclovir, Famciclovir, or Valacyclovir HCL within the past 365 days
<b>Topical Antivirals/Anti-inflammatory, Steroid Agent</b>		
XERESE TOPICAL CREAM 5-1 %	Tier 3	ST: Requires prior prescription for Acyclovir, Famciclovir, Sitavig, or Valacyclovir HCL within the past 120 days; QL (10 GM per 365 days)
<b>Topical Genital Wart-Hpv Treatment Agents</b>		
VEREGEN TOPICAL OINTMENT 15 %	Tier 3	ST: Requires prior prescriptions for Imiquimod (5%) and Podofilox within the past 120 days
<b>Topical Pleuromutilin Derivatives</b>		
ALTABAX TOPICAL OINTMENT 1 %	Tier 3	ST: Requires prior prescription for Mupirocin within the past 120 days

Drug	Status	Notes
<b>Topical Sulfonamides</b>		
AVAR LS TOPICAL FOAM 10-2 %	Tier 3	
AVAR LS TOPICAL PADS, MEDICATED 10-2 %	Tier 3	
AVAR TOPICAL PADS, MEDICATED 9.5-5 %	Tier 3	
BP 10-1 TOPICAL CLEANSER 10-1 %	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 %	Tier 1	
<i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)	Tier 1	
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	Tier 3	
ROSANIL TOPICAL CLEANSER 10-5 % (W/W)	Tier 3	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 %	Tier 1	
ROSULA TOPICAL CLEANSER 10-4.5 %	Tier 3	
<i>silver sulfadiazine topical cream 1 %</i> (Silvadene)	Tier 1	
SSD TOPICAL CREAM 1 %	Tier 1	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W)	Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 %	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Avar)	Tier 1	
<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> (Avar-E)	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 suspension 10-5 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i> (SulfaCleanse 8-4)	Tier 1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	
<i>sulfacetamide-sulfur-cleansr23 topical kit 9-4.5 %</i> (Sumadan)	Tier 1	
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 %	Tier 1	

Drug	Status	Notes
<i>sulfact na-sul-avobnz-otn-ocsa topical combo pack,cleanser and cream 9 %-4.5 % -spf 25</i> (Sumadan XLT)	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 3	
SULFAMYLON TOPICAL PACKET 50 GRAM	Tier 3	
SUMADAN TOPICAL KIT 9-4.5 %	Tier 3	
SUMAXIN CP TOPICAL KIT 10-4 %	Tier 3	
<b>Dermatology - Antiinflammatory</b>		
<b>Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib</b>		
EUCRISA TOPICAL OINTMENT 2 %	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<b>Topical Antibiotics/Antiinflammatory, Steroidal</b>		
CORTISPORIN TOPICAL CREAM 3.5-10,000-0.5 MG/G-UNIT/G-%	Tier 2	
CORTISPORIN TOPICAL OINTMENT 1 %	Tier 2	
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
<b>Topical Anti-Inflammatory Steroidal</b>		
ALA-CORT TOPICAL CREAM 1 %	Tier 1	
ALA-SCALP TOPICAL LOTION 2 %	Tier 1	
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	
<i>amcinonide topical cream 0.1 %</i>	Tier 1	
<i>amcinonide topical lotion 0.1 %</i>	Tier 1	
<i>amcinonide topical ointment 0.1 %</i>	Tier 1	
APEXICON E TOPICAL CREAM 0.05 %	Tier 3	
AQUA GLYCOLIC HC TOPICAL COMBO PACK 2 %	Tier 3	
BESER KIT TOPICAL KIT, LOTION AND CREAM, EMOLLIENT 0.05 %	Tier 3	
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	

Drug	Status	Notes
<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	
<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)	Tier 1	
BRYHALI TOPICAL LOTION 0.01 %	Tier 3	ST: Requires prior prescription for Betamethasone Dipropionate, Betamethasone Valerate, Betamethasone/propylene Glyc, or Halobetasol Propionate 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> (Cormax)	Tier 1	
<i>clobetasol topical cream 0.05 %</i> (Temovate)	Tier 1	
<i>clobetasol topical foam 0.05 %</i> (Olux)	Tier 1	
<i>clobetasol topical gel 0.05 %</i>	Tier 1	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	Tier 1	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	Tier 1	
<i>clocortolone pivalate topical cream 0.1 %</i> (Cloderm)	Tier 1	
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %	Tier 3	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal 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
CORMAX SCALP SOLUTION 0.05 %	Tier 1	

Drug	Status	Notes
DERMASORB HC COMPLETE KIT TOPICAL COMBO PACK,CLEANSER AND LOTION 2 %	Tier 3	
DERMASORB TA COMPLETE KIT TOPICAL CREAM 0.1 %	Tier 3	
DESONATE TOPICAL GEL 0.05 %	Tier 3	
<i>desonide topical cream 0.05 %</i> (DesOwen)	Tier 1	
<i>desonide topical lotion 0.05 %</i> (DesOwen)	Tier 1	
<i>desonide topical ointment 0.05 %</i>	Tier 1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	Tier 1	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	Tier 1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	Tier 1	
<i>desoximetasone topical spray,non-aerosol 0.25 %</i> (Topicort)	Tier 1	ST: Requires prior prescription for Betamethasone Dipropionate 0.05% cream, Desoximetasone 0.25% cream, Fluocinonide 0.05% cream/ointment/gel, or Mometasone 0.1% ointment within the past 120 days
<i>diflorasone topical cream 0.05 %</i> (Psorcon)	Tier 1	
<i>diflorasone topical ointment 0.05 %</i>	Tier 1	
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	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	Tier 1	
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	Tier 1	
FLUOVIX TOPICAL KIT 0.1 %	Tier 3	
<i>flurandrenolide topical cream 0.05 %</i> (Cordran)	Tier 1	
<i>flurandrenolide topical lotion 0.05 %</i> (Cordran)	Tier 1	
<i>flurandrenolide topical ointment 0.05 %</i> (Cordran)	Tier 1	
<i>fluticasone propionate topical cream 0.05 %</i> (Cutivate)	Tier 1	
<i>fluticasone propionate topical lotion 0.05 %</i> (Beser)	Tier 1	



Drug	Status	Notes
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1	
<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)
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 1	
HALOG TOPICAL CREAM 0.1 %	Tier 3	
HALOG TOPICAL OINTMENT 0.1 %	Tier 3	
<i>hydrocortisone butyrate topical cream 0.1 %</i> (Locoid)	Tier 1	
<i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid)	Tier 1	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate topical solution 0.1 %</i> (Locoid)	Tier 1	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	Tier 1	
<i>hydrocortisone topical cream 2.5 %</i>	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 0.2 %</i>	Tier 1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 1	
IMPOYZ TOPICAL CREAM 0.025 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
LEXETTE TOPICAL FOAM 0.05 %	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)
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %, 2.5 % (4 GRAM)	Tier 3	
<i>mometasone topical cream 0.1 %</i> (Elocon)	Tier 1	
<i>mometasone topical ointment 0.1 %</i>	Tier 1	
<i>mometasone topical solution 0.1 %</i>	Tier 1	
NOXIPAK TOPICAL KIT 0.01-20 %	Tier 3	
NUCORT TOPICAL LOTION 2 %	Tier 3	
PANDEL TOPICAL CREAM 0.1 %	Tier 2	
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	
<i>prednicarbate topical ointment 0.1 %</i> (Dermatop)	Tier 1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	



Drug	Status	Notes
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	
QUINIXIL TOPICAL CREAM 0.1-5 %	Tier 3	
QUINOSONE TOPICAL COMBO PACK 0.1-12 %	Tier 3	
SANADERMRX TOPICAL KIT 0.1-5 %	Tier 1	ST: At least 3 prior prescriptions for Amerigel Barrier, Dimethicone, Scar Treatment, 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	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Tier 3	ST: Requires prior prescription for Triamcinolone Acetonide within the past 120 days
SILALITE PAK TOPICAL KIT, OINTMENT AND SHEET 0.1 %	Tier 3	
SILAZONE-II TOPICAL KIT 0.1 %	Tier 3	
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	Tier 3	
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM 0.025 %	Tier 3	
SYNALAR TS TOPICAL KIT 0.01 %	Tier 3	
TEXACORT TOPICAL SOLUTION 2.5 %	Tier 2	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> (Kenalog)	Tier 1	
<i>triamcinolone acetonide topical cream 0.025 %</i>	Tier 1	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	Tier 1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
TRIANEX TOPICAL OINTMENT 0.05 %	Tier 1	
TRIDERM TOPICAL CREAM 0.1 %, 0.5 %	Tier 1	

Drug	Status	Notes
ULTRAVATE TOPICAL LOTION 0.05 %	Tier 3	ST: Requires prior prescription for Betamethasone Dipropionate, Betamethasone Valerate, Betamethasone/propylene Glyc, or Halobetasol Propionate within the past 120 days; QL (100 ML per 1 FILL)
VERDESO TOPICAL FOAM 0.05 %	Tier 3	
XILAPAK TOPICAL KIT 0.01 %	Tier 3	
<b>Topical Anti-Inflammatory, Nsaids</b>		
CAPSFENAC PAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Tier 3	
DICLO GEL TOPICAL KIT 1 %	Tier 3	
DICLO GEL-XRYLIX SHEET TOPICAL KIT 1 %	Tier 3	
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	Tier 1	
<i>diclofenac sodium topical drops 1.5 %</i>	Tier 1	
<i>diclofenac sodium topical gel 1 %</i> (Voltaren)	Tier 1	
DICLOFONO TOPICAL GEL IN PACKET 1.6 %	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	
DICLOZOR TOPICAL KIT 1 %	Tier 3	
DITHOL TOPICAL COMBO PACK 1.5-10 %	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	
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	
XRYLIX (DICLOFENAC-KINES TAPE) TOPICAL KIT 1.5 %	Tier 3	

Drug	Status	Notes
<b>Dermatology - Antipruritic Drugs</b>		
<b>Antipruritics, Topical</b>		
ALEVICYN PLUS TOPICAL COMBO PACK, CREAM AND GEL	Tier 3	
<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	
SP ANTIPRURITIC TOPICAL GEL	Tier 3	
<b>Dermatology - Miscellaneous</b>		
<b>Antiperspirants</b>		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	Tier 2	
DRYSOL TOPICAL SOLUTION 20 %	Tier 2	
<b>Antiseborrheic Agents</b>		
ESKATA TOPICAL SOLUTION WITH APPLICATOR 40 %	Tier 3	
LOUTREX TOPICAL CREAM	Tier 1	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	Tier 2	
OVACE PLUS TOPICAL CREAM 10 %	Tier 3	
OVACE PLUS TOPICAL FOAM 9.8 %	Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 %	Tier 3	ST: Requires prior prescription for Ciclopirox or Ketoconazole within the past 120 days
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	
<b>Antiseptics, Miscellaneous</b>		
<i>guaiacol liquid</i>	Tier 3	
<b>Emollients</b>		
<i>ammonium lactate topical cream 12 %</i> (Geri-Hydrolac)	Tier 1	
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	Tier 1	
ATOPADERM 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	
CELACYN TOPICAL GEL WITH PUMP	Tier 3	
CERACADE TOPICAL EMULSION	Tier 3	
CERAMAX TOPICAL CREAM	Tier 3	
CERAMAX TOPICAL LOTION	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
DEXERYL 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	
HYLATOPIC TOPICAL FOAM	Tier 3	
HYLATOPICPLUS TOPICAL CREAM	Tier 3	
HYLATOPICPLUS TOPICAL FOAM	Tier 3	
HYLATOPICPLUS TOPICAL LOTION	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	
NEOCERA 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	
PRESERA TOPICAL FOAM	Tier 3	
PRUCLAIR TOPICAL CREAM	Tier 1	
PRUMYX TOPICAL CREAM	Tier 1	
PRUTECT TOPICAL EMULSION	Tier 1	
RESTIZAN TOPICAL GEL WITH PUMP	Tier 3	
SEBUDERM TOPICAL GEL	Tier 3	
SONAFINE TOPICAL EMULSION	Tier 1	
SP SCAR MANAGEMENT TOPICAL GEL WITH PUMP	Tier 3	
SYNERDERM TOPICAL SPRAY, NON- AEROSOL	Tier 3	
XCLAIR TOPICAL CREAM	Tier 3	
<b>Irrigants</b>		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
AQUA CARE SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 %	Tier 1	

Drug	Status	Notes
AQUA CARE STERILE WATER IRRIGATION SOLUTION	Tier 1	
<i>lactated ringers irrigation solution</i>	Tier 3	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	
<i>ringer's irrigation solution</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i> (Aqua Care Sodium Chloride)	Tier 1	
<i>sorbitol irrigation solution 3 %, 3.3 %</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	
<b>Irritants/Counter-Irritants</b>		
<i>methyl salicylate oil</i> (Wintergreen Oil)	Tier 1	
<i>methyl salicylate topical liquid</i>	Tier 1	
QUTENZA TOPICAL KIT 8 %	Tier 3	PA
<b>Keratolytics</b>		
BENSAL HP TOPICAL OINTMENT 3 %	Tier 3	
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	Tier 1	
BENZEPRO TOPICAL TOWELETTE 6 %	Tier 1	
<i>benzoyl peroxide topical cleanser 7 %</i> (BP Wash)	Tier 1	
<i>benzoyl peroxide topical foam 9.8 %</i> (BenzePrO)	Tier 1	
BPO TOPICAL GEL 4 %, 8 %	Tier 1	
CEM-UREA TOPICAL GEL 45 %	Tier 1	
CONDYLOX TOPICAL GEL 0.5 %	Tier 3	ST: Requires prior prescription for Podofilox within the past 120 days
HYDRO 35 TOPICAL FOAM 35 %	Tier 3	
INOVA 4-1 TOPICAL COMBO PACK 1-4-5 %	Tier 3	
INOVA 8-2 TOPICAL COMBO PACK 2-8-5 %	Tier 3	
INOVA TOPICAL COMBO PACK 4-5 %, 8-5 %	Tier 3	
KERAFOAM TOPICAL FOAM 30 %, 42 %	Tier 3	
KERALYT SCALP COMPLETE TOPICAL KIT, SHAMPOO AND GEL 6-6 %	Tier 3	
PACNEX HP TOPICAL PADS, MEDICATED 7 %	Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %	Tier 3	

Drug	Status	Notes
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 COMBO PACK 6 %	Tier 3	
<i>salicylic acid er-ceramides topical kit,cleanser and cream er 6 %</i> (Salex)	Tier 1	
<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> (Salex)	Tier 1	
SALVAX DUO PLUS TOPICAL FOAM 6-35 %	Tier 3	
SALVAX TOPICAL FOAM 6 %	Tier 1	
<i>silver nitrate applicators topical stick 75-25 %</i>	Tier 1	
<i>silver nitrate topical solution 10 %</i>	Tier 1	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	Tier 3	
UMECTA TOPICAL FOAM 40 %	Tier 1	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 %	Tier 3	
URAMAXIN TOPICAL FOAM 20 %	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 %	Tier 1	
<i>urea topical cream 39 %</i> (Uredeb)	Tier 1	
<i>urea topical cream 40 %</i>	Tier 1	
<i>urea topical cream 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	
UREVAZ TOPICAL CREAM 44 %	Tier 3	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	Tier 3	
<b>Oxidizing Agents</b>		
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	

Drug	Status	Notes
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	
<b>Protectives</b>		
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 %	Tier 3	
GENADUR TOPICAL LIQUID	Tier 3	
HYGEL TOPICAL GEL 2.5 %	Tier 3	
KELARX TOPICAL GEL	Tier 3	
LURADROX TOPICAL GEL IN PACKET 0.1 %	Tier 3	
NUVAIL TOPICAL NAIL FILM SOLUTION 16 %	Tier 3	
PR CREAM TOPICAL CREAM	Tier 1	
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	
TETRIX TOPICAL CREAM	Tier 3	
THERAPEVO TOPICAL GEL 2.5 %	Tier 1	
<b>Topical Anti-Inflammatory Nsaid-Local Anesthetic</b>		
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	
<b>Topical Anti-Inflammatory Steroid-Local Anesthetic</b>		
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Tier 2	
EPIFOAM TOPICAL FOAM 1-1 %	Tier 3	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i> (Pramosone)	Tier 1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	Tier 1	
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 %	Tier 3	

Drug	Status	Notes
PRAMOSONE TOPICAL CREAM 1-1 %	Tier 2	
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	Tier 2	
<b>Topical Antineoplastic &amp; Premalignant Lesion Agnts</b>		
<i>diclofenac sodium topical gel 3 %</i> (Solaraze)	Tier 1	QL (100 GM per 1 FILL)
FLUOROPLEX TOPICAL CREAM 1 %	Tier 3	
<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	
PANRETIN TOPICAL GEL 0.1 %	Tier 4	
PICATO TOPICAL GEL 0.015 %	Tier 2	QL (3 EA per 28 days)
PICATO TOPICAL GEL 0.05 %	Tier 2	QL (2 EA per 28 days)
TARGRETIN TOPICAL GEL 1 %	Tier 4	PA
TOLAK TOPICAL CREAM 4 %	Tier 2	
VALCHLOR TOPICAL GEL 0.016 %	Tier 4	PA
<b>Topical Local Anesthetics</b>		
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	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC)	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	
DERMAZYL KIT TOPICAL KIT, PATCH, MEDICATED, CREAM 5-5 %	Tier 3	
DOLOTRANZ TOPICAL KIT,CREAM AND GEL 4-2.5-2.5 %	Tier 3	
<i>ethyl chloride topical aerosol,spray 100 %</i>	Tier 1	
KAMDOY TOPICAL SPRAY,NON-AEROSOL	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	ST: Requires prior prescription for Lidocaine 3% cream within the past 120 days; QL (240 GM per 30 days)



Drug	Status	Notes
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	
<i>lidocaine-tetracaine topical cream 7-7 %</i> (Pliaglis)	Tier 1	
LIDOPAC TOPICAL KIT 5 %	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	
LIDORXKIT TOPICAL COMBO PACK,OINTMENT AND CREAM 5 %	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	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
LMR PLUS TOPICAL KIT 5-6 %	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	
NUVAKAAN TOPICAL KIT 2.5-2.5 %	Tier 1	
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	
PONTOCAINE TOPICAL SOLUTION 2 %	Tier 3	
PRIZOTRAL 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	
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	

Drug	Status	Notes
ZEYOCAINE TOPICAL KIT, OINTMENT AND TAPE 5 %	Tier 3	
ZILACAIN PATCH TOPICAL COMBO PACK 5 %	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)
<b>Topical Preparations, Miscellaneous</b>		
MEDIHONEY (HONEY) TOPICAL PASTE 100 %	Tier 3	
<b>Topical/Mucous Membr./Subcut. Enzymes</b>		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	
<b>Dermatology - Psoriasis/Eczema</b>		
<b>Antipsoriatic Agents, Systemic</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> (Soriatane)	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	Tier 4	PA
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 4	PA
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> (Oxsoralen Ultra)	Tier 1	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	Tier 4	PA
SKYRIZI SUBCUTANEOUS SYRINGE 75 MG/0.83 ML	Tier 4	PA
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML (75 MG/0.83 ML X2)	Tier 4	PA
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

Drug	Status	Notes
<b>Antipsoriatics Agents</b>		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene topical ointment 0.005 %</i> (Calcitrene)	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
CALCITRENE TOPICAL OINTMENT 0.005 %	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
DUOBRII TOPICAL LOTION 0.01-0.045 %	Tier 3	QL (200 GM per 28 days)
NUDERMRXPAK TOPICAL KIT 0.005-5 %	Tier 3	
SORILUX TOPICAL FOAM 0.005 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>tazarotene topical cream 0.1 %</i> (Avage)	Tier 1	
TAZORAC TOPICAL CREAM 0.05 %	Tier 2	
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	Tier 2	
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<b>Topical Agents, Miscellaneous</b>		
COLLATYL TOPICAL GEL 1 %	Tier 3	
GORDONS UREA TOPICAL OINTMENT 22 %	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	

Drug	Status	Notes
<b>Topical Immunosuppressive Agents</b>		
<i>pimecrolimus topical cream 1 %</i> (Elidel)	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	Tier 1	
<b>Topical Vit D Analog/Anti-inflammatory, Steroidal</b>		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i> (Taclonex)	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<b>Diabetes</b>		
<b>Antihypergly, (Dpp-4) Inhibitor &amp; Biguanide Comb.</b>		
<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, Januvia, Jentadueto XR, Jentadueto, or Tradjenta within the past 120 days
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 2	
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	Tier 2	
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 2	
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	Tier 2	
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, Januvia, Jentadueto XR, Jentadueto, or Tradjenta within the past 120 days

Drug	Status	Notes
<b>Antihyperglycemic, Dpp-4 Enzyme Inhibitor &amp; Thiazolidinedione</b>		
<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, Januvia, Jentadueto XR, Jentadueto, or Tradjenta within the past 120 days
<b>Antihyperglycemic, Incretin Mimetic (Glp-1 Receptor Agonist)</b>		
ADLYXIN SUBCUTANEOUS PEN INJECTOR 10 MCG/0.2 ML- 20 MCG/0.2 ML, 20 MCG/0.2 ML	Tier 3	ST: At least 2 prior prescriptions for Bydureon Bcise, Byetta, or Trulicity, AND Metformin/Metformin combination, or formulary Sulfonylurea or Pioglitazone/Pioglitazone combination required within the past 365 days
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Tier 2	
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	Tier 2	
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 2	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML)	Tier 3	ST: At least 2 prior prescriptions for Bydureon Bcise, Byetta, or Trulicity, AND Metformin/Metformin combination, or formulary Sulfonylurea or Pioglitazone/Pioglitazone combination required within the past 365 days
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	Tier 2	
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 3	ST: At least 2 prior prescriptions for Bydureon Bcise, Byetta, or Trulicity, AND Metformin/Metformin combination, or formulary Sulfonylurea or Pioglitazone/Pioglitazone combination required within the past 365 days

Drug	Status	Notes
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 3	ST: At least 2 prior prescriptions for Bydureon Bcise, Byetta, or Trulicity, AND Metformin/Metformin combination, or formulary Sulfonylurea or Pioglitazone/Pioglitazone combination required within the past 365 days
<b>Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib</b>		
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 2	
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 3	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, Pioglitazone, or a combination product containing any two of the three previous agents AND Farxiga, Jardiance, Syndjardy, Synjardy XR, or Xigduo XR within the past 365 days
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 3	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, Pioglitazone, or a combination product containing any two of the three previous agents AND Farxiga, Jardiance, Syndjardy, Synjardy XR, or Xigduo XR within the past 365 days
<b>Antihyperglycemic - Dopamine Receptor Agonists</b>		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	ST: Requires prior prescription for Glipizide/metformin HCL, Glyburide/metformin HCL, Metformin HCL, or Riomet within the past 180 days
<b>Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)</i>	Tier 1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg (Glyset)</i>	Tier 1	
<b>Antihyperglycemic, Amylin Analog-Type</b>		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 2	

Drug	Status	Notes
<b>Antihyperglycemic, Dpp-4 Inhibitors</b>		
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i> (Nesina)	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, Januvia, Jentadueto XR, Jentadueto, or Tradjenta within the past 120 days
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, Januvia, Jentadueto XR, Jentadueto, or Tradjenta within the past 120 days
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, Januvia, Jentadueto XR, Jentadueto, or Tradjenta within the past 120 days
TRADJENTA ORAL TABLET 5 MG	Tier 2	
<b>Antihyperglycemic, Insulin-Release Stimulant Type</b>		
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>	Tier 1	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> (Amaryl)	Tier 1	
<i>glipizide oral tablet 10 mg, 5 mg</i> (Glucotrol)	Tier 1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> (Glucotrol XL)	Tier 1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	Tier 1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>nateglinide oral tablet 120 mg, 60 mg</i> (Starlix)	Tier 1	
<i>repaglinide oral tablet 0.5 mg</i>	Tier 1	
<i>repaglinide oral tablet 1 mg, 2 mg</i> (Prandin)	Tier 1	
<i>tolazamide oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>tolbutamide oral tablet 500 mg</i>	Tier 1	
<b>Antihyperglycemic, Insulin-Response Enhancer (N-S)</b>		
AVANDIA ORAL TABLET 2 MG, 4 MG	Tier 3	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 120 days
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	Tier 1	

Drug	Status	Notes
<b>Antihyperglycemic, Sglt-2 &amp; Dpp-4 Inhibitor Comb.</b>		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 120 days
QTERN ORAL TABLET 10-5 MG, 5-5 MG	Tier 3	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, Pioglitazone, or a combination product containing any two of the three previous agents AND Farxiga, Jardiance, Syndjardy, Synjardy XR, or Xigduo XR within the past 365 days
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Tier 3	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, Pioglitazone, or a combination product containing any two of the three previous agents AND Farxiga, Jardiance, Syndjardy, Synjardy XR, or Xigduo XR within the past 365 days
<b>Antihyperglycemic, Biguanide Type (Non-Sulfonylurea)</b>		
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
<i>metformin oral solution 500 mg/5 ml</i>	(Riomet)	Tier 1
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	(Glucophage)	Tier 1
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	(Glucophage XR)	Tier 1
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	(Fortamet)	Tier 1 ST: Requires prior prescription for Metformin HCL within the past 120 days



Drug	Status	Notes
<i>metformin oral tablet,er gast.retention 24 hr</i> (Glumetza) <i>1,000 mg, 500 mg</i>	Tier 1	ST: Requires prior prescription for Metformin HCL within the past 120 days
RIOMET ORAL SOLUTION 500 MG/5 ML	Tier 2	
<b>Antihyperglycemic,Insulin &amp; Glp-1 Receptor Agonist</b>		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 2	ST: At least 2 prior prescriptions for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any of the previous agents AND one of the following: preferred Basal Insulin or preferred GLP (Lantus/Toujeo/Levemir/Tresiba or Bydureon/Byetta/Trulicity) within the past 365 days
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 2	ST: At least 2 prior prescriptions for Metformin (IR/ER), a Sulfonylurea, Pioglitazone, or a combination product containing any of the previous agents AND one of the following: preferred Basal Insulin or preferred GLP (Lantus/Toujeo/Levemir/Tresiba or Bydureon/Byetta/Trulicity) within the past 365 days
<b>Antihyperglycemic,Insulin-Rel Stim.&amp; Biguanide Cmb</b>		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	Tier 1	

Drug	Status	Notes
<b>Antihyperglycemic, Insulin-Response &amp; Release Comb.</b>		
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	Tier 1	ST: Requires prior prescription for Avandamet, Avandaryl, Avandia, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide/metformin HCL, Metformin HCL, Riomet, Tolazamide, or Tolbutamide within the past 120 days
<b>Antihyperglycemic-Glucocorticoid Receptor Blocker</b>		
KORLYM ORAL TABLET 300 MG	Tier 4	PA
<b>Antihyperglycemic-SglT2 Inhibitor &amp; Biguanide Comb</b>		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 3	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, Pioglitazone, or a combination product containing any two of the three previous agents AND Farxiga, Jardiance, Syndjardy, Synjardy XR, or Xigduo XR within the past 365 days
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 metformin (IR/ER), a sulfonylurea, Pioglitazone, or a combination product containing any two of the three previous agents AND Farxiga, Jardiance, Syndjardy, Synjardy XR, or Xigduo XR within the past 365 days
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 metformin (IR/ER), a sulfonylurea, Pioglitazone, or a combination product containing any two of the three previous agents AND Farxiga, Jardiance, Syndjardy, Synjardy XR, or Xigduo XR within the past 365 days

Drug	Status	Notes
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 2	
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	Tier 2	
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	Tier 2	
<b>Antihyperglycm,Insul-Resp.Enhancer &amp; Biguanide Cmb</b>		
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	Tier 2	ST: Requires prior prescription for Avandamet, Avandaryl, Avandia, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide/metformin HCL, Metformin HCL, Riomet, Tolazamide, or Tolbutamide 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 Avandamet, Avandaryl, Avandia, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide/metformin HCL, Metformin HCL, Riomet, Tolazamide, or Tolbutamide within the past 120 days
<b>Blood Sugar Diagnostics</b>		
ACCU-CHEK AVIVA PLUS TEST STRP 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

Drug	Status	Notes
ACCU-CHEK COMPACT PLUS TEST 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
ACCU-CHEK GUIDE 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
ACCU-CHEK SMARTVIEW TEST STRIP 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
ACCUTREND GLUCOSE 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
ADVANCED GLUC METER TEST STRIP 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

Drug	Status	Notes
ADVOCATE REDI-CODE PLUS 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
ADVOCATE REDI-CODE 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
ADVOCATE 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
AGAMATRIX AMP 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
ASSURE 4 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

Drug	Status	Notes
ASSURE PLATINUM 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
ASSURE PRISM MULTI STRIP 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
BIONIME RIGHTEST 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
BLOOD GLUCOSE TEST 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
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

Drug	Status	Notes
CARESENS N 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
CARETOUCH TEST STRIP 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
CHOICEDM CLARUS 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
CLEVER CHOICE MICRO TEST STRIP 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
CLEVER CHOICE PRO 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

Drug	Status	Notes
CLEVER CHOICE TALK TEST 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
CLEVER CHOICE 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
CLEVER CHOICE VOICE+ TEST 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
CONTOUR NEXT 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
CONTOUR 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



Drug	Status	Notes
COOL GLUCOSE TEST STRIP 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
DARIO BLOOD GLUCOSE TEST STRIP 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
DIATRUE PLUS TEST STRIP 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
EASY GLUCO G2 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
EASY PLUS II TEST 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

Drug	Status	Notes
EASY STEP 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
EASY TALK GLUCOSE TEST 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
EASY TOUCH TEST STRIP 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
EASY TRAK GLUCOSE TEST 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
EASYGLUCO PLUS 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

Drug	Status	Notes
EASYGLUCO TEST 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
EASYMAX 15 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
EASYMAX 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
ELEMENT COMPACT 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
ELEMENT 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

Drug	Status	Notes
EMBRACE BLOOD GLUCOSE SYSTEM 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
EMBRACE EVO 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
EMBRACE PRO 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
EMBRACE TALK 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
EVENCARE G2 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

Drug	Status	Notes
EVENCARE G3 TEST 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
EVENCARE MINI GLUCOSE TEST STR 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
EVENCARE PROVIEW TEST STRIP 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
EVENCARE TEST 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
EVOLUTION 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

Drug	Status	Notes
EZ SMART PLUS TEST 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
EZ SMART TEST 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
FIFTY50 TEST STRIP 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
FORA 6 CONNECT GLUCOSE STRIP 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
FORA D15G 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

Drug	Status	Notes
FORA D20 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
FORA D40-G31 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
FORA G20 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
FORA G30-PREMIUM V10 TEST STRP 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
FORA GD50 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

Drug	Status	Notes
FORA GTEL GLUCOSE TEST STRIP 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
FORA TEST STRIP 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
FORA TN'G VOICE 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
FORA V10 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
FORA V10-V12-D10-D20 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



Drug	Status	Notes
FORA V12 GLUCOSE 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
FORA V20 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
FORA V30A 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
FORACARE GD20 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
FORACARE GD40 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

Drug	Status	Notes
FORTISCARE GLUCOSE 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
FREESTYLE INSULINX STRIP	Tier 2	
FREESTYLE INSULINX TEST STRIPS STRIP	Tier 2	
FREESTYLE LITE STRIPS STRIP	Tier 2	
FREESTYLE PRECISION NEO STRIPS STRIP	Tier 2	
FREESTYLE TEST STRIP	Tier 2	
GE100 BLOOD GLUCOSE TEST STRIP 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
GENSTRIP TEST STRIP 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
GENULTIMATE TEST STRIP 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
GLUCO NAVII TEST STRIP 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

Drug	Status	Notes
GLUCOCARD 01 SENSOR PLUS 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
GLUCOCARD EXPRESSION 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
GLUCOCARD SHINE 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
GLUCOCARD VITAL SENSOR 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
GLUCOCARD VITAL 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

Drug	Status	Notes
GLUCOCOM GLUCOSE 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
GM100 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
GOODLIFE AC-302 TEST STRIP 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
HARMONY GLUCOSE TEST STRIP 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
HEALTHPRO 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

Drug	Status	Notes
IGLUCOSE TEST STRIP 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
INFINITY 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
INFINITY VOICE TEST STRIP 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
MICRO BLOOD GLUCOSE 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
MICRODOT BLOOD GLUCOSE SYSTEM 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

Drug	Status	Notes
MICRODOT XTRA BLOOD GLUCOSE 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
MYGLUCOHEALTH 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
NEUTEK 2TEK 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
NOVA MAX GLUCOSE TEST 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
ON CALL EXPRESS TEST STRIP 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

Drug	Status	Notes
ON CALL PLUS TEST STRIP 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
ON CALL VIVID TEST STRIP 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
ONETOUCH ULTRA BLUE TEST STRIP 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
ONETOUCH VERIO 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
OPTIUM EZ 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

Drug	Status	Notes
OPTIUM TEST 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
OPTUMRX 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
PHARMACIST CHOICE 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
PRECISION PCX PLUS TEST 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
PRECISION PCX TEST 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



Drug	Status	Notes
PRECISION POINT OF CARE TEST 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
PRECISION Q-I-D TEST 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
PRECISION XTRA TEST STRIP	Tier 2	
PREMIER TEST STRIP 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
PREMIUM V10 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
PRO VOICE V8-V9 TEST STRIP 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

Drug	Status	Notes
PRODIGY NO CODING 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
QUINTET AC 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
QUINTET GLUCOSE 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
REFUAH PLUS 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
RELION CONFIRM-MICRO 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

Drug	Status	Notes
RELION PRIME 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
RELION ULTIMA 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
REVEAL TEST STRIP 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
RIGHTEST GS250S 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
RIGHTEST GS260 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

Drug	Status	Notes
RIGHTEST GS550 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
SMART SENSE 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
SMARTEST TEST 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
SOLUS V2 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
SURE-TEST EASYPLUS MINI 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

Drug	Status	Notes
TD GOLD TEST STRIP 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
TELCARE 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
TEST N'GO TEST 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
TRUE METRIX GLUCOSE TEST STRIP 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
TRUE METRIX PRO TEST STRIP 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

Drug	Status	Notes
TRUETEST 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
TRUETRACK TEST 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
ULTIMA 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
ULTRATRAK 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
ULTRATRAK ULTIMATE 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

Drug	Status	Notes
UNISTRIP1 TEST STRIP 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
VERASENS TEST STRIP 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
VIVAGUARD INO TEST STRIP 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
WAVESENSE JAZZ 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
WAVESENSE PRESTO 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
<b>Diabetic Supplies</b>		
DEXCOM G4 RECEIVER	Tier 3	PA
DEXCOM G4 RECEIVER PEDIATRIC	Tier 3	PA
DEXCOM G4 RECEIVER-SHARE (PED)	Tier 3	PA
DEXCOM G4 RECEIVER-SHARE KIT	Tier 3	PA
DEXCOM G5 RECEIVER	Tier 3	PA
DEXCOM G6 RECEIVER	Tier 3	PA

Drug	Status	Notes
DEXCOM RECEIVER	Tier 3	PA
FREESTYLE LIBRE 10 DAY READER	Tier 2	PA
FREESTYLE LIBRE 10 DAY SENSOR KIT	Tier 2	PA
FREESTYLE LIBRE 14 DAY READER	Tier 2	PA
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 2	PA
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE	Tier 2	
UNISTIK 2 NORMAL LANCET,DEVICE KIT	Tier 2	
<b>Diabetic Ulcer Preparations, Topical</b>		
REGGRANEX TOPICAL GEL 0.01 %	Tier 2	
<b>Hyperglycemics</b>		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Tier 2	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	Tier 3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	Tier 3	
<b>Insulins</b>		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Tier 3	PA
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Humalog Junior Kwikpen, Humalog Kwikpen U-200, Humalog, or Insulin Lispro within the past 120 days
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Humalog Junior Kwikpen, Humalog Kwikpen U-200, Humalog, or Insulin Lispro within the past 120 days
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	ST: Requires prior prescription for Lantus Solostar, Lantus, Levemir Flextouch, Levemir, Toujeo Max Solostar, Toujeo Solostar, Tresiba Flextouch U-100, or Tresiba Flextouch U-200 within the past 120 days
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	ST: Requires prior prescription for Humalog Junior Kwikpen, Humalog Kwikpen U-200, Humalog, or Insulin Lispro within the past 120 days



Drug	Status	Notes
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Humalog Junior Kwikpen, Humalog Kwikpen U-200, Humalog, or Insulin Lispro within the past 120 days
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	Tier 2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 1	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Tier 2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	Tier 2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 2	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	

Drug	Status	Notes
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	
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
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
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
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Humulin R or Humulin R U-500 within the past 120 days
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	ST: Requires prior prescription for Humalog Junior Kwikpen, Humalog Kwikpen U-200, Humalog, or Insulin Lispro within the past 120 days
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	Tier 3	ST: Requires prior prescription for Humalog Mix 75-25 or Humalog Mix 75-25 Kwikpen within the past 120 days
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 3	ST: Requires prior prescription for Humalog Mix 75-25 or Humalog Mix 75-25 Kwikpen within the past 120 days
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Humalog Junior Kwikpen, Humalog Kwikpen U-200, Humalog, or Insulin Lispro within the past 120 days
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Humalog Junior Kwikpen, Humalog Kwikpen U-200, Humalog, or Insulin Lispro within the past 120 days

Drug	Status	Notes
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	Tier 2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	Tier 2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	
<b>Ear - General Disorders</b>		
<b>Ear Preparations Anti-Inflammatory</b>		
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	Tier 1	
<b>Ear Preparations, Misc. Anti-Infectives</b>		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
CORTANE-B TOPICAL LOTION 1-1-0.1 %	Tier 3	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	
<b>Ear Preparations, Antibiotics</b>		
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)	Tier 1	
COLY-MYCIN S OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5- 10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	
<b>Otic Preparations, Anti-Inflammatory- Antibiotics</b>		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	Tier 3	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	Tier 2	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	Tier 3	
<b>Electrolyte Regulation</b>		
<b>Arginine Vasopressin (Avp) Receptor Antagonists</b>		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 4	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	Tier 4	PA

Drug	Status	Notes
SAMSCA ORAL TABLET 15 MG	Tier 4	QL (30 EA per 365 days)
SAMSCA ORAL TABLET 30 MG	Tier 4	QL (60 EA per 365 days)
<b>Electrolyte Depleters</b>		
AURYXIA ORAL TABLET 210 MG IRON	Tier 3	QL (12 EA per 1 day)
<i>calcium acetate oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate oral tablet 667 mg</i> (Calphron)	Tier 1	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 3	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	Tier 3	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	Tier 1	
<i>sevelamer hcl oral tablet 400 mg</i>	Tier 1	
<i>sevelamer hcl oral tablet 800 mg</i> (Renagel)	Tier 1	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i>	Tier 1	
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml, 50 gram/200 ml</i>	Tier 1	
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
<b>Potassium Replacement</b>		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	Tier 1	
KLOR-CON M10 ORAL TABLET, ER PARTICLES/CRYSTALS 10 MEQ	Tier 1	
KLOR-CON M15 ORAL TABLET, ER PARTICLES/CRYSTALS 15 MEQ	Tier 1	
KLOR-CON M20 ORAL TABLET, ER PARTICLES/CRYSTALS 20 MEQ	Tier 1	
KLOR-CON SPRINKLE ORAL CAPSULE, EXTENDED RELEASE 8 MEQ	Tier 1	
<i>potassium chloride oral capsule, extended release 10 meq</i>	Tier 1	
<i>potassium chloride oral capsule, extended release 8 meq</i> (Klor-Con Sprinkle)	Tier 1	

Drug	Status	Notes
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	Tier 1	
potassium chloride oral packet 20 meq (Klor-Con)	Tier 1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq (K-Tab)	Tier 1	
potassium chloride oral tablet, er particles/crystals 10 meq (Klor-Con M10)	Tier 1	
potassium chloride oral tablet, er particles/crystals 20 meq (Klor-Con M20)	Tier 1	
<b>Sodium/Saline Preparations</b>		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE	Tier 1	
BD PRE-FILLED NORMAL SALINE INJECTION SYRINGE	Tier 1	
BD PRE-FILLED SALINE BLUNT CAN INJECTION SYRINGE	Tier 1	
NORMAL SALINE FLUSH INJECTION SYRINGE	Tier 1	
sodium chlor 0.9% bacteriostat injection solution 0.9 %	Tier 1	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	Tier 1	
sodium chloride 0.45 % intravenous piggyback 0.45 %	Tier 1	
sodium chloride 0.9 % (flush) injection syringe (BD PosiFlush Normal Saline 0.9)	Tier 1	
sodium chloride 0.9 % injection solution	Tier 1	
sodium chloride 0.9 % intravenous parenteral solution	Tier 1	
sodium chloride 0.9 % intravenous piggyback	Tier 1	
sodium chloride injection syringe 0.9 %	Tier 1	
<b>Endocrine Disorder - Fertility</b>		
<b>Drugs To Treat Impotency</b>		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	Tier 3	QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Tier 3	QL: 6 INJECTIONS IN 30 DAYS
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML	Tier 1	
IFE-PG20 INTRACAVERNOSAL SOLUTION 20 MCG/ML	Tier 1	
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 125 MCG, 250 MCG, 500 MCG	Tier 3	QL (1 EA per 5 days)
sildenafil oral tablet 100 mg, 25 mg, 50 mg (Viagra)	Tier 1	QL (1 EA per 5 days)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 3	QL (1 EA per 5 days)

Drug	Status	Notes
tadalafil oral tablet 10 mg, 20 mg (Cialis)	Tier 1	QL (1 EA per 5 days)
tadalafil oral tablet 2.5 mg, 5 mg (Cialis)	Tier 1	PA; QL (1 EA per 1 day)
vardenafil oral tablet 10 mg, 2.5 mg, 20 mg (Levitra)	Tier 1	QL (1 EA per 5 days)
vardenafil oral tablet 5 mg	Tier 1	QL (1 EA per 5 days)
vardenafil oral tablet, disintegrating 10 mg (Staxyn)	Tier 1	QL (1 EA per 5 days)
<b>Pregnancy Maintaining Agent, Hormonal</b>		
hydroxyprogesterone (pf) (preg preserv) intramuscular oil 250 mg/ml (1 ml) (Makena)	Tier 4	PA
hydroxyprogesterone cap (ppres) intramuscular oil 250 mg/ml (Makena)	Tier 4	PA
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML	Tier 4	PA
<b>Endocrine Disorder - Other</b>		
<b>Adrenocorticotrophic Hormones</b>		
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 4	PA
<b>Antidiuretic And Vasopressor Hormones</b>		
DDAVP NASAL SOLUTION 0.1 MG/ML (REFRIGERATE)	Tier 2	
desmopressin injection solution 4 mcg/ml (DDAVP)	Tier 1	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml) (DDAVP)	Tier 1	
desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)	Tier 1	
desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)	Tier 1	
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG	Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG	Tier 3	QL (1 EA per 1 day)
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)
STIMATE NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	Tier 3	
<b>Antineoplastic Lhrh (Gnrh) Agonist, Pituitary Suppr.</b>		
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
leuprolide subcutaneous kit 1 mg/0.2 ml	Tier 4	PA
leuprolide subcutaneous solution 1 mg/0.2 ml	Tier 4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	Tier 4	
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	Tier 4	

Drug	Status	Notes
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	Tier 4	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	Tier 4	
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	Tier 4	
VANTAS IMPLANT KIT 50 MG (50 MCG/DAY)	Tier 4	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	Tier 4	
<b>Bone Formation Agents - Sclerostin Inhibitor, Mono</b>		
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML ( 105MG/1.17MLX2)	Tier 4	PA
<b>Bone Formation Stim. Agents - Parathyroid Hormone</b>		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	Tier 4	PA; QL (2.4 ML per 28 days)
<b>Bone Formation Stimulating Agts - Pth Rel Peptides</b>		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 4	PA
<b>Bone Resorption Inhibitor &amp; Vitamin D Combinations</b>		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 2	
<b>Bone Resorption Inhibitors</b>		
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 1	QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 40 mg, 5 mg</i>	Tier 1	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	Tier 1	
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)
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	Tier 1	
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	Tier 1	
<i>ibandronate oral tablet 150 mg</i> (Boniva)	Tier 1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	Tier 3	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	Tier 4	PA
<i>raloxifene oral tablet 60 mg</i> (Evista)	Tier 5	QL (1 EA per 1 day)

Drug	Status	Notes
<i>risedronate oral tablet 150 mg</i> (Actonel)	Tier 1	ST: At least 2 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</i>	Tier 1	ST: At least 2 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: At least 2 prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)
<i>risedronate oral tablet 5 mg</i> (Actonel)	Tier 1	ST: At least 2 prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet, delayed release (drlec) 35 mg</i> (Atelvia)	Tier 1	ST: At least 2 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-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	
<b>Calcimimetic, Parathyroid Calcium Enhancer</b>		
<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
SENSIPAR ORAL TABLET 30 MG, 60 MG	Tier 4	QL (2 EA per 1 day)
SENSIPAR ORAL TABLET 90 MG	Tier 4	QL (4 EA per 1 day)
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 4	



Drug	Status	Notes
<b>Growth Hormone Releasing Hormone (Ghrh) &amp; Analogs</b>		
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	Tier 4	PA
<b>Growth Hormones</b>		
GENOTROPIN MINIQWICK 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 FLEXPOR SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 4	PA
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
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	Tier 4	PA
<b>Hyperparathyroid Tx Agents - Vitamin D Analog-Type</b>		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</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)

Drug	Status	Notes
<b>Insulin-Like Growth Factor-1 (Igf-1) Hormones</b>		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 4	PA
<b>Leptin Hormone Analogs</b>		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 4	QL (1 EA per 1 day)
<b>Lhrh(Gnrh) Agonist Analog Pituitary Suppressants</b>		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	Tier 4	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	Tier 4	
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	Tier 4	PA
<b>Lhrh(Gnrh) Antagonist, Pituitary Suppressant Agents</b>		
ORLISSA ORAL TABLET 150 MG, 200 MG	Tier 3	PA
<b>Lhrh(Gnrh) Agnst Pit. Sup-Central Precocious Puberty</b>		
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	Tier 4	
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	Tier 4	
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	Tier 4	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	Tier 4	
<b>Menopausal Sympt Supp-Sel Estrogen Recep Modulator</b>		
OSPHENA ORAL TABLET 60 MG	Tier 2	QL (1 EA per 1 day)
<b>Parathyroid Hormones</b>		
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	Tier 4	PA
<b>Pituitary Suppressive Agents</b>		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
<b>Endocrine Disorder - Thyroid</b>		
<b>Antithyroid Preparations</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	Tier 1	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
<b>Iodine Containing Agents</b>		
STRONG IODINE ORAL SOLUTION 5 %	Tier 1	
<b>Thyroid Hormones</b>		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Tier 2	

Drug	Status	Notes
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Tier 2	
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	Tier 1	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	Tier 1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	Tier 1	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	Tier 1	
NP THYROID ORAL TABLET 15 MG, 30 MG, 60 MG, 90 MG	Tier 1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	
<i>thyroid (pork) oral tablet 15 mg, 30 mg, 60 mg, 90 mg</i> (Armour Thyroid)	Tier 1	
THYROLAR-1 ORAL TABLET 12.5-50 MCG	Tier 3	
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG	Tier 3	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG	Tier 3	
THYROLAR-2 ORAL TABLET 25-100 MCG	Tier 3	
THYROLAR-3 ORAL TABLET 37.5-150 MCG	Tier 3	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 3	
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, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML	Tier 3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	

Drug	Status	Notes
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 1	
WP THYROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	Tier 1	
<b>Eye - General Disorders</b>		
<b>Eye Antibiotic, Glucocorticoid And Nsaid Comb.</b>		
<i>prednisol ace-gatiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
<i>prednisoln sp-gatiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>	Tier 1	
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
<b>Eye Antibiotic-Corticoid Combinations</b>		
<i>gatifloxacin-dexamethasone ophthalmic (eye) drops 0.5-0.1 %</i>	Tier 1	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	
NEO-POLYCYN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	Tier 1	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %	Tier 3	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	Tier 3	
<i>prednisolone acet-gatifloxacin ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 1	
<i>prednisolone sod ph-gatifloxac ophthalmic (eye) drops 1-0.5 %</i>	Tier 1	
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>	Tier 1	
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	Tier 2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	Tier 3	

Drug	Status	Notes
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> (TobraDex)	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 2	
<b>Eye Antihistamines</b>		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	Tier 3	ST: Requires prior prescription 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	
LASTACFT OPHTHALMIC (EYE) DROPS 0.25 %	Tier 3	ST: Requires prior prescription for Azelastine HCL, Epinastine HCL, or Olopatadine HCL within the past 120 days; QL (3 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Patanol)	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Pataday)	Tier 1	QL (3 ML per 30 days)
PAZEO OPHTHALMIC (EYE) DROPS 0.7 %	Tier 3	ST: Requires prior prescription for Azelastine HCL, Epinastine HCL, or Olopatadine HCL within the past 120 days; QL (2.5 ML per 30 days)
<b>Eye Anti-Infectives (Rx Only)</b>		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	Tier 3	
<b>Eye Antiinflammatory Agents</b>		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 3	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	Tier 2	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	Tier 3	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	Tier 1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	

Drug	Status	Notes
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 2	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	Tier 2	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 2	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 3	ST: Requires prior prescription for Alrex, Lotemax, or Loteprednol Etabonate within the past 120 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	
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) DROPS,GEL 0.5 %	Tier 2	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	Tier 2	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 2	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 2	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)	Tier 1	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 2	
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	Tier 1	
<i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>	Tier 1	
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	Tier 2	
<b>Eye Antivirals</b>		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 2	

Drug	Status	Notes
<b>Eye Local Anesthetics</b>		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Tier 3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	Tier 1	
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 %	Tier 1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	Tier 1	
FLUCAINE OPHTHALMIC (EYE) DROPS 0.25-0.5 %	Tier 1	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i> (Flucaine)	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	
TETRAVISC FORTE OPHTHALMIC (EYE) DROPPERETTE,HYPERVISCOUS 0.5 %	Tier 3	
TETRAVISC FORTE OPHTHALMIC (EYE) DROPS,HYPERVISCOUS 0.5 %	Tier 3	
TETRAVISC OPHTHALMIC (EYE) DROPPERETTE,VISCOUS 0.5 %	Tier 3	
<b>Eye Sulfonamides</b>		
BLEPH-10 OPHTHALMIC (EYE) DROPS 10 %	Tier 1	
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	Tier 2	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	Tier 2	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> (Bleph-10)	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
<b>Eye Vasoconstrictors (Rx Only)</b>		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
<b>Ophthalmic Antibiotics</b>		
AK-POLY-BAC OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	Tier 1	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	Tier 3	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (AK-Poly-Bac)	Tier 1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	

Drug	Status	Notes
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> (Ciloxan)	Tier 1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> (Zymaxid)	Tier 1	
GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)	Tier 1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 %	Tier 3	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	Tier 2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	Tier 1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 3	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	Tier 1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	Tier 1	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> (Polytrim)	Tier 1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i> (Tobrex)	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
<b>Ophthalmic Anti-Inflammatory Immunomodulator-Type</b>		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Tier 3	ST: Requires prior prescription for Restasis Multidose, Restasis, or Xiidra within the past 120 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)
<b>Ophthalmic Human Nerve Growth Factor (Hngf)</b>		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 4	PA



Drug	Status	Notes
<b>Ophthalmic Mast Cell Stabilizers</b>		
ALOCRILOPHthalmic (EYE) DROPS 2 %	Tier 2	
ALOMIDOPHthalmic (EYE) DROPS 0.1 %	Tier 2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	
<b>Ophthalmic Preparations, Miscellaneous</b>		
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	
<b>Retinal Enzyme Replacement</b>		
LUXTURNA SUBRETINAL SUSPENSION 1.5 X 10EXP11 VG/0.3 ML (FNL)	Tier 4	PA
<b>Eye - Glaucoma</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
<b>Miotics/Other Intraoc. Pressure Reducers</b>		
ALPHAGAN P OPHthalmic (EYE) DROPS 0.1 %	Tier 2	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
AZOPT OPHthalmic (EYE) DROPS, SUSPENSION 1 %	Tier 2	
<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 OPHthalmic (EYE) DROPS 22.3-6.8 MG/ML	Tier 2	
<i>orzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>orzolamide ophthalmic (eye) drops 2 %</i> (Trusopt)	Tier 1	
<i>orzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> (Cosopt (PF))	Tier 1	ST: Requires prior prescription for Cosopt or Dorzolamide HCL/Timolol Maleat within the past 120 days; QL (2 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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	
<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	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> (Isopto Carpine)	Tier 1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 3	ST: At least 2 prior prescriptions for Alphagan P, Azopt, Combigan, Latanoprost, Lumigan, Simbrinza, or Travatan Z 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, Azopt, Combigan, Latanoprost, Lumigan, Simbrinza, or Travatan Z within the past 365 days; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 2	
<i>timol-brimon-dorzo-latanop(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.005 %</i>	Tier 1	
<i>timolol maleate 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	

Drug	Status	Notes
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	Tier 3	ST: Requires prior prescription for Timolol Maleate or Timoptic Ocudose within the past 120 days; QL (2 EA per 1 day)
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	Tier 2	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, Travatan Z, or Travoprost (benzalkonium) within the past 365 days; QL (5 ML per 30 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, Travatan Z, or Travoprost (benzalkonium) within the past 365 days; QL (5 ML per 30 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, Travatan Z, or Travoprost (benzalkonium) within the past 365 days; QL (1 EA per 1 day)
<b>Mydriatics</b>		
<i>atropine in 0.9 % sod chloride ophthalmic (eye) drops 0.01 %</i>	Tier 1	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	Tier 1	
<i>atropine ophthalmic (eye) drops, emulsion 0.01 %</i>	Tier 1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 1	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)	Tier 1	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i> (Mydriatic3 (trop-cyclopent-PE))	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 %	Tier 1	
<i>homatropine hbr ophthalmic (eye) drops 5 %</i> (Homatropaire)	Tier 1	
PAREMYD OPHTHALMIC (EYE) DROPS 1-0.25 %	Tier 3	
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydriacyl)	Tier 1	
<b>Ophthalmic Antifibrotic Agents</b>		
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 3	

Drug	Status	Notes
<b>Eye - Miscellaneous</b>		
<b>Artificial Tears</b>		
<i>acetylcysteine (pf) in water ophthalmic (eye) drops 10 %</i>	Tier 1	
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	Tier 3	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	Tier 3	
<b>Eye Mydriatic And Nsaid Combinations</b>		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 %	Tier 1	
<b>Eye Preparations, Miscellaneous (Otc)</b>		
GELFILM OPHTHALMIC (EYE) FILM	Tier 3	
<b>Ocular Photoactivated Vessel-Occluding Agents</b>		
VISUDYNE INTRAVENOUS RECON SOLN 15 MG	Tier 4	
<b>Ophthalmic Cystine Depleting Agents</b>		
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 4	PA
<b>Fluid Replacement</b>		
<b>Nucleic Acid/Nucleotide Supplements</b>		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 4	PA
<b>Gout And Related Diseases</b>		
<b>Colchicine</b>		
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	Tier 1	QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	Tier 1	QL (4 EA per 1 day)
<b>Hyperuricemia Tx - Purine Inhibitors</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i> (Zyloprim)	Tier 1	
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	Tier 1	ST: Requires prior prescription for Allopurinol or Febuxostat within the past 120 days; QL (30 EA per 30 days)
<b>Hyperuricemia Tx - Urate-Oxidase Enzyme-Type</b>		
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	Tier 4	PA
<b>Uricosuric Agents</b>		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	
<b>Uricosuric And Xanthine Oxidase Inhibitor Comb.</b>		
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	Tier 3	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
<b>Hematological Disorders</b>		
<b>Agents To Tx Thrombotic Thrombocytopenic Purpura</b>		
CABLIVI INJECTION KIT 11 MG	Tier 4	PA
CABLIVI INJECTION RECON SOLN 11 MG	Tier 4	PA
<b>Anticoagulant Reversal Agent For Factor Xa Inhib.</b>		
ANDEXXA INTRAVENOUS RECON SOLN 100 MG, 200 MG	Tier 4	
<b>Anticoagulant Reversal Agents</b>		
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	Tier 4	
<b>Anticoagulants, Coumarin Type</b>		
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 2	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Coumadin)	Tier 1	
<b>Antifibrinolytic Agents</b>		
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	Tier 3	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> (Amicar)	Tier 1	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	Tier 1	
<b>Antihemophilic Factors</b>		
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	

Drug	Status	Notes
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	Tier 4	
HELIXATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) 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	
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	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 450-450 UNIT, 500-500 UNIT, 900-900 UNIT	Tier 4	

Drug	Status	Notes
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	
<b>Antiporphyria Factors</b>		
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG	Tier 4	
<b>Blood Factors,Miscellaneous</b>		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 4	
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 4	
<b>Citrates As Anticoagulants</b>		
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 1	
<i>sodium citrate intra-catheter syringe 4 % (4 ml)</i>	Tier 1	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 1	
<b>Direct Factor Xa Inhibitors</b>		
BEVYXXA ORAL CAPSULE 40 MG, 80 MG	Tier 3	QL (43 EA per 42 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)
ELIQUIS ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	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 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)
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 2	QL (51 EA per 30 days)
<b>Factor Ix Complex (Pcc) Preparations</b>		
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	
<b>Factor Ix Preparations</b>		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	

Drug	Status	Notes
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 4	
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	
<b>Factor X Preparations</b>		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 4	
<b>Factor XIII Preparations</b>		
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 4	
<b>Hematinics, Other</b>		
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
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



Drug	Status	Notes
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 4	PA
<b>Hemophilia Treatment Agents, Non-Factor Replacement</b>		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	Tier 4	PA
<b>Hemorrhheologic Agents</b>		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
<b>Heparin And Related Preparations</b>		
<i>enoxaparin subcutaneous solution 300 mg/3 ml (Lovenox)</i>	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 (Lovenox)</i>	Tier 4	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml (Arixtra)</i>	Tier 4	QL (8 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml (Arixtra)</i>	Tier 4	QL (5 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml (Arixtra)</i>	Tier 4	QL (4 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml (Arixtra)</i>	Tier 4	QL (6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 4	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 4	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 4	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 4	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 4	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	Tier 4	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 4	QL (18 ML per 30 days)
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	

Drug	Status	Notes
<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	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	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</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	
<b>Human Monoclonal Antibody Complement(C5) Inhibitor</b>		
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	Tier 4	PA
ULTOMIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (10 MG/ML)	Tier 4	PA
<b>Leukocyte (Wbc) Stimulants</b>		
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 SUBCUTANEOUS SYRINGE 6 MG/0.6ML	Tier 4	PA
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 4	PA

Drug	Status	Notes
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
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
<b>Plasma Proteins</b>		
ATRYN INTRAVENOUS RECON SOLN 1,750 UNIT, 525 UNIT	Tier 4	
<b>Platelet Aggregation Inhibitors</b>		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 5	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 5	
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	
ASPIR-81 ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 5	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	Tier 5	
ASPIRIN LOW DOSE ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 5	
<i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)	Tier 5	
<i>aspirin oral tablet,delayered release (dr/ec) 81 mg</i> (Adult Aspirin Regimen)	Tier 5	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> (Aggrenox)	Tier 1	
<i>aspirin-omeprazole oral tablet,ir,delayered rel,biphasic 325-40 mg, 81-40 mg</i> (Yosprala)	Tier 1	PA
ASPIR-LOW ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 5	
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 2	QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	Tier 5	
<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	

Drug	Status	Notes
<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
<i>eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml</i> (Integrilin)	Tier 4	
<i>eptifibatide intravenous solution 75 mg/100 ml (0.75 mg/ml)</i>	Tier 4	
LO-DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 5	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	Tier 1	QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG	Tier 5	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 5	
YOSPRALA ORAL 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)
<b>Platelet Reducing Agents</b>		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	Tier 1	
<i>anagrelide oral capsule 1 mg</i>	Tier 1	
<b>Protein C Preparations</b>		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	Tier 4	
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	Tier 4	
<b>Sickle Cell Anemia Agents</b>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	
SIKLOS ORAL TABLET 1,000 MG	Tier 3	ST: Requires prior prescription for Droxia or Hydroxyurea within the past 365 days
SIKLOS ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
<b>Spleen Tyrosine Kinase Inhibitors</b>		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 4	PA
<b>Thrombin Inhibitors,Sel.,Direct,&amp;Rev.-Hirudin Type</b>		
<i>bivalirudin intravenous recon soln 250 mg</i> (Angiomax)	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	
<b>Thrombin Inhibitors,Selective,Direct, &amp; Reversible</b>		
<i>argatroban in 0.9 % sod chlor intravenous parenteral solution 250 mg/250 ml (1 mg/ml)</i>	Tier 4	
<i>argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml</i>	Tier 4	

Drug	Status	Notes
<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)
<b>Thrombopoietin Receptor Agonists</b>		
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 250 MCG, 500 MCG	Tier 4	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG	Tier 4	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 4	PA
<b>Topical Hemostatics</b>		
ASTRINGYN TOPICAL SOLUTION 259 MG/G	Tier 3	
AVITENE FLOUR TOPICAL POWDER	Tier 3	
AVITENE TOPICAL POWDER IN PACKET	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM	Tier 3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Tier 3	
EVARREST TOPICAL ADHESIVE PATCH,MEDICATED 2 X 4 ", 4 X 4 "	Tier 3	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2)	Tier 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	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	
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	

Drug	Status	Notes
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	
<b>Vitamin K Preparations</b>		
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> (Vitamin K1)	Tier 1	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i> (Mephyton)	Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML	Tier 1	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML	Tier 1	
<b>Hormonal Deficiency</b>		
<b>Androgen/Estrogen Preps For Female Sexual Dysfunc</b>		
INTRAROSA VAGINAL INSERT 6.5 MG	Tier 2	QL (1 EA per 1 day)
<b>Androgenic Agents</b>		
ANADROL-50 ORAL TABLET 50 MG	Tier 3	PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	Tier 3	PA
METHITEST ORAL TABLET 10 MG	Tier 3	PA
<i>methyltestosterone oral capsule 10 mg</i> (Android)	Tier 1	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	Tier 3	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	Tier 1	PA
STRIANT BUCCAL MUCOADHESIVE SYSTEM ER 12 HR 30 MG	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 lactuation</i> (Fortesta)	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	Tier 1	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i> (AndroGel)	Tier 1	PA

Drug	Status	Notes
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	Tier 1	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 3	PA
<b>Estrogen &amp; Progestin With Antimineralocorticoid Cb</b>		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	
<b>Estrogen &amp; Selective Estrogen Recept Mod(Serm)Comb</b>		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	
<b>Estrogen And Progestin Combinations</b>		
BIJUVA ORAL CAPSULE 1-100 MG	Tier 3	
<b>Estrogen/Androgen Combinations</b>		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG	Tier 1	
<i>estrogens-methyltestosterone oral tablet 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	
<b>Estrogenic Agents</b>		
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 2	QL (2 EA per 7 days)
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	Tier 1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	Tier 3	QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	Tier 2	QL (2 EA per 7 days)
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 %)	Tier 2	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 1	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	Tier 3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	Tier 1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Alora)	Tier 1	QL (2 EA per 7 days)

Drug	Status	Notes
<i>estradiol transdermal patch semiweekly 0.0375 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> (Activella)	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	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 1	
JINTELI ORAL TABLET 1-5 MG-MCG	Tier 1	
LOPREEZA ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	Tier 1	
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 LO ORAL TABLET 0.5-0.1 MG	Tier 1	
MIMVEY ORAL TABLET 1-0.5 MG	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i> (Femhrt Low Dose)	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 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, 0.625 MG, 0.9 MG, 1.25 MG	Tier 2	
PREMPHASE ORAL TABLET 0.625 MG (14)/0.625MG-5MG(14)	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	
<b>Lhrh (Gnrh) Agonist Analog And Progestin Comb</b>		
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG -5 MG (30)	Tier 4	
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90)	Tier 4	
<b>Progestational Agents</b>		
CRINONE VAGINAL GEL 4 %	Tier 3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	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	



Drug	Status	Notes
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	
<i>progesterone micronized oral capsule 100 mg, (Prometrium) 200 mg</i>	Tier 1	
<b>Immunization</b>		
<b>Antisera</b>		
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
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 %), 2.5 GRAM/25 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
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

Drug	Status	Notes
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	
<b>Enteric Virus Vaccines</b>		
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	Tier 3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 3	
<b>Gram (-) Bacilli (Non-Enteric) Vaccines</b>		
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Tier 3	
<b>Gram Negative Cocci Vaccines</b>		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	Tier 5	QL (1 ML per 365 days); Age (Min 10 Years and Max 25 Years)
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	Tier 5	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	Tier 5	QL (1 EA per 365 days); Age (Min 11 Years and Max 23 Years)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	Tier 5	QL (1.5 ML per 365 days); Age (Min 10 Years and Max 25 Years)
<b>Gram Positive Cocci Vaccines</b>		
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5 ML	Tier 5	QL (0.5 ML per 365 days); Age (Min 65 Years)
PNEUMOVAX 23 INJECTION SYRINGE 25 MCG/0.5 ML	Tier 5	QL (0.5 ML per 365 days); Age (Min 65 Years)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 5	QL (0.5 ML per 365 days); Age (Min 65 Years)
<b>Influenza Virus Vaccines</b>		
AFLURIA QD 2019-20(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	QL (0.5 ML per 180 days)
AFLURIA QD 2019-20(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	Tier 5	QL (0.25 ML per 180 days)
AFLURIA QUAD 2019-20(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	QL (0.5 ML per 180 days)
FLUAD 2019-2020 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 5	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUARIX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	QL (0.5 ML per 180 days)

Drug	Status	Notes
FLUBLOK QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	Tier 5	QL (0.5 ML per 180 days); Age (Min 18 Years)
FLUCELVAX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	QL (0.5 ML per 180 days)
FLUCELVAX QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	QL (0.5 ML per 180 days)
FLULAVAL QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	QL (0.5 ML per 180 days)
FLULAVAL QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	QL (0.5 ML per 180 days)
FLUMIST QUAD 2019-2020 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Tier 5	QL (1 EA per 180 days)
FLUZONE HIGH-DOSE 2019-20 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	Tier 5	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	QL (0.5 ML per 180 days)
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	QL (0.5 ML per 180 days)
FLUZONE QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	QL (0.5 ML per 180 days)
FLUZONE QUAD PEDI 2019-20 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	Tier 5	QL (0.25 ML per 180 days)
<b>Vaccine/Toxoid Preparations, Combinations</b>		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5- 5-3-5 MCG)-5LF/0.5 ML	Tier 5	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	Tier 5	QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	Tier 5	QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	Tier 5	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	Tier 5	QL (2 EA per 365 days); Age (Min 18 Years)
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	Tier 5	QL (2 EA per 365 days); Age (Min 18 Years)
TDVAX INTRAMUSCULAR SUSPENSION 2- 2 LF UNIT/0.5 ML	Tier 5	QL (0.5 ML per 365 days); Age (Min 18 Years)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	Tier 5	QL (0.5 ML per 365 days); Age (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	Tier 5	QL (0.5 ML per 365 days); Age (Min 18 Years)
<b>Viral/Tumorigenic Vaccines</b>		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	Tier 5	QL (3 ML per 365 days); Age (Min 18 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	Tier 5	QL (3 ML per 365 days); Age (Min 18 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	Tier 5	QL (1.5 ML per 365 days); Age (Min 9 Years and Max 26 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 5	QL (1.5 ML per 365 days); Age (Min 9 Years and Max 26 Years)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	Tier 5	QL (2 ML per 365 days); Age (Min 18 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	Tier 5	QL (2 ML per 365 days); Age (Min 18 Years)
HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION 20 MCG/0.5 ML	Tier 5	QL (1 ML per 365 days); Age (Min 18 Years)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	Tier 5	QL (1 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	Tier 5	QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	Tier 5	QL (3 ML per 365 days); Age (Min 18 Years)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	Tier 5	QL (2 EA per 365 days); Age (Min 50 Years)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	Tier 5	QL (2 EA per 365 days); Age (Min 50 Years)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	Tier 5	QL (4 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	Tier 5	QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	Tier 5	QL (2 ML per 365 days); Age (Min 18 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	Tier 5	QL (2 EA per 365 days); Age (Min 18 Years)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	Tier 5	QL (1 EA per 365 days); Age (Min 60 Years)
<b>Immunosuppression/Modulation</b>		
<b>Immunomodulators</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 4	

Drug	Status	Notes
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 4	
<i>imiquimod topical cream in metered-dose pump 3.75 %</i> (Zyclara)	Tier 1	ST: Requires prior prescription for Diclofenac 3%, generic Fluorouracil 5%, or Imiquimod 5% within the past 120 days; QL (7.5 GM per 28 days)
<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
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	Tier 4	PA
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	Tier 4	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	Tier 3	ST: Requires prior prescription for Diclofenac 3%, generic Fluorouracil 5%, or Imiquimod 5% within the past 120 days; QL (7.5 GM per 28 days)
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %	Tier 3	ST: Requires prior prescription for Diclofenac 3%, generic Fluorouracil 5%, or Imiquimod 5% within the past 120 days; QL (1 EA per 1 day)
<b>Immunosupp - Monoclonal Ab Inhibiting T Lymph Fxn</b>		
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	Tier 4	
<b>Immunosuppressant-Interferon Gamma Inhibitor, Mab</b>		
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	Tier 4	PA
<b>Immunosuppressives</b>		
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	Tier 3	
<i>azathioprine oral tablet 50 mg</i> (Imuran)	Tier 1	
<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	

Drug	Status	Notes
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 4	
GENGRAF ORAL SOLUTION 100 MG/ML	Tier 4	
<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 (drlec) 180 mg, 360 mg</i> (Myfortic)	Tier 1	
NEORAL ORAL CAPSULE 100 MG, 25 MG	Tier 4	
NEORAL ORAL SOLUTION 100 MG/ML	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	Tier 4	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Tier 4	
RAPAMUNE ORAL SOLUTION 1 MG/ML	Tier 4	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 4	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Tier 4	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	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	Tier 4	
<b>Infectious Disease - Bacterial</b>		
<b>Absorbable Sulfonamides</b>		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	Tier 1	
<b>Betalactams</b>		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 4	PA
<b>Cephalosporins - 1St Generation</b>		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	

Drug	Status	Notes
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	Tier 1	
cefadroxil oral tablet 1 gram	Tier 1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg (Keflex)	Tier 1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cephalexin oral tablet 250 mg, 500 mg	Tier 1	
<b>Cephalosporins - 2Nd Generation</b>		
cefaclor oral capsule 250 mg, 500 mg	Tier 1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	Tier 1	
cefaclor oral tablet extended release 12 hr 500 mg	Tier 1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefprozil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	
<b>Cephalosporins - 3Rd Generation</b>		
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefditoren pivoxil oral tablet 200 mg	Tier 1	
cefditoren pivoxil oral tablet 400 mg (Spectracef)	Tier 1	
cefixime oral capsule 400 mg (Suprax)	Tier 1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Suprax)	Tier 1	
cefepodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	Tier 1	
cefepodoxime oral tablet 100 mg, 200 mg	Tier 1	
SUPRAX ORAL CAPSULE 400 MG	Tier 2	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	Tier 2	
<b>Chemotherapeutics, Antibacterial, Misc.</b>		
HYOPHEN ORAL TABLET 81.6-0.12-10.8 MG	Tier 1	
methenamine hippurate oral tablet 1 gram (Hiprex)	Tier 1	
methenamine mandelate oral tablet 0.5 g, 1 gram	Tier 1	
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg (Urogesic-Blue)	Tier 1	
MONUROL ORAL PACKET 3 GRAM	Tier 3	
PHOSPHASAL ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 2	
trimethoprim oral tablet 100 mg	Tier 1	
TRIMPEX ORAL SOLUTION 50 MG/5 ML	Tier 2	
UR N-C ORAL TABLET 81.6-10.8-40.8 MG	Tier 1	



Drug	Status	Notes
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
URIMAR-T ORAL TABLET 120-0.12-10.8 MG	Tier 1	
URIN DS ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
URO-458 ORAL TABLET 81-10.8-40.8 MG	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG	Tier 1	
USTELL ORAL CAPSULE 120-0.12 MG	Tier 1	
VILAMIT MB ORAL CAPSULE 118-10-40.8-36 MG	Tier 1	
<b>Macrolides</b>		
<i>azithromycin oral packet 1 gram</i> (Zithromax)	Tier 1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	Tier 1	
<i>azithromycin oral tablet 600 mg</i>	Tier 1	
<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 TABLET 200 MG	Tier 2	ST: Requires prior prescription for Vancomycin HCL within the past 120 days; QL (20 EA per 30 days)
E.E.S. 400 ORAL TABLET 400 MG	Tier 1	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	Tier 2	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 500 MG	Tier 1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 333 MG	Tier 2	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	Tier 1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	Tier 1	
<i>erythromycin oral capsule, delayed release(drlec) 250 mg</i>	Tier 1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>erythromycin oral tablet, delayed release (drlec) 250 mg, 333 mg, 500 mg</i> (Ery-Tab)	Tier 1	
<b>Nitrofurantoin Derivatives</b>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> (Macrochantin)	Tier 1	



Drug	Status	Notes
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i> (Macrochantin)	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i> (Macrobid)	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	Tier 1	
<b>Oxazolidinones</b>		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	Tier 1	
<i>linezolid oral tablet 600 mg</i> (Zyvox)	Tier 1	
SIVEXTRO ORAL TABLET 200 MG	Tier 2	ST: Requires prior prescription for Linezolid (600mg tablets) within the past 120 days; QL (6 EA per 6 days)
<b>Penicillins</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
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)
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	Tier 3	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	

Drug	Status	Notes
<b>Quinolones</b>		
BAXDELA ORAL TABLET 450 MG	Tier 3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	Tier 2	
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg</i> (Cipro XR)	Tier 1	
<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</i>	Tier 1	
<i>levofloxacin oral tablet 500 mg, 750 mg</i> (Levaquin)	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	
<b>Tetracyclines</b>		
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)
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	Tier 1	ST: Requires prior prescription for Minocycline HCL 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 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>	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 capsules or tablets 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 capsules or tablets 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 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, 75 mg</i>	Tier 1	
<i>minocycline oral capsule 50 mg</i> (Minocin)	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 55 mg, 65 mg, 80 mg</i> (Solodyn)	Tier 1	ST: Requires prior prescription for Minocycline HCL within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i> (CoreMino)	Tier 1	ST: Requires prior prescription for Minocycline HCL 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 Minocycline HCL within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
MONDOXYNE NL ORAL CAPSULE 100 MG, 50 MG	Tier 1	QL (2 EA per 1 day)

Drug	Status	Notes
MONDOXYNE NL ORAL CAPSULE 75 MG	Tier 1	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)
NUZYRA (7 DAY WITH LOAD DOSE) ORAL TABLET 150 MG	Tier 3	PA
NUZYRA (7 DAY) ORAL TABLET 150 MG	Tier 3	PA
NUZYRA ORAL TABLET 150 MG	Tier 3	PA
OKEBO ORAL CAPSULE 75 MG	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	Tier 3	ST: Requires prior prescription for Doryx Mpc, 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, 80 MG	Tier 3	ST: Requires prior prescription for Minocycline HCL within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
SOLOXIDE ORAL TABLET,DELAYED RELEASE (DR/EC) 150 MG	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML	Tier 2	
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	Tier 3	ST: Requires prior prescription for Minocycline HCL within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<b>Infectious Disease - Fungal</b>		
<b>Antifungal Agents</b>		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
CRESEMBA ORAL CAPSULE 186 MG	Tier 3	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	Tier 1	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	Tier 1	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	Tier 1	
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	Tier 1	
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	Tier 3	
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	Tier 3	
ONMEL ORAL TABLET 200 MG	Tier 3	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 3	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	Tier 1	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	Tier 1	
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	Tier 3	PA
<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	
<b>Antifungal Antibiotics</b>		
<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	

Drug	Status	Notes
<b>Infectious Disease - Miscellaneous</b>		
<b>Aminoglycosides</b>		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 4	PA
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	Tier 4	PA
<i>neomycin oral tablet 500 mg</i>	Tier 1	
TOBI PODHALER INHALATION CAPSULE 28 MG	Tier 4	PA
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 4	PA
<i>tobramycin in 0.225 % nacl inhalation solution (Tobi) for nebulization 300 mg/5 ml</i>	Tier 4	PA
<i>tobramycin with nebulizer inhalation solution (Kitabis Pak) for nebulization 300 mg/5 ml</i>	Tier 4	PA
<b>Antibacterial Agents, Miscellaneous</b>		
<i>glycine urologic solution irrigation solution 1.5 % (Glycine Urologic)</i>	Tier 1	
<b>Antileprotics</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 4	PA; QL (2 EA per 1 day)
<b>Anti-Mycobacterium Agents</b>		
<i>ethambutol oral tablet 100 mg</i>	Tier 1	
<i>ethambutol oral tablet 400 mg (Myambutol)</i>	Tier 1	
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Tier 3	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
<i>rifabutin oral capsule 150 mg (Mycobutin)</i>	Tier 1	
TRECTOR ORAL TABLET 250 MG	Tier 3	
<b>Antitubercular Antibiotics</b>		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
PRIFTIN ORAL TABLET 150 MG	Tier 3	
RIFAMATE ORAL CAPSULE 300-150 MG	Tier 2	
<i>rifampin oral capsule 150 mg, 300 mg (Rifadin)</i>	Tier 1	
RIFATER ORAL TABLET 50-120-300 MG	Tier 3	
SIRTURO ORAL TABLET 100 MG	Tier 4	PA
<b>Lincosamides</b>		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg (Cleocin HCl)</i>	Tier 1	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml (Cleocin Pediatric)</i>	Tier 1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	Tier 1	



Drug	Status	Notes
<b>Rifamycins And Related Derivative Antibiotics</b>		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG	Tier 3	ST: Requires prior prescription for Azithromycin, Cipro, Ciprofloxacin HCL, Ciprofloxacin, Ciprofloxacin/ciprofloxacin HCL, Levofloxacin, or Ofloxacin within the past 120 days; QL (12 EA per 1 FILL)
XIFAXAN ORAL TABLET 200 MG	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG	Tier 2	PA
<b>Vancomycin And Derivatives</b>		
FIRVANQ ORAL RECON SOLN 25 MG/ML	Tier 2	QL (300 ML per 1 FILL)
FIRVANQ ORAL RECON SOLN 50 MG/ML	Tier 2	QL (600 ML per 1 FILL)
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	Tier 1	QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	Tier 1	QL (112 EA per 1 FILL)
<b>Infectious Disease - Parasitic</b>		
<b>2Nd Gen. Anaerobic Antiprotozoal-Antibacterial</b>		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Tier 3	ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, Tinidazole, or Vandazole within the past 365 days; QL (1 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Amebacides</b>		
<i>paromomycin oral capsule 250 mg</i>	Tier 1	
<b>Anaerobic Antiprotozoal-Antibacterial Agents</b>		
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i> (Flagyl)	Tier 1	
<b>Anthelmintics</b>		
<i>albendazole oral tablet 200 mg</i> (Albenza)	Tier 1	
EGATEN ORAL TABLET 250 MG	Tier 3	
EMVERM ORAL TABLET,CHEWABLE 100 MG	Tier 3	PA
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	Tier 1	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	Tier 1	
<b>Antimalarial Drugs</b>		
ARAKODA ORAL TABLET 100 MG	Tier 3	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	Tier 1	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	Tier 1	



Drug	Status	Notes
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Tier 1	
COARTEM ORAL TABLET 20-120 MG	Tier 3	
DARAPRIM ORAL TABLET 25 MG	Tier 4	PA
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	Tier 1	
KRINTAFEL ORAL TABLET 150 MG	Tier 2	QL (2 EA per 1 FILL)
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
<i>primaquine oral tablet 26.3 mg</i>	Tier 2	
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	Tier 1	
<b>Antiparasitics</b>		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 3	
ALINIA ORAL TABLET 500 MG	Tier 3	
<b>Antiprotozoal Drugs, Miscellaneous</b>		
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	Tier 1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 3	PA
NEBUPENT INHALATION RECON SOLN 300 MG	Tier 2	
<b>Infectious Disease - Viral</b>		
<b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>		
JULUCA ORAL TABLET 50-25 MG	Tier 2	QL (1 EA per 1 day)
<b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>		
DOVATO ORAL TABLET 50-300 MG	Tier 2	QL (1 EA per 1 day)
<b>Antiretroviral-Nucleoside, Nucleotide, Protease Inh.</b>		
SYMITUZA ORAL TABLET 800-150-200-10 MG	Tier 2	QL (1 EA per 1 day)
<b>Antiviral Monoclonal Antibodies</b>		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA
<b>Antivirals, General</b>		
<i>acyclovir oral capsule 200 mg</i> (Zovirax)	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i> (Zovirax)	Tier 1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	Tier 1	QL (40 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	Tier 1	QL (20 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	Tier 1	QL (360 ML per 180 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	Tier 4	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 4	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	

Drug	Status	Notes
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	Tier 1	
SITAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 3	QL (4 EA per 365 days)
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	Tier 1	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	Tier 1	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	Tier 1	
XOFLUZA ORAL TABLET 20 MG, 40 MG	Tier 2	QL (4 EA per 180 days)
<b>Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib</b>		
APTIVUS ORAL CAPSULE 250 MG	Tier 2	QL (4 EA per 1 day)
APTIVUS ORAL SOLUTION 100 MG/ML	Tier 2	QL (380 ML per 30 days)
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)
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)
<b>Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog</b>		
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)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	Tier 2	QL (1 EA per 1 day)
<b>Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb</b>		
<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)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	Tier 1	QL (2 EA per 1 day)
<b>Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.</b>		
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)
<b>Antivirals, Hiv-Specific, Fusion Inhibitors</b>		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 2	QL (2 EA per 1 day)
<b>Antivirals, Hiv-Specific, Non-Nucleoside, Rti</b>		
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	
INTELENCE ORAL TABLET 100 MG, 25 MG	Tier 2	QL (4 EA per 1 day)
INTELENCE ORAL TABLET 200 MG	Tier 2	QL (2 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	Tier 1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i> (Viramune)	Tier 1	QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i> (Viramune XR)	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)

Drug	Status	Notes
PIFELTRO ORAL TABLET 100 MG	Tier 2	QL (2 EA per 1 day)
RESCRIPTOR ORAL TABLET 200 MG	Tier 2	
<b>Antivirals, Hiv-Specific, Nucleoside Analog, Rti</b>		
<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) 125 mg, 200 mg</i> (Videx EC)	Tier 1	QL (2 EA per 1 day)
<i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i> (Videx EC)	Tier 1	QL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE 200 MG	Tier 2	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 2	QL (850 ML per 30 days)
<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)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	Tier 2	QL (600 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)
<b>Antivirals, Hiv-Specific, Nucleotide Analog, Rti</b>		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	Tier 1	QL (1 EA per 1 day)
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)
<b>Antivirals, Hiv-Specific, Protease Inhibitor Comb</b>		
KALETRA ORAL TABLET 100-25 MG	Tier 2	QL (2 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG	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)
<b>Antivirals, Hiv-Specific, Protease Inhibitors</b>		
<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)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Tier 2	
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)
NORVIR ORAL CAPSULE 100 MG	Tier 2	QL (12 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)

Drug	Status	Notes
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	
<b>Antivirals,Hiv-1 Integrase Strand Transfer Inhibitr</b>		
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)
<b>Artv Cmb Nucleoside,Nucleotide,&amp;Non-Nucleoside Rti</b>		
ATRIPLA ORAL TABLET 600-200-300 MG	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)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	QL (1 EA per 1 day)
SYMFI LO ORAL TABLET 400-300-300 MG	Tier 2	QL (1 EA per 1 day)
SYMFI ORAL TABLET 600-300-300 MG	Tier 2	QL (1 EA per 1 day)
<b>Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor</b>		
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)
<b>Arv Comb-Nrtis &amp; Integrase Inhibitor</b>		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	QL (1 EA per 1 day)
<b>Cytochrome P450 Inhibitors</b>		
TYBOST ORAL TABLET 150 MG	Tier 2	QL (1 EA per 1 day)
<b>Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo</b>		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 4	PA
<b>Hep C Virus - Ns5a &amp; Ns5b Polymerase Inhib. Combo.</b>		
EPCLUSA ORAL TABLET 400-100 MG	Tier 4	PA
HARVONI ORAL TABLET 90-400 MG	Tier 4	PA
<b>Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh</b>		
SOVALDI ORAL TABLET 400 MG	Tier 4	PA
<b>Hepatitis B Treatment Agents</b>		
<i>adefovir oral tablet 10 mg</i> (Hepsera)	Tier 4	QL (1 EA per 1 day)
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	Tier 4	QL (630 ML per 30 days)
<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)
<i>lamivudine oral tablet 100 mg</i> (EpiVir HBV)	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
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)
<b>Hepatitis C Treatment Agents</b>		
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	Tier 4	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 4	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 4	PA
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	Tier 4	PA
RIBASPHERE ORAL CAPSULE 200 MG	Tier 1	
RIBASPHERE ORAL TABLET 600 MG	Tier 1	ST: Requires prior prescription for Ribavirin within the past 120 days
RIBASPHERE RIBAPAK ORAL TABLETS,DOSE PACK 600 MG (7)- 400 MG (7), 600 MG (7)- 600 MG (7), 600-400 MG (28)-MG (28), 600-600 MG (28)-MG (28)	Tier 1	ST: Requires prior prescription for Ribavirin within the past 120 days
<i>ribavirin oral capsule 200 mg</i> (Ribasphere)	Tier 1	
<i>ribavirin oral tablet 200 mg</i> (Moderiba)	Tier 1	
<b>Hepatitis C Virus - Ns5a, Ns3/4A, Ns5b Inhib Cmb.</b>		
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	Tier 4	PA
<b>Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb</b>		
MAVYRET ORAL TABLET 100-40 MG	Tier 4	PA
ZEPATIER ORAL TABLET 50-100 MG	Tier 4	PA
<b>Inflammatory Disease</b>		
<b>Anti-Arthritic And Chelating Agents</b>		
CUPRIMINE ORAL CAPSULE 250 MG	Tier 4	PA
DEPEN TITRATABS ORAL TABLET 250 MG	Tier 4	PA
D-PENAMINE ORAL TABLET 125 MG	Tier 4	PA
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	Tier 4	PA
<b>Anti-Arthritic, Folate Antagonist Agents</b>		
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Tier 4	ST: Requires prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, or Trexall within the past 120 days; QL (1.6 ML per 28 days)

Drug	Status	Notes
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	Tier 4	ST: Requires prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, or Trexall within the past 120 days; QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	Tier 4	ST: Requires prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, or Trexall within the past 120 days; QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	Tier 4	ST: Requires prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, or Trexall within the past 120 days; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	Tier 4	ST: Requires prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, or Trexall within the past 120 days; QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	Tier 4	ST: Requires prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, or Trexall within the past 120 days; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	Tier 4	ST: Requires prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, or Trexall within the past 120 days; QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	Tier 4	ST: Requires prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, or Trexall within the past 120 days; QL (2 ML per 28 days)

Drug	Status	Notes
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	Tier 4	ST: Requires prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, or Trexall within the past 120 days; QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	Tier 4	ST: Requires prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, or Trexall within the past 120 days; QL (0.6 ML per 28 days)
<b>Anti-Flam. Interleukin-1 Receptor Antagonist</b>		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 4	
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 4	PA
<b>Anti-Inflammatory Tumor Necrosis Factor Inhibitor</b>		
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 SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 4	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 4	PA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 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 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	Tier 4	PA



Drug	Status	Notes
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 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	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 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
<b>Anti-Inflammatory, Interleukin-1 Beta Blockers</b>		
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	Tier 4	PA
<b>Anti-Inflammatory, Pyrimidine Synthesis Inhibitor</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	Tier 1	
<b>Anti-Inflammatory, Phosphodiesterase- 4(Pde4) Inhib.</b>		
OTEZLA ORAL TABLET 30 MG	Tier 4	PA
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
<b>Anti-Inflammatory/Antiarthritics Agents, Misc.</b>		
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML (MW 2.4 -3.6 MILLION)	Tier 3	PA
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML	Tier 3	PA
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML	Tier 3	PA
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML	Tier 3	PA
<i>sodium hyaluronate (viscosup) intra-articular syringe 10 mg/ml</i> (GenVisc 850)	Tier 3	PA



Drug	Status	Notes
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML	Tier 3	PA
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML	Tier 3	PA
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML	Tier 3	PA
<b>Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor</b>		
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
<b>Bradykinin B2 Receptor Antagonists</b>		
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Tier 4	PA
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	Tier 4	PA
<b>C1 Esterase Inhibitors</b>		
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
<b>Glucocorticoids</b>		
<i>budesonide oral</i> (Entocort EC) <i>capsule, delayed, extend. release 3 mg</i>	Tier 1	
<i>budesonide oral tablet, delayed and</i> (Uceris) <i>ext. release 9 mg</i>	Tier 1	ST: Requires prior prescription for Balsalazide Disodium within the past 120 days
<i>cortisone oral tablet 25 mg</i>	Tier 1	
DECADRON ORAL ELIXIR 0.5 MG/5 ML	Tier 1	
DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG	Tier 1	
DELTASONE ORAL TABLET 20 MG	Tier 1	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 3	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i> (Decadron)	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</i> (Decadron) <i>mg, 6 mg</i>	Tier 1	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>	Tier 1	

Drug	Status	Notes
<i>dexamethasone oral tablets,dose pack 1.5 mg (DexPak 6 Day)</i> (21 tabs)	Tier 1	ST: Requires prior prescription for Dexamethasone 1.5mg tablets within the past 120 days
<i>dexamethasone oral tablets,dose pack 1.5 mg (DexPak 10 day)</i> (35 tabs)	Tier 1	ST: Requires prior prescription for Dexamethasone 1.5mg tablets within the past 120 days
<i>dexamethasone oral tablets,dose pack 1.5 mg (DexPak 13 Day)</i> (51 tabs)	Tier 1	ST: Requires prior prescription for Dexamethasone 1.5mg tablets within the past 120 days
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Tier 3	
DEXPAK 10 DAY ORAL TABLETS,DOSE PACK 1.5 MG (35 TABS)	Tier 1	ST: Requires prior prescription for Dexamethasone 1.5mg tablets within the past 120 days
DEXPAK 13 DAY ORAL TABLETS,DOSE PACK 1.5 MG (51 TABS)	Tier 1	ST: Requires prior prescription for Dexamethasone 1.5mg tablets within the past 120 days
DEXPAK 6 DAY ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS)	Tier 1	ST: Requires prior prescription for Dexamethasone 1.5mg tablets within the past 120 days
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
HIDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS)	Tier 1	ST: Requires prior prescription for Dexamethasone 1.5mg tablets within the past 120 days
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (Cortef)</i>	Tier 1	
MEDROL ORAL TABLET 2 MG	Tier 2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg (Medrol)</i>	Tier 1	
<i>methylprednisolone oral tablets,dose pack 4 mg (Medrol (Pak))</i>	Tier 1	
MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS), 5 MG (48 TABS)	Tier 2	
MILLIPRED ORAL TABLET 5 MG	Tier 2	

Drug	Status	Notes
<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), 5 mg base/5 ml (6.7 mg/5 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 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	ST: Requires prior prescription for Prednisone Intensol, Prednisone, or Rayos within the past 120 days
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	Tier 1	ST: Requires prior prescription for Dexamethasone 1.5mg tablets within the past 120 days
<b>Gold Salts</b>		
RIDAURA ORAL CAPSULE 3 MG	Tier 4	
<b>Immunomodulator, B-Lymphocyte Stim(Blys)-Spec Inhib</b>		
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
<b>Interleukin-6 (Il-6) Receptor Inhibitors</b>		
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
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
<b>Janus Kinase (Jak) Inhibitors</b>		
OLUMIANT ORAL TABLET 2 MG	Tier 4	PA

Drug	Status	Notes
RINVOQ ER ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	Tier 4	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	Tier 4	PA
<b>Mineralocorticoids</b>		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	
<b>Monoclonal Antibody-Human Interleukin 12/23 Inhib</b>		
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
<b>Nasal Nsaids, Cox Non-Selective, Systemic Analgesic</b>		
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	Tier 3	ST: Requires prior prescription for generic nonsteroidal anti-inflammatory product within the past 120 days; QL (5 EA per 30 days)
<b>Nsaid &amp; Histamine H2 Receptor Antagonist Comb.</b>		
DUEXIS ORAL TABLET 800-26.6 MG	Tier 3	ST: Requires prior prescription for Ibuprofen within the past 120 days; QL (3 EA per 1 day)
<b>Nsaid &amp; Topical Irritant Counter-Irritant Comb.</b>		
COMFORT PAC-IBUPROFEN KIT 800 MG	Tier 3	
COMFORT PAC-MELOXICAM KIT 15 MG	Tier 3	
COMFORT PAC-NAPROXEN KIT 500 MG	Tier 3	
FLEXIPAK KIT 75 MG- 0.025 %	Tier 3	
INFLAMMACIN KIT 75 MG- 0.025 %	Tier 3	
INFLATHERM (DICLOFENAC-TROLAM) KIT, CREAM AND TABLET DR 75 MG- 10 %	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	
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	

Drug	Status	Notes
<b>Nsaid, Cox Inhibitor-Type &amp; Proton Pump Inhib Comb</b>		
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 375-20 MG, 500-20 MG	Tier 3	ST: Requires prior prescription for Naprelan, Naproxen Sodium, or Naproxen within the past 120 days
<b>Nsaids (Cox Non-Specific Inhib)&amp; Prostaglandin Cmb</b>		
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50)	Tier 1	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75)	Tier 1	
<b>Nsaids, Cyclooxygenase 2 Inhibitor - Type</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	Tier 1	
<b>Nsaids, Cyclooxygenase Inhibitor-Type</b>		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> (Voltaren-XR)	Tier 1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	Tier 1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg</i> (Lodine)	Tier 1	
<i>etodolac oral tablet 500 mg</i>	Tier 1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1	
<i>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	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	Tier 1	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Tier 1	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	Tier 1	
INDOCIN ORAL SUSPENSION 25 MG/5 ML	Tier 2	
INDOCIN RECTAL SUPPOSITORY 50 MG	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>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	Tier 1	
<i>ketorolac injection cartridge 15 mg/ml, 30 mg/ml</i>	Tier 1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	Tier 1	
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	Tier 1	

Drug	Status	Notes
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 1	
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)	Tier 1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	Tier 3	
<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)</i> (EC-Naprosyn) 375 mg, 500 mg	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</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	
QMIIZ ODT ORAL TABLET, DISINTEGRATING 15 MG, 7.5 MG	Tier 3	ST: Requires prior prescription for generic Meloxicam tablets within the past 120 days; QL (1 EA per 1 day)
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
TIVORBEX ORAL CAPSULE 20 MG, 40 MG	Tier 3	ST: Requires prior prescription for generic Indomethacin 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	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, Pennsaid, or Vopac Mds within the past 120 days; QL (4 EA per 1 day)

Drug	Status	Notes
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG	Tier 3	ST: Requires prior prescription for Diclo Gel, Diclofenac Sodium, Diclofono, Diclozor, Dyloject, Pennsaid, or Vopac Mds within the past 120 days; QL (3 EA per 1 day)
<b>Nsaids,Cox-2 Sel.Inhib.(Syst)-Top.Irritant Ctr-Irr</b>		
CAPXIB COMBO PACK, CAPSULE, PATCH 200 MG- 0.0375 %-5 %	Tier 3	
LIDOXIB COMBO PACK, CAPSULE, PATCH 200 MG- 1 %-4 %	Tier 3	
NUDROXIPAK KIT, LIQUID AND CAPSULE 200 MG-0.025 %- 25 %-6 %	Tier 3	
<b>Plasma Kallikrein Inhibitors</b>		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	Tier 4	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 4	PA
<b>Local Anesthesia</b>		
<b>Local Anesthetics</b>		
ACCUCAINE KIT KIT 10 MG/ML (1 %)	Tier 3	
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %	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 4 % (40 mg/ml)</i>	Tier 1	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	Tier 1	
<i>ropivacaine (pf) injection solution 2 mg/ml (0.2 %), 7.5 mg/ml (0.75 %)</i> (Naropin (PF))	Tier 1	
<b>Lower Gastrointestinal Disorders - Bowel Inflammat</b>		
<b>Bowel Antiinflammatory Agents</b>		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
<b>Chronic Inflamm. Colon Dx, 5-A-Salicylat,Rectal Tx</b>		
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	Tier 1	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	Tier 1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i> (Rowasa)	Tier 1	
<b>Drug Tx-Chronic Inflamm. Colon Dx,5-Aminosalicilat</b>		
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	Tier 2	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	Tier 1	

Drug	Status	Notes
DIPENTUM ORAL CAPSULE 250 MG	Tier 3	ST: Requires prior prescription for Apriso, Balsalazide Disodium, Mesalamine, or Pentasa within the past 120 days
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	Tier 1	
<i>mesalamine oral capsule (with del rel tablets)</i> (Delzicol) 400 mg	Tier 1	ST: Requires prior prescription for Apriso, Balsalazide Disodium, Mesalamine, or Pentasa within the past 120 days
<i>mesalamine oral tablet, delayed release (dr/ec)</i> (Asacol HD) 800 mg	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	Tier 2	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	Tier 1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	Tier 1	
<b>Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth</b>		
ANA-LEX KIT RECTAL KIT 2-2 %	Tier 1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i> (Analpram-HC)	Tier 1	
<i>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	
<b>Ibs Agents, Mixed Opioid Recep Agonists/Antagonists</b>		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 3	PA
<b>Integrin Receptor Antagonist, Monoclonal Antibody</b>		
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	Tier 4	PA
<b>Irritable Bowel Agents, Guanylate Cylase-C Agonist</b>		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	QL (1 EA per 1 day)



Drug	Status	Notes
TRULANCE ORAL TABLET 3 MG	Tier 3	ST: Requires prior prescription for Linzess within the past 120 days; QL (1 EA per 1 day)
<b>Local Anorectal Nitrate Preparations</b>		
RECTIV RECTAL OINTMENT 0.4 % (W/W)	Tier 3	
<b>Rectal Preparations</b>		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)	Tier 1	
<i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC)	Tier 1	
<b>Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)</b>		
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Tier 3	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	Tier 1	
UCERIS RECTAL FOAM 2 MG/ACTUATION	Tier 3	ST: Requires prior prescription for Mesalamine W/cleansing Wipes or Mesalamine within the past 120 days
<b>Lower Gastrointestinal Disorders - Other</b>		
<b>Ammonia Inhibitors</b>		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	Tier 4	
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 1	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	Tier 1	
LITHOSTAT ORAL TABLET 250 MG	Tier 3	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Tier 4	PA
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)	Tier 4	
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	Tier 4	
<b>Antidiarrheal - G.I. Chloride Channel Inhibitors</b>		
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	Tier 3	ST: Requires prior prescription for Antiretrovirals within the past 120 days; QL (2 EA per 1 day)
<b>Antidiarrheal - Tryptophan Hydroxylase Inhibitor</b>		
XERMELO ORAL TABLET 250 MG	Tier 4	PA
<b>Antidiarrheals</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	Tier 1	

Drug	Status	Notes
<i>loperamide oral capsule 2 mg</i> (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)
<i>opium tincture oral tincture 10 mg/ml</i> (morphine)	Tier 1	
<i>paregoric oral liquid 2 mg/5 ml</i>	Tier 1	
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4)	Tier 4	
<b>Bile Salts</b>		
CHENODAL ORAL TABLET 250 MG	Tier 4	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 4	PA
<i>ursodiol oral capsule 300 mg</i> (Actigall)	Tier 1	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	Tier 1	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	Tier 1	
<b>Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog</b>		
OCALIVA ORAL TABLET 10 MG, 5 MG	Tier 4	PA
<b>Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type</b>		
<i>alosectron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	Tier 1	
<b>Irritable Bowel Synd. Agent,5Ht-4 Partial Agonist</b>		
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)
<b>Laxatives And Cathartics</b>		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	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 50-75 YEARS
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 1	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
GAVILYTE-N ORAL RECON SOLN 420 GRAM	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
GIALAX ORAL KIT 17 GRAM/ SCOOP	Tier 3	

Drug	Status	Notes
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM	Tier 2	\$0 COPAY IF AGE 50-75 YEARS
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)
<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	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	Tier 3	\$0 COPAY IF AGE 50-75 YEARS
OSMOPREP ORAL TABLET 1.5 GRAM	Tier 3	\$0 COPAY IF AGE 50-75 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 50-75 YEARS
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i> (Colyte with Flavor Packs)	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
PEG-PREP ORAL KIT 5-210 MG-GRAM	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	Tier 3	\$0 COPAY IF AGE 50-75 YEARS
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM	Tier 2	\$0 COPAY IF AGE 50-75 YEARS
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	Tier 2	\$0 COPAY IF AGE 50-75 YEARS
TRILYTE WITH FLAVOR PACKETS ORAL RECON SOLN 420 GRAM	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
<b>Narcotic Antagonists, Peripherally-Acting</b>		
ENTEREG ORAL CAPSULE 12 MG	Tier 3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Tier 3	PA; QL (3 EA per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 3	PA; QL (0.6 ML per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	Tier 3	PA; QL (0.6 ML per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	Tier 3	PA; QL (0.4 ML per 1 day)
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)

Drug	Status	Notes
<b>Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs</b>		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	PA
<b>Medical Supplies</b>		
<b>Bandages And Related Supplies</b>		
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	
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	

Drug	Status	Notes
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	
HYDROFERA BLUE READY TOPICAL BANDAGE 2 1/2 X 2 1/2 ", 4 X 5 ", 8 X 8 "	Tier 3	
HYDROFERA BLUE TOPICAL BANDAGE 2 X 2 ", 2 X 2 3/4 ", 2.25 X 8 ", 2.5 ", 4 X 4 ", 6 X 6 ", 9 MM	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 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	
<b>Catheters And Related Devices</b>		
ADVANCE PLUS INTERMITTENT 10 FR, 10- 16 FR-", 12 FR, 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-"	Tier 3	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8-14 FR-"	Tier 3	
APOGEE HC INTERMIT CATHETER 12-16 FR-", 14-16 FR-", 16-16 FR-"	Tier 3	
APOGEE IC INTERMIT CATHETER 14-6 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	Tier 3	
FEMALE CATHETER 14 FR	Tier 3	
KENGUARD FOLEY CATHETER 18-16 FR-"	Tier 3	

Drug	Status	Notes
KENGUARD FOLEY CATHETER TRAY	Tier 3	
LOFRIC 12-16 FR-", 14-16 FR-"	Tier 3	
MAGIC3 INTERMITTENT CATHETER 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	
<b>Durable Medical Equipment,Misc</b>		
AERONEB GO	Tier 3	
ALL FLOW 1000 KIT	Tier 3	
ALL FLOW 1000 PFT FILTER	Tier 3	
ALL FLOW 3000 KIT	Tier 3	
ALL FLOW 3000 PFT FILTER	Tier 3	
ALL FLOW 4000 KIT	Tier 3	
ALL FLOW 4000 PFT FILTER	Tier 3	
ALL FLOW 5000 KIT	Tier 3	
ALL FLOW 5000 PFT FILTER	Tier 3	
ALL FLOW 6000 PFT FILTER	Tier 3	
AMIELLE VAGINAL TRAINER KIT	Tier 3	
ERAPID NEBULIZER HANDSET	Tier 3	
FILTER PAD	Tier 3	
INNOSPIRE REPLACEMENT FILTER	Tier 3	
INSPIRATION ELITE FILTER	Tier 3	
MOUTHPIECE REUSABLE MW	Tier 3	
NOSE CLIP	Tier 3	
PARI BABY CONV KIT - SIZE 1 KIT	Tier 3	
PARI BABY CONV KIT - SIZE 2 KIT	Tier 3	
PARI BABY CONV KIT - SIZE 3 KIT	Tier 3	
PARI BABY CONVERSION PACK 1	Tier 3	
PARI BABY CONVERSION PACK 2	Tier 3	
PARI LC FILTER WITH VALVE SET	Tier 3	
PARI LC MASK SET	Tier 3	
PARI TREK S PORTABLE PWR KIT	Tier 3	
PILLOW MASK CHILD	Tier 3	
PRONEB ULTRA FILTER ASSEMBLY	Tier 3	
PRONEB ULTRA II FILTER ASSEM	Tier 3	
REUSABLE NEBULIZER KIT KIT	Tier 3	
RUBBER MOUTHPIECE	Tier 3	
SAMI THE SEAL MASK	Tier 3	
SIDESTREAM MASK	Tier 3	
SILICONE MASK	Tier 3	
SMARTMASK KIDS	Tier 3	

Drug	Status	Notes
<b>Durable Medical Equipment,Misc(Group 1)</b>		
1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE	Tier 2	
ACCU-CHEK FASTCLIX LANCET DRUM	Tier 2	
ACCU-CHEK MULTICLIX LANCET	Tier 2	
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 2	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS	Tier 2	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE	Tier 2	
ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
ADVOCATE LANCET 26 GAUGE, 30 GAUGE	Tier 2	
ALTERNATE SITE LANCET 26 GAUGE	Tier 2	
ASSURE HAEMOLANCE PLUS 1.2 MM, 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 2	
ASSURE LANCE 25 GAUGE, 28 GAUGE	Tier 2	
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE	Tier 2	
BD MICROTAINER LANCET 1.5 X 2 MM, 21 GAUGE, 30 GAUGE	Tier 2	
BD ULTRA FINE LANCETS 33 GAUGE	Tier 2	
BD ULTRA-FINE II LANCETS 30 GAUGE	Tier 2	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 2	
CAREONE THIN LANCET	Tier 2	
CAREONE ULTRA THIN LANCET	Tier 2	
CARESENS LANCETS 30 GAUGE	Tier 2	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
CLEVER CHEK LANCETS 30 GAUGE	Tier 2	
COAGUCHEK LANCETS	Tier 2	
COLOR LANCETS 21 GAUGE	Tier 2	
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE	Tier 2	
COMFORT LANCETS	Tier 2	
DROPLET LANCETS 30 GAUGE	Tier 2	
EASY COMFORT LANCETS 30 GAUGE	Tier 2	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 2	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 2	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 2	
EASY TWIST AND CAP LANCETS 28 GAUGE	Tier 2	
EMBRACE LANCETS 30 GAUGE	Tier 2	

Drug	Status	Notes
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 2	
E-Z JECT THIN LANCETS 28 GAUGE	Tier 2	
EZ SMART LANCETS 28 GAUGE	Tier 2	
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE	Tier 2	
FINE 30 UNIVERSAL LANCETS 30 GAUGE	Tier 2	
FINGERSTIX LANCETS	Tier 2	
FORACARE LANCETS 30 GAUGE	Tier 2	
FREESTYLE LANCETS 28 GAUGE	Tier 2	
FREESTYLE UNISTIK 2	Tier 2	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE	Tier 2	
INCONTROL SUPER THIN LANCETS 30 GAUGE	Tier 2	
INCONTROL ULTRA THIN LANCETS 28 GAUGE	Tier 2	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
INVACARE LANCETS 30 GAUGE	Tier 2	
<i>lancets</i> (Accu-Chek Fastclix Lancet Drum)	Tier 2	
<i>lancets 21 gauge</i> (Assure Haemolance Plus)	Tier 2	
<i>lancets 26 gauge</i> (Advocate Lancet)	Tier 2	
<i>lancets 28 gauge, 30 gauge</i> (1st Tier Unilet ComforTouch)	Tier 2	
<i>lancets 33 gauge</i> (BD Ultra Fine Lancets)	Tier 2	
LANCETS, SUPER THIN	Tier 2	
LANCETS,THIN , 23 GAUGE, 28 GAUGE	Tier 2	
LANCETS,ULTRA THIN , 26 GAUGE	Tier 2	
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
MEDISENSE THIN LANCETS 28 GAUGE	Tier 2	
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE	Tier 2	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	Tier 2	
MICRO THIN LANCETS 33 GAUGE	Tier 2	
MICROLET LANCET	Tier 2	
MONOLET LANCETS 21 GAUGE	Tier 2	
MONOLET THIN LANCETS 28 GAUGE	Tier 2	
MYGLUCOHEALTH LANCETS 30 GAUGE	Tier 2	
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE	Tier 2	
NOVA SUREFLEX LANCETS	Tier 2	
ON CALL LANCET 30 GAUGE	Tier 2	
ON CALL PLUS LANCET 30 GAUGE	Tier 2	



Drug	Status	Notes
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE	Tier 2	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	Tier 2	
ONETOUCH SURESOFT LANCING DEV 28 GAUGE	Tier 2	
ONETOUCH ULTRASOFT LANCETS	Tier 2	
ON-THE-GO LANCETS 30 GAUGE	Tier 2	
PIP LANCET 28 GAUGE, 30 GAUGE	Tier 2	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	Tier 2	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE	Tier 2	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	Tier 2	
PRODIGY TWIST TOP LANCET 28 GAUGE	Tier 2	
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE	Tier 2	
READYLANCER SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
RELIAMED TWIST AND CAP LANCET 28 GAUGE	Tier 2	
RELION THIN LANCETS 26 GAUGE	Tier 2	
RELION ULTRA THIN PLUS LANCETS	Tier 2	
RIGHTEST GL300 LANCETS 30 GAUGE	Tier 2	
SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE	Tier 2	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
SAFETY-LET LANCETS 30 GAUGE	Tier 2	
SINGLE-LET	Tier 2	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE	Tier 2	
SMARTTEST LANCET	Tier 2	
SOFT TOUCH LANCETS	Tier 2	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
STERILANCE TL 30 GAUGE, 32 GAUGE	Tier 2	
SUPER THIN LANCETS , 28 GAUGE, 30 GAUGE	Tier 2	
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
SURE-LANCE , 26 GAUGE, 28 GAUGE	Tier 2	
SURE-LANCE ULTRA THIN 30 GAUGE	Tier 2	
SURE-TOUCH LANCET	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
TECHLITE LANCETS 25 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
TELCARE LANCETS 30 GAUGE	Tier 2	
THIN LANCETS 26 GAUGE	Tier 2	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE	Tier 2	
TRUE COMFORT LANCET 30 GAUGE	Tier 2	
TRUEPLUS LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
TWIST LANCETS 30 GAUGE, 32 GAUGE	Tier 2	
ULTILET BASIC LANCETS 30 GAUGE	Tier 2	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
ULTILET SAFETY LANCETS 23 GAUGE	Tier 2	
ULTRA FINE LANCETS 30 GAUGE	Tier 2	
ULTRA THIN II LANCETS 30 GAUGE	Tier 2	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE	Tier 2	
ULTRA THIN PLUS LANCETS 33 GAUGE	Tier 2	
ULTRA TLC LANCETS	Tier 2	
ULTRA-CARE LANCETS 30 GAUGE	Tier 2	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	Tier 2	
ULTRA-THIN II LANCETS 28 GAUGE	Tier 2	
UNILET COMFORTOUCH LANCET , 26 GAUGE	Tier 2	
UNILET EXCELITE II LANCET	Tier 2	
UNILET EXCELITE LANCET	Tier 2	
UNILET GP LANCET	Tier 2	
UNILET LANCET 28 GAUGE, 33 GAUGE	Tier 2	
UNILET LANCETS 30 GAUGE	Tier 2	
UNILET SUPER THIN LANCETS 30 GAUGE	Tier 2	
UNISTIK 3 COMFORT LANCET	Tier 2	
UNISTIK 3 EXTRA LANCET 21 GAUGE	Tier 2	
UNISTIK 3 GENTLE 30 GAUGE	Tier 2	
UNISTIK 3 LANCETS 21 GAUGE	Tier 2	
UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 2	
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE	Tier 2	
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 2	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	Tier 2	
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
VIVAGUARD LANCET 30 GAUGE	Tier 2	

Drug	Status	Notes
<b>Parenteral Administration Sets</b>		
BD INSYTE AUTOGUARD INFUSION SET 24 GAUGE X 3/4"	Tier 3	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"	Tier 3	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 "	Tier 3	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 "	Tier 3	
<b>Syringes And Accessories</b>		
ADVOCATE SYRINGES SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	Tier 2	
BD INSULIN SYRINGE HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 2	
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 2	
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2"	Tier 2	
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	Tier 2	
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	Tier 2	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	Tier 2	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"	Tier 2	
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 2	

Drug	Status	Notes
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 2	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 2	
BD VEO INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 15/64"	Tier 2	
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 2	
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	
DROPLET INSULIN SYR HALF UNIT SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"	Tier 2	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	Tier 2	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 2	

Drug	Status	Notes
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 2	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	Tier 2	
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 2	
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML	Tier 2	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 2	
EASY TOUCH UNI-SLIP SYRINGE 1 ML	Tier 2	
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
<i>insulin syr/ndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i>	(UltiCare Insulin Syr Half Unit)	Tier 2
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2"	Tier 2	
<i>insulin syringe needleless syringe 1 ml</i>	(BD Insulin Syringe Slip Tip)	Tier 2
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge</i>	(Ultilet Insulin Syringe)	Tier 2

Drug	Status	Notes
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	(Advocate Syringes)
insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 1/2"	Tier 2	(Ultra Comfort Insulin Syringe)
insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 1/2"	Tier 2	(BD Insulin Syringe Ultra-Fine)
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	(Sure Comfort 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	(BD Veo Insulin Syringe UF)
insulin syringe-needle u-100 syringe 1 ml 27 gauge x 1/2", 1 ml 28 gauge x 1/2"	Tier 2	(BD Insulin Syringe)
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	Tier 2	(Lite Touch Insulin Syringe)
insulin syringe-needle u-100 syringe 1 ml 29 gauge x 7/16"	Tier 2	
insulin syringe-needle u-100 syringe 1 ml 30 gauge x 1/2"	Tier 2	(BD Eclipse Luer-Lok)
insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"	Tier 2	(Thinpro Insulin Syringe)
insulin syringe-needle u-100 syringe 1/2 ml 27 gauge x 1/2"	Tier 2	(Easy Touch Insulin Syringe)
insulin syringe-needle u-100 syringe 1/2 ml 28 gauge x 1/2"	Tier 2	(BD Lo-Dose Micro-Fine IV)
LITE TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	Tier 2	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	Tier 2	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	Tier 2	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2"	Tier 2	

Drug	Status	Notes
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 2	
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2"	Tier 2	
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML , 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	Tier 2	
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE	Tier 2	
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	Tier 2	
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 2	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"	Tier 2	

Drug	Status	Notes
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	
TECHLITE INSULIN 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	
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	Tier 2	
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Tier 2	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Tier 2	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	Tier 2	
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	



Drug	Status	Notes
ULTICARE INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 1/4"	Tier 2	
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	Tier 2	
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	Tier 2	
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29	Tier 2	
ULTRA CMFT INS SYR HALF UNIT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	Tier 2	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	Tier 2	
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	

Drug	Status	Notes
<b>Miscellaneous Agents</b>		
<b>Amyloidosis Agents-Transthyretin (Ttr) Suppression</b>		
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML	Tier 4	PA
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	Tier 4	PA
<b>Anaphylaxis Therapy Agents</b>		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	Tier 3	QL (2 EA per 365 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 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)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	Tier 2	QL (4 EA per 1 FILL)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	Tier 2	QL (4 EA per 1 FILL)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	Tier 2	QL (4 EA per 1 FILL)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	Tier 2	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	Tier 2	QL (4 EA per 1 FILL)
<b>Fibroblast Growth Factor 23 (Fgf23) Inhibitors,Mab</b>		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	Tier 4	PA
<b>Genetic D/O Tx-Exon Inclusion Antisense Oligonucle</b>		
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML	Tier 4	PA
<b>Genetic D/O Tx-Exon Skipping Antisense Oligonucleo</b>		
EXONDYS 51 INTRAVENOUS SOLUTION 50 MG/ML	Tier 4	PA
<b>Metabolic Dx Enzyme Replacement,Lyso.Acid Lip.Def.</b>		
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	Tier 4	PA
<b>Miscellaneous Agents</b>		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 3	
<b>Parasympathetic Agents</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> (Urecholine)	Tier 1	
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	Tier 1	
<i>guanidine oral tablet 125 mg</i>	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	Tier 1	

Drug	Status	Notes
<b>Pharmacological Chaperone-Alpha-Galactosid.A Stabz</b>		
GALAFOLD ORAL CAPSULE 123 MG	Tier 4	PA
<b>Pku Treatment Agents - Phenylalanine Ammonia Lyase</b>		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 4	PA
<b>Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase</b>		
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	Tier 4	PA
KUVAN ORAL TABLET,SOLUBLE 100 MG	Tier 4	PA
<b>Systemic Enzyme Inhibitors</b>		
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	
<b>Topical Anticholinergic Hyperhidrosis Tx Agents</b>		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 3	PA
<b>Neoplastic Disease</b>		
<b>Alkylating Agents</b>		
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	Tier 4	
<i>busulfan intravenous solution 60 mg/10 ml</i> (Busulfex)	Tier 4	
<i>carboplatin intravenous recon soln 150 mg</i>	Tier 4	
<i>carboplatin intravenous solution 10 mg/ml</i>	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 oral capsule 25 mg, 50 mg</i>	Tier 4	
EVOMELA INTRAVENOUS RECON SOLN 50 MG	Tier 4	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG	Tier 4	PA
GLIADEL WAFER IMPLANT WAFER 7.7 MG	Tier 4	
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Tier 1	
<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	

Drug	Status	Notes
<i>ifosfamide-mesna intravenous kit 1-1 gram, 3,000-1,000 mg</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</i>	Tier 4	
TEMODAR INTRAVENOUS RECON SOLN 100 MG	Tier 4	PA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i> (Temodar)	Tier 4	PA
TEPADINA INJECTION RECON SOLN 100 MG	Tier 4	
<i>thiotepa injection recon soln 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
<b>Antiandrogenic Agents</b>		
<i>abiraterone oral tablet 250 mg</i> (Zytiga)	Tier 4	PA
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	Tier 1	
ERLEADA ORAL TABLET 60 MG	Tier 4	PA
<i>flutamide oral capsule 125 mg</i>	Tier 1	
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	Tier 4	QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG	Tier 4	PA
XTANDI ORAL CAPSULE 40 MG	Tier 4	PA
YONSA ORAL TABLET 125 MG	Tier 4	PA; QL (4 EA per 1 day)
ZYTIGA ORAL TABLET 500 MG	Tier 4	PA
<b>Antibiotic Antineoplastics</b>		
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	Tier 4	
<i>dactinomycin intravenous recon soln 0.5 mg</i> (Cosmegen)	Tier 4	
<i>daunorubicin intravenous recon soln 20 mg</i>	Tier 4	
<i>daunorubicin intravenous solution 5 mg/ml</i>	Tier 4	
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)	Tier 4	
<i>epirubicin intravenous recon soln 200 mg, 50 mg</i>	Tier 4	
<i>epirubicin intravenous solution 200 mg/100 ml</i> (Ellence)	Tier 4	
<i>idarubicin intravenous solution 1 mg/ml</i> (Idamycin PFS)	Tier 4	
LIPODOX 50 INTRAVENOUS SUSPENSION 2 MG/ML	Tier 4	
LIPODOX INTRAVENOUS SUSPENSION 2 MG/ML	Tier 4	
<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	Tier 4	

Drug	Status	Notes
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	Tier 4	
<b>Anti-Cd20 (B Lymphocyte) Monoclonal Antibody</b>		
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
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
<b>Antimetabolites</b>		
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	Tier 4	PA
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	Tier 4	
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	Tier 4	
<i>capecitabine oral tablet 150 mg</i> (Xeloda)	Tier 4	PA; QL (28 EA per 21 days)
<i>capecitabine oral tablet 500 mg</i> (Xeloda)	Tier 4	PA; QL (112 EA per 21 days)
<i>cladribine intravenous solution 10 mg/10 ml</i>	Tier 4	
<i>clofarabine intravenous solution 20 mg/20 ml</i> (Clolar)	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	
<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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 10 MG	Tier 4	
PURIXAN ORAL SUSPENSION 20 MG/ML	Tier 4	ST: Requires prior prescription for Mercaptopurine within the past 120 days
TABLOID ORAL TABLET 40 MG	Tier 4	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 2	
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 4	ST: Requires prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, or Trexall within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)
<b>Antineoplast Egf Receptor Blocker Rcmb Mc Antibody</b>		
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
KANJINTI INTRAVENOUS RECON SOLN 420 MG	Tier 4	PA
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	Tier 4	PA
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	Tier 4	PA
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	Tier 4	PA
<b>Antineoplast Hum Vegf Inhibitor Recomb Mc Antibody</b>		
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	Tier 4	PA
MVASI INTRAVENOUS SOLUTION 25 MG/ML	Tier 4	PA

Drug	Status	Notes
<b>Antineoplastic - Antibiotic And Antimetabolite</b>		
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	Tier 4	PA
<b>Antineoplastic - Anti-Cd38 Monoclonal Antibody</b>		
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	Tier 4	PA
<b>Antineoplastic - Anti-Slamf7 Monoclonal Antibody</b>		
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	Tier 4	PA
<b>Antineoplastic Aromatase Inhibitors</b>		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	Tier 1	
<i>exemestane oral tablet 25 mg</i> (Aromasin)	Tier 1	
<i>letrozole oral tablet 2.5 mg</i> (Femara)	Tier 1	
<b>Antineoplastic - Braf Kinase Inhibitors</b>		
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA; QL (6 EA per 1 day)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA
ZELBORAF ORAL TABLET 240 MG	Tier 4	PA; QL (8 EA per 1 day)
<b>Antineoplastic - Epothilones And Analogs</b>		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	Tier 4	PA
<b>Antineoplastic - Halichondrin B Analogs</b>		
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	Tier 4	PA
<b>Antineoplastic - Hedgehog Pathway Inhibitor</b>		
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
<b>Antineoplastic - Immunotherapy, Therapeutic Vac</b>		
PROVENGE INTRAVENOUS SUSPENSION 50 MILLION CELL/250 ML	Tier 4	
<b>Antineoplastic - Immunotherapy, Virus-Based Agents</b>		
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML	Tier 4	PA
<b>Antineoplastic - Janus Kinase (Jak) Inhibitors</b>		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 4	PA; QL (2 EA per 1 day)
<b>Antineoplastic - Mek1 And Mek2 Kinase Inhibitors</b>		
COTELLIC ORAL TABLET 20 MG	Tier 4	PA; QL (63 EA per 28 days)
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)

Drug	Status	Notes
<b>Antineoplastic - Mtor Kinase Inhibitors</b>		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	Tier 4	PA
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 4	PA
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i> (Torisel)	Tier 4	PA
<b>Antineoplastic - Topoisomerase I Inhibitors</b>		
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML	Tier 4	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 4	
<i>irinotecan intravenous solution 100 mg/5 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	
<b>Antineoplastic - Vegf-A,B &amp; P1gf Inhibitor</b>		
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	Tier 4	PA
<b>Antineoplastic - Vegfr Antagonist</b>		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	Tier 4	PA
<b>Antineoplastic- Cd22 Antibody-Cytotoxic Antibiotic</b>		
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	Tier 4	PA
<b>Antineoplastic- Cd33 Antibody-Cytotoxic Antibiotic</b>		
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	Tier 4	PA
<b>Antineoplastic Comb - Kinase And Aromatase Inhibit</b>		
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	Tier 4	PA
<b>Antineoplastic Immunomodulator Agents</b>		
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; QL (1 EA per 1 day)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	Tier 4	



Drug	Status	Notes
<b>Antineoplastic Lhrh(Gnrh)</b>		
<b>Antagonist,Pituit.Supprs</b>		
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)
<b>Antineoplastic Systemic Enzyme Inhibitors</b>		
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
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)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 4	PA
CALQUENCE ORAL CAPSULE 100 MG	Tier 4	PA
CAPRELSA ORAL TABLET 100 MG	Tier 4	PA; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG	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
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 4	PA
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 4	PA
ICLUSIG ORAL TABLET 15 MG	Tier 4	PA; QL (2 EA per 1 day)
ICLUSIG ORAL TABLET 45 MG	Tier 4	PA; QL (1 EA per 1 day)
<i>imatinib oral tablet 100 mg</i> (Gleevec)	Tier 4	PA; QL (3 EA per 1 day)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	Tier 4	PA; QL (2 EA per 1 day)
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	Tier 4	PA; QL (6 EA per 1 day)
INLYTA ORAL TABLET 5 MG	Tier 4	PA; QL (4 EA per 1 day)
INREBIC ORAL CAPSULE 100 MG	Tier 4	PA
IRESSA ORAL TABLET 250 MG	Tier 4	PA

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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 X 2), 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)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 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
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 4	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 4	PA; QL (4 EA per 1 day)
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)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 4	PA; QL (1 EA per 1 day)
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 4	PA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	Tier 4	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 4	PA; QL (4 EA per 1 day)
TURALIO ORAL CAPSULE 200 MG	Tier 4	PA
TYKERB ORAL TABLET 250 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
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; QL (4 EA per 1 day)
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 CAPSULE 150 MG	Tier 4	PA

Drug	Status	Notes
ZYKADIA ORAL TABLET 150 MG	Tier 4	PA
<b>Antineoplastic,Anti-Programmed Death-1 (Pd-1) Mab</b>		
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, 240 MG/24 ML, 40 MG/4 ML	Tier 4	PA
<b>Antineoplastic,Histone Deacetylase Inhibitors,Hdis</b>		
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	Tier 4	PA
<i>romidepsin intravenous recon soln 10 mg/2 ml (Istodax)</i>	Tier 4	PA
ZOLINZA ORAL CAPSULE 100 MG	Tier 4	
<b>Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors</b>		
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
<b>Antineoplastic-Cd123-Directed Cytotoxin Conjugate</b>		
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	Tier 4	PA
<b>Antineoplastic-Cd19 Dir. Car-T Cell Immunotherapy</b>		
KYMRIAH INTRAVENOUS SUSPENSION 0.2X10EXP6 TO 2.5X10EXP8 CELL, 0.6 TO 6 X 10EXP8 CELL	Tier 4	PA
YESCARTA INTRAVENOUS SUSPENSION	Tier 4	PA
<b>Antineoplastic-Cd22 Direct Antibody/Cytotoxin Conj</b>		
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	Tier 4	PA
<b>Antineoplastic-Interleukin-6(IL-6)Inhib,Antibody</b>		
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	Tier 4	PA
<b>Antineoplastic-Isocitrate Dehydrogenase Inhibitors</b>		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 4	PA
TIBSOVO ORAL TABLET 250 MG	Tier 4	PA

Drug	Status	Notes
<b>Antineoplastics Antibody/Antibody-Drug Complexes</b>		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	Tier 4	PA
BLINCYTO INTRAVENOUS KIT 35 MCG	Tier 4	PA
BLINCYTO INTRAVENOUS RECON SOLN 35 MCG	Tier 4	PA
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	Tier 4	PA
POLIVY INTRAVENOUS RECON SOLN 140 MG	Tier 4	PA
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	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	
<b>Antineoplastics, Miscellaneous</b>		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	Tier 4	PA
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	Tier 4	
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, 80 mg/8 ml (10 mg/ml)</i>	Tier 4	
<i>docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i> (Taxotere)	Tier 4	
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 CONCENTRATE 6 MG/ML	Tier 4	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	Tier 4	
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	Tier 4	PA
<i>teniposide intravenous solution 50 mg/5 ml</i>	Tier 4	
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	Tier 4	
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	Tier 4	

Drug	Status	Notes
<b>Antineoplastic-Select Inhib Of Nuclear Exp (Sine)</b>		
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 160 MG/WEEK (20 MG X 8), 60 MG/WEEK (20 MG X 3), 80 MG/WEEK (20 MG X 4)	Tier 4	PA
<b>Anti-Programmed Cell Death-Ligand 1 (Pd-L1) Mab</b>		
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
<b>Chemotherapy Rescue/Antidote Agents</b>		
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 (Fusilev) 50 mg</i>	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	
<b>Cytotoxic T-Lymphocyte Antigen(Ctla-4)Rmc Antibody</b>		
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	Tier 4	PA
<b>Intrapleural Sclerosing Agents, Antineoplast. Adj.</b>		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 3	
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 1	
<b>Photoactivated, Antineoplastic Agents (Systemic)</b>		
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG	Tier 4	PA
<b>Photoactivated, Antineopls. &amp; Premalignant Lesions</b>		
AMELUZ TOPICAL GEL 10 %	Tier 3	
LEVULAN TOPICAL SOLUTION 20 %	Tier 3	

Drug	Status	Notes
<b>Radioactive Therapeutic Agents</b>		
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	
<b>Selective Estrogen Receptor Modulators (Serm)</b>		
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	Tier 4	PA
<i>fulvestrant intramuscular syringe 250 mg/5 ml (Faslodex)</i>	Tier 4	PA
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	Tier 2	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 5	
<i>toremifene oral tablet 60 mg (Fareston)</i>	Tier 4	PA
<b>Selective Retinoid X Receptor Agonists (Rxr)</b>		
<i>bexarotene oral capsule 75 mg (Targretin)</i>	Tier 4	PA
<b>Steroid Antineoplastics</b>		
EMCYT ORAL CAPSULE 140 MG	Tier 4	
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	
<b>Vinca Alkaloids</b>		
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	Tier 4	PA
<i>vinblastine intravenous solution 1 mg/ml</i>	Tier 4	
<i>vinorelbine intravenous solution 50 mg/5 ml (Navelbine)</i>	Tier 4	
<b>Neurological Disease - Miscellaneous</b>		
<b>Agents To Treat Multiple Sclerosis</b>		
AUBAGIO ORAL TABLET 14 MG, 7 MG	Tier 4	PA
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	Tier 4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 4	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 4	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 4	PA
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG	Tier 4	PA
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	Tier 4	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	Tier 4	PA
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	Tier 4	PA
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	Tier 4	PA

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Copaxone)	Tier 4	PA
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/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
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 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
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	Tier 4	PA
<b>Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr</b>		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Tier 4	PA
FIRDAPSE ORAL TABLET 10 MG	Tier 4	PA
RUZURGI ORAL TABLET 10 MG	Tier 4	PA
<b>Amyotrophic Lateral Sclerosis Agents</b>		
RADICAVA INTRAVENOUS PIGGYBACK 30 MG/100 ML	Tier 4	PA

Drug	Status	Notes
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 4	PA
<b>Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib</b>		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 2	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 2	
<b>Leukocyte Adhesion Inhib,Alpha4-Mediat Igg4k Mc Ab</b>		
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	Tier 4	PA
<b>Metabolic Disease Enzyme Replacement, Batten Disea</b>		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2)	Tier 4	PA
BRINEURA INTRAVENTRICULAR SOLUTION 150 MG/ 5 ML	Tier 4	PA
<b>Movement Disorders(Drug Therapy)</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 4	PA
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	Tier 3	ST: Requires prior prescription for Fanatrex, Gabapentin, Gralise, Neuraptine, Pramipexole Di-HCL, or Ropinirole HCL 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 Fanatrex, Gabapentin, Gralise, Neuraptine, Pramipexole Di-HCL, or Ropinirole HCL 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, 80 MG	Tier 4	PA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	Tier 4	PA



Drug	Status	Notes
<b>Neuropathic Agents</b>		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	Tier 3	ST: At least 2 prior prescriptions for Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Duloxetine HCL, Fanatrex, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Lyrica, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL within the past 365 days; QL (3 EA per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	Tier 3	ST: At least 2 prior prescriptions for Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Duloxetine HCL, Fanatrex, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Lyrica, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL within the past 365 days; QL (2 EA per 1 day)
<b>Postherpetic Neuralgia Agents</b>		
GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR 300 MG (9)- 600 MG (69)	Tier 3	ST: Requires prior prescription for Gabapentin or Gralise within the past 120 days; QL (39 EA per 15 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	Tier 3	ST: Requires prior prescription for Gabapentin or Gralise within the past 120 days; QL (3 EA per 1 day)
<b>Pseudobulbar Affect (Pba) Agents, Nmda Antagonists</b>		
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA

Drug	Status	Notes
<b>Oral/Pharyngeal Disorders</b>		
<b>Dental Aids And Preparations</b>		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	Tier 1	
ORALONE DENTAL PASTE 0.1 %	Tier 1	
PAROEX ORAL RINSE MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 1	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 1	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	Tier 1	
<b>Keratinocyte Growth Factor (Kgf)</b>		
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	Tier 4	
<b>Nose Preparations, Miscellaneous (Rx)</b>		
ALZAIR NASAL SPRAY, NON-AEROSOL	Tier 3	
<i>cocaine nasal solution 4 %</i> (Goprelto)	Tier 1	
<i>ipratropium bromide nasal spray, non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	Tier 1	
<b>Periodontal Collagenase Inhibitors</b>		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
<b>Periodontal Tetracycline Antiinfective, Local</b>		
ARESTIN DENTAL CARTRIDGE 1 MG	Tier 4	PA
<b>Other Drugs</b>		
<b>Abortifacient, Progesterone Receptor Antagonist-Typ</b>		
MIFEPREX ORAL TABLET 200 MG	Tier 3	
<i>mifepristone oral tablet 200 mg</i> (Mifeprex)	Tier 1	
<b>Agents For Stomatological Use</b>		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 3	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %	Tier 3	
<b>Antivenins</b>		
ANASCORP INTRAVENOUS RECON SOLN 120 MG	Tier 3	
<b>Appetite Stim. For Anorexia, Cachexia, Wasting Synd.</b>		
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>megestrol oral suspension 625 mg/5 ml</i> (Megace ES)	Tier 1	ST: Requires prior prescription for Megestrol Acetate 40 mg/mL suspension within the past 120 days
<b>Blood Collection Set With Local Anesthetics</b>		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %	Tier 3	
LIDO BDK KIT 21 GAUGE X 1" - 2.5 %-2.5 %	Tier 3	

Drug	Status	Notes
<b>Cardioplegic Solutions</b>		
<i>cardioplegic soln perfusion solution 16 meq/l</i> (Plegisol) (= k+)	Tier 1	
<b>Chelating Agents</b>		
<i>glutathione (bulk) powder 100 %</i>	Tier 3	
<b>Cholinesterase Reactivat.&amp;Muscarinic Antg.Antidote</b>		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 3	
<b>Cholinesterase Reactivating,Organophos. Antidotes</b>		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 3	
<b>Condoms</b>		
FC2 FEMALE CONDOM	Tier 5	QL (30 EA per 30 days)
<b>Cryopreservative Agents</b>		
CRYOSERV SOLUTION 99 %	Tier 3	
<b>Cxcr4 Chemokine Receptor Antagonist</b>		
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	Tier 4	PA
<b>Drugs To Treat Hereditary Tyrosinemia</b>		
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 4	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	Tier 4	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 4	PA
<b>Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing</b>		
CERDELGA ORAL CAPSULE 84 MG	Tier 4	PA
<i>miglustat oral capsule 100 mg</i> (Zavesca)	Tier 4	PA
<b>Flavoring Agents</b>		
<i>ethyl acetate liquid</i>	Tier 3	
<b>General Anesthetics,Inhalant</b>		
<i>desflurane inhalation liquid 100 %</i> (Suprane)	Tier 1	
<i>isoflurane inhalation liquid 99.9 %</i> (Forane)	Tier 1	
<i>sevoflurane inhalation liquid</i> (Ultane)	Tier 1	
SUPRANE INHALATION LIQUID 100 %	Tier 3	
TERRELL INHALATION LIQUID 99.9 %	Tier 1	
<b>General Inhalation Agents</b>		
HYPERSAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 3	
<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> (Hyper-Sal)	Tier 1	

Drug	Status	Notes
<b>Homeopathic Drugs</b>		
AURUMHEEL ORAL DROPS	Tier 3	
CANTHARIS COMPOSITUM ORAL DROPS	Tier 3	
CRALONIN ORAL DROPS	Tier 3	
EYE ORAL TABLET,SOLUBLE	Tier 3	
LAMIOFLUR ORAL DROPS	Tier 3	
PLANTAGO-HOMACCORD ORAL DROPS	Tier 3	
POPULUS COMPOSITUM ORAL DROPS	Tier 3	
PSORINOHEEL ORAL DROPS	Tier 3	
RENEEL ORAL TABLET,SOLUBLE	Tier 3	
SABAL-HOMACCORD ORAL DROPS	Tier 3	
SYZYGIIUM COMPOSITUM ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL TABLET,SOLUBLE	Tier 3	
<b>Intra-Uterine Devices (IUD's)</b>		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	Tier 5	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/24 HRS (5 YRS) 52 MG	Tier 5	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (5 YRS) 52 MG	Tier 5	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	Tier 5	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	Tier 5	
<b>Metabolic Deficiency Agents</b>		
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	Tier 3	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	Tier 4	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	Tier 1	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	Tier 1	
<b>Metabolic Disease Enzyme Replace, Hypophosphatasia</b>		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Tier 4	PA
<b>Metabolic Disease Enzyme Replacement, Fabry's Dx</b>		
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	Tier 4	PA
<b>Metabolic Disease Enzyme Replacement, Gaucher's Dx</b>		
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

Drug	Status	Notes
<b>Metabolic Disease Enzyme Replacement,Pompe Disease</b>		
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	Tier 4	PA
<b>Metabolic Dx Enzyme Replace, Mucopolysaccharidosis</b>		
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
<b>Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.</b>		
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 4	PA
<b>Metallic Poison,Agents To Treat</b>		
CHEMET ORAL CAPSULE 100 MG	Tier 3	
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	Tier 4	PA
<i>deferoxamine injection recon soln 2 gram, 500 mg</i> (Desferal)	Tier 1	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 4	PA
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	Tier 4	PA
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 3	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	Tier 4	PA
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	Tier 4	PA
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 3	
<i>trientine oral capsule 250 mg</i> (Syprine)	Tier 4	PA
<b>Muscarinic Receptor Antagonists</b>		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML, 2 MG/0.7 ML	Tier 3	
<b>Needles/Needleless Devices</b>		
1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	

Drug	Status	Notes
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
ADVOCATE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32"	Tier 2	
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16"	Tier 2	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 2	
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	Tier 2	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	Tier 2	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	Tier 2	
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
CARETOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32"	Tier 2	
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	

Drug	Status	Notes
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 2	
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32"	Tier 2	
EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 2	
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
INSUPEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	
LITE TOUCH INSULIN PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 2	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	Tier 2	
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16"	Tier 2	
MICRODOT INSULIN PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	Tier 2	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	Tier 2	
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3"	Tier 2	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	Tier 2	
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	Tier 2	
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	

Drug	Status	Notes
<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 31 gauge x 1/3", 31 gauge x 1/6"</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	
PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
RELION NEEDLES NEEDLE 31 GAUGE X 1/4"	Tier 2	
RELION PEN NEEDLES NEEDLE 32 GAUGE X 5/32"	Tier 2	
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 2	
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 2	
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32"	Tier 2	



Drug	Status	Notes
ULTRA FLO PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 2	
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	
ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16"	Tier 2	
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2"	Tier 2	
UNIFINE PENTIPS NEEDLE 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	
UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	
VERIFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
<b>Neuromuscular Blocking Agents</b>		
BOTOX INJECTION RECON SOLN 100 UNIT, 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
<b>Nutritional Therapy, Med Cond Special Formulation</b>		
ENDARI ORAL POWDER IN PACKET 5 GRAM	Tier 4	PA
<b>Ointment/Cream Bases</b>		
RADIAGEL TOPICAL GEL	Tier 3	
<b>Oral Mucositis/Stomatitis Agents</b>		
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	Tier 3	
GELX MUCOUS MEMBRANE GEL	Tier 3	
MUGARD MUCOUS MEMBRANE SOLUTION	Tier 3	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Tier 3	
<b>Oral Mucositis/Stomatitis Anti-Inflammatory Agent</b>		
EPISIL MUCOUS MEMBRANE GEL FORMING SOLUTION	Tier 3	

Drug	Status	Notes
<b>Pharmaceutical Adjuvants, Tableting</b>		
<i>cellulose (bulk) powder</i>	Tier 3	
<b>Preservatives</b>		
FORMA-RAY SOLUTION 20 %	Tier 3	
<b>Radiopharmaceuticals Elements</b>		
INDICLOR SOLUTION 5 MCI/0.5 ML (185 MBQ)	Tier 3	
<b>Saliva Stimulant Agents</b>		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 3	
<b>Saliva Substitute Agents</b>		
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	
<b>Skin Tissue Replacement</b>		
APLIGRAF TOPICAL DISK	Tier 3	
DERMAGRAFT TOPICAL SHEET 2 X 3 "	Tier 3	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 5 X 6 CM, 7 X 7 CM	Tier 3	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM	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	
<b>Solvents</b>		
MURI-LUBE OIL	Tier 3	
<i>propylene glycol (bulk) liquid 99.5 % (not less than, usp)</i>	Tier 3	
<i>sodium succinate powder</i>	Tier 3	

Drug	Status	Notes
<b>Somatostatic Agents</b>		
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	Tier 4	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	Tier 4	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	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	
<b>Suspending Agents</b>		
GELFILM IMPLANT FILM	Tier 3	
<i>hydroxypropyl cellulose powder</i>	Tier 3	
<i>hypromellose powder</i> (Methocel E 4 M)	Tier 3	
METHOCEL E 4 M POWDER	Tier 3	
<b>Sweeteners</b>		
<i>saccharin powder</i>	Tier 3	
<b>Tissue/Wound Adhesives</b>		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML)	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 2 ML, 4 ML	Tier 3	
<b>Topical Antiseptic Drying Agents</b>		
FORMADON TOPICAL SOLUTION 10 %	Tier 1	
FORMADON TOPICAL SOLUTION WITH APPLICATOR 10 %	Tier 1	
<b>Vaccine Adjuvants</b>		
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION	Tier 5	QL (1 ML per 365 days); Age (Min 50 Years)
<b>Vehicles</b>		
<i>citric acid (bulk) powder</i>	Tier 3	
<i>citric acid anhydrous (bulk) granules 100 %</i>	Tier 3	
<b>Wound Healing Agents, Local</b>		
<i>balsam peru-castor oil topical ointment</i> (BPCO)	Tier 1	
BPCO TOPICAL OINTMENT	Tier 1	
CELACYN POST PROCEDURE TOPICAL COMBO PACK,GEL AND SPRAY 0.009 %	Tier 3	
DERMULCERA TOPICAL OINTMENT	Tier 3	

Drug	Status	Notes
VENELEX TOPICAL OINTMENT	Tier 3	
<b>Other Respiratory Disorders</b>		
<b>Antifibrotic Therapy - Pyridone Analogs</b>		
ESBRIET ORAL CAPSULE 267 MG	Tier 4	PA
ESBRIET ORAL TABLET 267 MG, 801 MG	Tier 4	PA
<b>Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator</b>		
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	Tier 4	PA
KALYDECO ORAL TABLET 150 MG	Tier 4	PA
<b>Cystic Fibrosis-Cftr Potentiator &amp; Corrector Comb.</b>		
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
<b>Lung Surfactants</b>		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 3	
SURFAXIN INTRATRACHEAL SUSPENSION 34 MG/ML	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 3	
<b>Mucolytics</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 4	PA
<b>Pulmonary Fibrosis - Systemic Enzyme Inhibitors</b>		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 4	PA
<b>Pain Management - Analgesics</b>		
<b>Analgesic, Non-Salicylate &amp; Barbiturate Comb.</b>		
ALLZITAL ORAL TABLET 25-325 MG	Tier 3	ST: Requires prior prescription for Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (12 EA per 1 day)
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	Tier 1	QL (6 EA per 1 day)

Drug	Status	Notes
<i>butalbital-acetaminophen oral tablet 50-300 mg</i> (Bupap)	Tier 1	ST: Requires prior prescription for Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	Tier 1	
TENCON ORAL TABLET 50-325 MG	Tier 1	
<b>Analgesic, Salicylate, Barbiturate, &amp; Xanthine Cmb</b>		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> (Fiorinal)	Tier 1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
<b>Analgesic, Non-Salicylate, Barbiturate, &amp; Xanthine Cmb</b>		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	Tier 1	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Esgic)	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	Tier 1	
FIORICET ORAL CAPSULE 50-300-40 MG	Tier 1	
PHRENILIN FORTE (WITH CAFFEINE) ORAL CAPSULE 50-300-40 MG	Tier 1	
VANATOL LQ ORAL SOLUTION 50-325-40 MG/15 ML	Tier 3	
VANATOL S ORAL SOLUTION 50-325-40 MG/15 ML	Tier 3	
ZEBUTAL ORAL CAPSULE 50-325-40 MG	Tier 1	
<b>Analgesic/Antipyretics, Salicylates</b>		
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	Tier 5	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Aspir-Trin)	Tier 5	
ASPIR-TRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG	Tier 5	
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
E.C. PRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG	Tier 5	
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG	Tier 5	
LITE COAT ASPIRIN ORAL TABLET 325 MG	Tier 5	
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	Tier 1	
<b>Analgesics, Narcotic Agonist And Nsaid Combination</b>		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i> (Ibudone)	Tier 1	

Drug	Status	Notes
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 1	
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	Tier 1	
<b>Analgesics,Narcotics</b>		
ABSTRAL SUBLINGUAL TABLET 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 3	PA
<i>acetaminophen-caff-dihydrocod oral capsule (Trezix) 320.5-30-16 mg</i>	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)
ARYMO ER ORAL TABLET,ORAL ONLY,EXTND RELEASE 15 MG, 30 MG, 60 MG	Tier 3	QL (3 EA per 1 day)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Tier 3	ST: Requires prior prescription for Buprenorphine within the past 120 days; QL (2 EA per 1 day)
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 1	
BUPRENEX INJECTION SOLUTION 0.3 MG/ML	Tier 3	
<i>buprenorphine hcl injection solution 0.3 mg/ml (Buprenex)</i>	Tier 1	
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	Tier 1	QL (4 EA per 28 days)
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>butorphanol tartrate nasal spray,non-aerosol 10 mg/ml</i>	Tier 1	
<i>carisoprodol-asa-codeine oral tablet 200-325-16 mg</i>	Tier 1	Age (Min 12 Years)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	Tier 3	
DVORAH ORAL TABLET 325-30-16 MG	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)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 100-4 MG	Tier 3	QL (4 EA per 1 day)

Drug	Status	Notes
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL.PELL 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG	Tier 3	QL (2 EA per 1 day)
<i>fentanyl citrate buccal lozenge on a handle</i> (Actiq) 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Tier 1	PA
<i>fentanyl citrate buccal tablet, effervescent</i> 100 (Fentora) mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Tier 1	PA
<i>fentanyl transdermal patch 72 hour</i> 100 (Duragesic) mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier 1	PA; QL (1 EA per 3 days)
<i>fentanyl transdermal patch 72 hour</i> 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour	Tier 1	PA; QL (1 EA per 3 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 3	PA
<i>hydromorphone (pf) injection solution</i> 10 mg/ml, 2 mg/ml	Tier 1	
<i>hydromorphone injection solution</i> 1 mg/ml, 2 mg/ml, 4 mg/ml	Tier 1	
<i>hydromorphone injection syringe</i> 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml, 4 mg/ml	Tier 1	
<i>hydromorphone oral liquid</i> 1 mg/ml (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet</i> 2 mg, 4 mg, 8 mg (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet extended release</i> 24 hr 12 mg, 16 mg, 8 mg	Tier 1	PA; QL (1 EA per 1 day)
<i>hydromorphone oral tablet extended release</i> 24 hr 32 mg	Tier 1	PA; QL (2 EA per 1 day)
<i>hydromorphone rectal suppository</i> 3 mg	Tier 1	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Tier 2	QL (1 EA per 1 day)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 200 MG	Tier 3	QL (1 EA per 1 day)
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	Tier 3	PA
<i>levorphanol tartrate oral tablet</i> 2 mg, 3 mg	Tier 1	ST: At least 2 prior prescriptions for a generic short acting, intermediate, or long acting opioid within the past 365 days
<i>meperidine (pf) injection solution</i> 100 mg/ml, 50 mg/ml (Demerol (PF))	Tier 1	
<i>meperidine (pf) injection solution</i> 25 mg/ml	Tier 1	
<i>meperidine injection cartridge</i> 10 mg/ml	Tier 1	

Drug	Status	Notes
<i>methadone injection solution 10 mg/ml</i>	Tier 1	ST: Requires prior prescription for methadone solution or tablets within the past 120 days; QL (4 ML per 1 day)
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 1	ST: Requires prior prescription for an methadone oral solution (5mg/5mL or 10mg/5mL) within the past 120 days; QL (4 ML per 1 day)
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	Tier 1	ST: Requires prior prescription for an methadone oral solution (5mg/5mL or 10mg/5mL) within the past 120 days; QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	ST: Requires prior prescription for an extended-release opioid within the past 120 days; QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	ST: Requires prior prescription for an extended-release opioid within the past 120 days; QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i> (Dolophine)	Tier 1	ST: Requires prior prescription for an extended-release opioid within the past 120 days; QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i> (Dolophine)	Tier 1	ST: Requires prior prescription for an extended-release opioid within the past 120 days; QL (8 EA per 1 day)
<i>methadone oral tablet,soluble 40 mg</i> (Diskets)	Tier 1	ST: Requires prior prescription for methadone solution or tablets within the past 120 days; QL (1 EA per 1 day)
METHADOSE ORAL TABLET,SOLUBLE 40 MG	Tier 1	ST: Requires prior prescription for methadone solution or tablets within the past 120 days; QL (1 EA per 1 day)
MORPHABOND ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 100 MG, 15 MG, 30 MG, 60 MG	Tier 3	QL (2 EA per 1 day)
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i> (Duramorph (PF))	Tier 1	



Drug	Status	Notes
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml, 30 mg/30 ml</i>	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	
<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	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	QL (1 EA per 1 day)
<i>morphine oral capsule, extend.release pellets (Kadian) 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg</i>	Tier 1	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 (MS Contin)</i>	Tier 1	QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 1	
<i>NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG</i>	Tier 2	QL (2 EA per 1 day)
<i>NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG</i>	Tier 2	QL (6 EA per 1 day)
<i>OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG</i>	Tier 3	
<i>oxycodone oral capsule 5 mg</i>	Tier 1	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 1	
<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 (Roxicodone)</i>	Tier 1	
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg (OxyContin)</i>	Tier 1	QL (2 EA per 1 day)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg (OxyContin)</i>	Tier 1	QL (4 EA per 1 day)
<i>OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 15 MG, 30 MG, 60 MG</i>	Tier 2	QL (2 EA per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg (Opana)</i>	Tier 1	

Drug	Status	Notes
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG	Tier 3	
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
TALWIN INJECTION SOLUTION 30 MG/ML	Tier 3	
<i>tramadol oral capsule, er biphasic 24 hr 17-83 (ConZip) 300 mg</i>	Tier 1	ST: Requires prior prescription for generic Tramadol ER tablets within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral capsule, er biphasic 24 hr 25-75 (ConZip) 100 mg, 200 mg</i>	Tier 1	ST: Requires prior prescription for generic Tramadol ER tablets within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral capsule, er biphasic 24 hr 25-75 150 mg</i>	Tier 1	ST: Requires prior prescription for generic Tramadol ER tablets within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet 50 mg (Ultram)</i>	Tier 1	Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	Age (Min 12 Years)
<i>tramadol oral tablet, er multiphasic 24 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	Age (Min 12 Years)
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	Tier 3	QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR(DONT CRUSH) 27 MG	Tier 3	QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR(DONT CRUSH) 36 MG	Tier 3	QL (8 EA per 1 day)
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	Tier 3	QL (2 EA per 1 day)

Drug	Status	Notes
<b>Antimigraine Preparations</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA
AJOVY 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)
CAMBIA ORAL POWDER IN PACKET 50 MG	Tier 3	QL (3 EA per 10 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	QL (8 ML per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 2	PA
ERGOMAR SUBLINGUAL TABLET 2 MG	Tier 3	QL (10 EA per 7 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i> (Cafergot)	Tier 1	QL (10 EA per 7 days)
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
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)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	Tier 3	ST: Requires prior prescription for Sumatriptan within the past 120 days; QL (16 EA per 30 days)
<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, 5 mg</i> (Maxalt-MLT)	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)

Drug	Status	Notes
<i>sumatriptan succinate subcutaneous cartridge</i> (Imitrex STATdose Refill) 4 mg/0.5 ml, 6 mg/0.5 ml	Tier 1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i> 4 mg/0.5 ml, 6 mg/0.5 ml (Imitrex STATdose Pen)	Tier 1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution</i> (Imitrex) 6 mg/0.5 ml	Tier 1	QL (5 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe</i> 6 mg/0.5 ml	Tier 1	QL (4 ML per 28 days)
<i>sumatriptan-naproxen oral tablet</i> 85-500 mg (Treximet)	Tier 1	ST: Requires prior prescription for Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Naratriptan HCL, Onzetra Xsail, Rizatriptan Benzoate, Sumatriptan Succinate/naproxen Sodium, Sumatriptan Succinate, Sumatriptan, Sumavel Dosepro, Treximet, Zecuity, Zembrace Symtouch, Zolmitriptan, or Zomig within the past 180 DAYS; QL (9 EA per 30 days)
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 oral tablet</i> 2.5 mg, 5 mg (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</i> 2.5 mg, 5 mg (Zomig ZMT)	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	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
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	Tier 2	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (6 EA per 15 days)
<b>Calcitonin Gene-Related Peptide (Cgrp) Inhibitors</b>		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 2	PA
<b>Narc. &amp; Non-Sal. Analgesic, Barbiturate &amp; Xanthine Comb</b>		
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	Tier 1	Age (Min 12 Years)
<b>Narcotic &amp; Salicylate Analgesics, Barb. &amp; Xanthine</b>		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	Tier 1	Age (Min 12 Years)
BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG	Tier 1	Age (Min 12 Years)
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)	Tier 1	Age (Min 12 Years)
<b>Narcotic Analgesic &amp; Non-Salicylate Analgesic Comb</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Tier 1	Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	Tier 1	Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-30 mg</i> (Tylenol-Codeine #3)	Tier 1	Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i> (Tylenol-Codeine #4)	Tier 1	Age (Min 12 Years)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	Tier 3	ST: Requires prior prescription for Hydrocodone/acetaminophen within the past 120 days; QL (12 EA per 1 day)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i> (Apadaz)	Tier 1	ST: Requires prior prescription for Hydrocodone/acetaminophen within the past 120 days; QL (12 EA per 1 day)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 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)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i> (Lorcet HD)	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i> (Vicodin)	Tier 1	QL (13 EA per 1 day)

Drug	Status	Notes
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i> (Lorcet (hydrocodone))	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg</i> (Vicodin ES)	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i> (Lorcet Plus)	Tier 1	QL (12 EA per 1 day)
LORCET (HYDROCODONE) ORAL TABLET 5-325 MG	Tier 1	QL (12 EA per 1 day)
LORCET HD ORAL TABLET 10-325 MG	Tier 1	QL (12 EA per 1 day)
LORCET PLUS ORAL TABLET 7.5-325 MG	Tier 1	QL (12 EA per 1 day)
NALOCET ORAL TABLET 2.5-300 MG	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)	Tier 1	QL (12 EA per 1 day)
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	Tier 3	QL (13 EA per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	Tier 1	Age (Min 12 Years)
VICODIN ES ORAL TABLET 7.5-300 MG	Tier 1	QL (13 EA per 1 day)
VICODIN HP ORAL TABLET 10-300 MG	Tier 1	QL (13 EA per 1 day)
VICODIN ORAL TABLET 5-300 MG	Tier 1	QL (13 EA per 1 day)
<b>Narcotic And Salicylate Analgesic Combination</b>		
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Tier 1	
<b>Narcotic Withdrawal Therapy Agents</b>		
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	Tier 3	QL (1 EA per 1 day)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	Tier 3	QL (2 EA per 1 day)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 1	PA; 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
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	Tier 2	QL (2 EA per 1 day)
<b>Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist</b>		
LUCEMYRA ORAL TABLET 0.18 MG	Tier 3	PA
<b>Parkinsons Disease</b>		
<b>Antiparkinsonism Drugs,Anticholinergic</b>		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	

Drug	Status	Notes
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	
<b>Antiparkinsonism Drugs,Other</b>		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	Tier 4	PA
<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, 25-250 mg</i> (Sinemet)	Tier 1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> (Sinemet CR)	Tier 1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	Tier 1	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 4	PA
<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
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 HCL within the past 120 days; QL (1 EA per 1 day)
<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	



Drug	Status	Notes
<i>pramipexole oral tablet extended release 24 hr</i> (Mirapex ER) 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole HCL 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, 3 mg, 5 mg</i> (Requip)	Tier 1	
<i>ropinirole oral tablet 0.5 mg, 1 mg, 2 mg, 4 mg</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 12</i> (Requip XL) mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole HCL within the past 120 days; QL (1 EA per 1 day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 3	ST: Requires prior prescription for Carbidopa/levodopa within the past 120 days; QL (10 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	Tier 1	ST: Requires prior prescription for Entacapone within the past 120 days; QL (3 EA per 1 day)
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 3	ST: Requires prior prescription for Carbidopa/levodopa, Duopa, or Rytary within the past 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET, DISINTEGRATING 1.25 MG	Tier 3	QL (2 EA per 1 day)
<b>Decarboxylase Inhibitors</b>		
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	Tier 1	
<b>Seizure Disorder</b>		
<b>Anticonvulsant - Benzodiazepine Type</b>		
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	Tier 1	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	Tier 1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	Tier 2	QL (1 EA per 1 FILL)
DIASTAT RECTAL KIT 2.5 MG	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)



Drug	Status	Notes
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 2	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Tier 3	PA
<b>Anticonvulsant - Cannabinoid Type</b>		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 4	PA
<b>Anticonvulsants</b>		
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, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 365 days; QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 365 days; QL (2 EA per 1 day)
BANZEL ORAL SUSPENSION 40 MG/ML	Tier 3	ST: Requires prior prescription for Divalproex Sodium, Lamictal, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid within the past 120 days; QL (80 ML per 1 day)

Drug	Status	Notes
BANZEL ORAL TABLET 200 MG	Tier 3	ST: Requires prior prescription for Divalproex Sodium, Lamictal, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid within the past 120 days; QL (16 EA per 1 day)
BANZEL ORAL TABLET 400 MG	Tier 3	ST: Requires prior prescription for Divalproex Sodium, Lamictal, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid within the past 120 days; QL (8 EA per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; 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> (Epiitol)	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	Tier 1	

Drug	Status	Notes
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 2	
CELONTIN ORAL CAPSULE 300 MG	Tier 3	
DEPAKENE ORAL CAPSULE 250 MG	Tier 2	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Tier 2	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	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	Tier 2	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	Tier 2	
DILANTIN ORAL CAPSULE 30 MG	Tier 2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	Tier 2	
<i>divalproex oral capsule, delayed rel sprinkle</i> <i>125 mg</i> (Depakote Sprinkles)	Tier 1	
<i>divalproex oral tablet extended release 24 hr</i> <i>250 mg, 500 mg</i> (Depakote ER)	Tier 1	
<i>divalproex oral tablet, delayed release (dr/ec)</i> <i>125 mg, 250 mg, 500 mg</i> (Depakote)	Tier 1	
EPITOL ORAL TABLET 200 MG	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 Lamictal, Lamictal Xr, Lamotrigine, Topiramate, or Trokendi XR 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 Lamictal, Lamictal Xr, Lamotrigine, Topiramate, or Trokendi XR within the past 120 days; QL (9 EA per 1 day)

Drug	Status	Notes
<i>felbamate oral tablet 600 mg</i> (Felbatol)	Tier 1	ST: Requires prior prescription for Lamictal, Lamictal Xr, Lamotrigine, Topiramate, or Trokendi XR within the past 120 days; QL (6 EA per 1 day)
FELBATOL ORAL SUSPENSION 600 MG/5 ML	Tier 3	ST: Requires prior prescription for Lamictal, Lamictal Xr, Lamotrigine, Topiramate, or Trokendi XR within the past 120 days; QL (30 ML per 1 day)
FELBATOL ORAL TABLET 400 MG	Tier 3	ST: Requires prior prescription for Lamictal, Lamictal Xr, Lamotrigine, Topiramate, or Trokendi XR within the past 120 days; QL (9 EA per 1 day)
FELBATOL ORAL TABLET 600 MG	Tier 3	ST: Requires prior prescription for Lamictal, Lamictal Xr, Lamotrigine, Topiramate, or Trokendi XR within the past 120 days; QL (6 EA per 1 day)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Fycompa, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (680 ML per 28 days)

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

Drug	Status	Notes
GABITRIL ORAL TABLET 12 MG, 2 MG, 4 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
GABITRIL ORAL TABLET 16 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (3 EA per 1 day)
KEPPRA ORAL SOLUTION 100 MG/ML	Tier 2	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	Tier 2	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	Tier 3	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG	Tier 3	ST: Requires prior prescription for Lamotrigine within the past 120 days; QL (3 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 200 MG	Tier 3	ST: Requires prior prescription for Lamotrigine within the past 120 days; QL (2 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 25 MG, 50 MG	Tier 3	ST: Requires prior prescription for Lamotrigine within the past 120 days; QL (6 EA per 1 day)
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	Tier 3	ST: Requires prior prescription for Lamotrigine within the past 120 days

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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>lamotrigine oral tablet extended release 24hr 100 mg</i> (Lamictal XR)	Tier 1	ST: Requires prior prescription for 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 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 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 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</i> (Lamictal ODT)	Tier 1	ST: Requires prior prescription for Lamotrigine within the past 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 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> (Lamictal Starter (Blue) Kit)	Tier 1	
<i>lamotrigine oral tablets, dose pack 25 mg (42) - 100 mg (7)</i> (Lamictal Starter (Orange) Kit)	Tier 1	
<i>lamotrigine oral tablets, dose pack 25 mg (84) - 100 mg (14)</i> (Lamictal Starter (Green) Kit)	Tier 1	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	Tier 1	
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	Tier 1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	Tier 1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	Tier 1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	Tier 2	
LYRICA ORAL SOLUTION 20 MG/ML	Tier 2	
MYSOLINE ORAL TABLET 250 MG, 50 MG	Tier 2	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	Tier 2	
NEURONTIN ORAL SOLUTION 250 MG/5 ML	Tier 2	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
NEURONTIN ORAL TABLET 600 MG, 800 MG	Tier 2	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	Tier 1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	Tier 1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (1 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
PEGANONE ORAL TABLET 250 MG	Tier 3	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 2	
<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	

Drug	Status	Notes
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 25 MG, 50 MG	Tier 3	ST: Requires prior prescription for Topiramate within the past 120 days; QL (1 EA per 1 day)
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 150 MG, 200 MG	Tier 3	ST: Requires prior prescription for Topiramate within the past 120 days; QL (2 EA per 1 day)
ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG	Tier 2	
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	Tier 3	
SABRIL ORAL TABLET 500 MG	Tier 4	QL (6 EA per 1 day)
SMARTRX GABAKIT KIT, CREAM AND CAPSULE 300-4-1 MG-%-%	Tier 3	
SMARTRX GABA-V KIT KIT, CREAM AND CAPSULE 300 MG-0.037 %- 20 %-5 %	Tier 3	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	Tier 3	ST: Requires prior prescription for Levetiracetam within the past 120 days; QL (2 EA per 1 day)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	Tier 3	ST: Requires prior prescription for Levetiracetam within the past 120 days; QL (4 EA per 1 day)
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 1	
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	Tier 1	
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	Tier 1	
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) - 100 MG (7)	Tier 1	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	Tier 2	
TEGRETOL ORAL TABLET 200 MG	Tier 2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	Tier 2	

Drug	Status	Notes
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i> (Gabitril)	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i> (Gabitril)	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (3 EA per 1 day)
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	Tier 2	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	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 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 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)	Tier 2	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	Tier 2	

Drug	Status	Notes
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG	Tier 2	ST: Requires prior prescription for Topiramate within the past 120 days; QL (2 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 25 MG	Tier 2	ST: Requires prior prescription for Topiramate within the past 120 days; QL (8 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 50 MG	Tier 2	ST: Requires prior prescription for Topiramate within the past 120 days; QL (4 EA per 1 day)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml)</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i> (Depakene)	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	Tier 4	QL (6 EA per 1 day)
VIMPAT ORAL SOLUTION 10 MG/ML	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, or Valproic Acid within the past 365 days; QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (2 EA per 1 day)
ZARONTIN ORAL CAPSULE 250 MG	Tier 2	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	Tier 2	

Drug	Status	Notes
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	Tier 2	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	Tier 1	
<i>zonisamide oral capsule 50 mg</i>	Tier 1	
<b>Skeletal Muscle Disorder</b>		
<b>Agents To Tx Periodic Paralysis - Carbon Anhyd Inh</b>		
KEVEYIS ORAL TABLET 50 MG	Tier 4	PA
<b>Joint Contracture Therapy, Collagenase Enzyme</b>		
XIAFLEX INJECTION RECON SOLN 0.9 MG	Tier 4	
<b>Skeletal Muscle Relax.&amp; Top.Irritant Counter-Irritant</b>		
COMFORT PAC-CYCLOBENZAPRINE KIT 10 MG	Tier 3	
COMFORT PAC-TIZANIDINE KIT 4 MG	Tier 3	
<b>Skeletal Muscle Relaxants</b>		
AMRIX ORAL CAPSULE,EXTENDED RELEASE 24HR 15 MG, 30 MG	Tier 3	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<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)
<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	
<i>cyclobenzaprine oral capsule,extended release 24hr 15 mg, 30 mg</i> (Amrix)	Tier 1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	Tier 1	
CYCLOTENS REFILL COMBO PACK 10 MG	Tier 3	
CYCLOTENS STARTER COMBO PACK 10 MG	Tier 3	
<i>dantrolene oral capsule 100 mg</i>	Tier 1	
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	Tier 1	
LORZONE ORAL TABLET 375 MG, 750 MG	Tier 3	ST: Requires prior prescription for Chlorzoxazone 500mg within the past 120 days; QL (4 EA per 1 day)
METAXALL ORAL TABLET 800 MG	Tier 1	
<i>metaxalone oral tablet 800 mg</i> (Metaxall)	Tier 1	
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	

Drug	Status	Notes
<i>methocarbamol oral tablet 750 mg</i> (Robaxin-750)	Tier 1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i> (Norgesic Forte)	Tier 1	QL (4 EA per 1 day)
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	Tier 1	QL (4 EA per 1 day)
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)	Tier 1	
<i>tizanidine oral tablet 2 mg</i>	Tier 1	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	Tier 1	
<b>Smoking Cessation</b>		
<b>Smoking Deterrent Agents (Ganglionic Stim,Others)</b>		
NICORELIEF BUCCAL GUM 2 MG, 4 MG	Tier 5	QL (24 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i> (Nicorelief)	Tier 5	QL (24 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i> (Nicorette)	Tier 5	QL (20 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> (Nicorette)	Tier 5	QL (20 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)	Tier 5	QL (1 EA per 1 day); Age (Min 18 Years)
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	Tier 5	QL (1 EA per 1 day); Age (Min 18 Years)
NICOTROL INHALATION CARTRIDGE 10 MG	Tier 5	ST: Requires prior prescription for Nicotine Patch or Nicotine within the past 120 days; QL (1008 EA per 90 days); Age (Min 18 Years)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	Tier 5	ST: Requires prior prescription for Nicotine Patch or Nicotine within the past 120 days; QL (160 ML per 90 days); Age (Min 18 Years)
QUIT 2 BUCCAL GUM 2 MG	Tier 5	QL (24 EA per 1 day); Age (Min 18 Years)
QUIT 2 BUCCAL LOZENGE 2 MG	Tier 5	QL (20 EA per 1 day); Age (Min 18 Years)
QUIT 4 BUCCAL GUM 4 MG	Tier 5	QL (24 EA per 1 day); Age (Min 18 Years)
QUIT 4 BUCCAL LOZENGE 4 MG	Tier 5	QL (20 EA per 1 day); Age (Min 18 Years)
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG	Tier 5	QL (20 EA per 1 day); Age (Min 18 Years)

Drug	Status	Notes
<b>Smoking Deterrent-Nicotinic Recept.Partial Agonist</b>		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	Tier 5	QL (2 EA per 1 day); Age (Min 18 Years)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	Tier 5	QL (2 EA per 1 day); Age (Min 18 Years)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	Tier 5	QL (2 EA per 1 day); Age (Min 18 Years)
<b>Smoking Deterrents, Other</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	Tier 5	QL (2 EA per 1 day); Age (Min 18 Years)
<b>Upper Gastrointestinal Disorders - Digestive</b>		
<b>Gastric Enzymes</b>		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 4	PA
<b>Pancreatic Enzymes</b>		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 2	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 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	
VIKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	Tier 3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	Tier 2	
<b>Upper Gastrointestinal Disorders - Spastic Disease</b>		
<b>Anticholinergics/Antispasmodics</b>		
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	

Drug	Status	Notes
<b>Belladonna Alkaloids</b>		
DONNATAL ORAL ELIXIR 16.2 MG-0.1037 MG/5 ML (5 ML), 16.2-0.1037 -0.0194 MG/5 ML	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	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	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> (Levsin)	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid)	Tier 1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i> (Anaspaz)	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Levsin/SL)	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML	Tier 1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG	Tier 1	
OSCIMIN ORAL TABLET,DISINTEGRATING 0.125 MG	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	Tier 1	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	Tier 1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2 mg-0.1037 mg/5 ml (5 ml)</i> (Donnatal)	Tier 1	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 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)



Drug	Status	Notes
<i>phenobarb-hyoscy-atropine-scop oral tablet</i> (Donnatal) 16.2-0.1037 -0.0194 mg	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)
PHENOHYTRO ORAL ELIXIR 16.2-0.1037 - 0.0194 MG/5 ML	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)
PHENOHYTRO ORAL TABLET 16.2-0.1037 - 0.0194 MG	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)	Tier 3	
<b>Upper Gastrointestinal Disorders - Ulcer Disease</b>		
<b>Anticholinergics, Quaternary Ammonium</b>		
<i>chlordiazepoxide-clidinium oral capsule</i> 5-2.5 mg (Librax (with clidinium))	Tier 1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	Tier 3	
<i>glycopyrrolate oral tablet</i> 1 mg, 2 mg	Tier 1	
<i>glycopyrrolate oral tablet</i> 1.5 mg (Glycate)	Tier 1	ST: Requires prior prescription for Glycopyrrolate within the past 120 days; QL (3 EA per 1 day)
<i>propantheline oral tablet</i> 15 mg	Tier 1	
<b>Anti-Ulcer Preparations</b>		
CARAFATE ORAL SUSPENSION 100 MG/ML	Tier 2	
<i>misoprostol oral tablet</i> 100 mcg, 200 mcg (Cytotec)	Tier 1	
<i>sucralfate oral tablet</i> 1 gram (Carafate)	Tier 1	
<b>Anti-Ulcer-H.Pylori Agents</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack</i> 500-500-30 mg	Tier 1	QL (112 EA per 10 days)
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Tier 3	
PYLERA ORAL CAPSULE 140-125-125 MG	Tier 3	
<b>Histamine H2-Receptor Inhibitors</b>		
<i>cimetidine hcl oral solution</i> 300 mg/5 ml	Tier 1	

Drug	Status	Notes
<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</i> (Acid Controller)	Tier 1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	Tier 1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	
<i>nizatidine oral solution 150 mg/10 ml</i>	Tier 1	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	Tier 1	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	Tier 1	
<i>ranitidine hcl oral tablet 150 mg</i> (Acid Control (ranitidine))	Tier 1	
<i>ranitidine hcl oral tablet 300 mg</i> (Zantac)	Tier 1	
<b>Intestinal Motility Stimulants</b>		
<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)
<b>Proton-Pump Inhibitors</b>		
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG	Tier 3	ST: At least 2 prior prescriptions for First-lansoprazole, First-omeprazole, Lansoprazole, Omeprazole, Pantoprazole Sodium, or Protonix within the past 365 days; QL (1 EA per 1 day)
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEAS 30 MG, 60 MG	Tier 3	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix within the past 120 days; QL (1 EA per 1 day)
ESOMEPEZS ORAL KIT, CAP DR AND SPRAY 20 MG	Tier 3	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Heartburn Treatment)	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>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Heartburn Treatment 24 Hour)	Tier 1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	Tier 1	

Drug	Status	Notes
<i>lansoprazole oral tablet,disintegrat, delay rel</i> (Prevacid SoluTab) 15 mg, 30 mg	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix within the past 120 days; QL (1 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix within the past 120 days; QL (2 EA per 1 day)
<i>omeprazole oral capsule,delayed release(dr/ec)</i> 10 mg, 20 mg, 40 mg	Tier 1	
<i>omeprazole-sodium bicarbonate oral capsule</i> (OmePPi) 20-1.1 mg-gram, 40-1.1 mg-gram	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix within the past 120 days; QL (1 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral packet</i> (Zegerid) 20-1,680 mg, 40-1,680 mg	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix within the past 120 days; QL (1 EA per 1 day)
<i>pantoprazole oral tablet,delayed release (dr/ec)</i> 20 mg, 40 mg	Tier 1	
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	Tier 3	
PROTONIX ORAL GRANULES DR FOR 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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>rabeprazole oral capsule, delayed rel sprinkle</i> (AcipHex Sprinkle) 10 mg	Tier 1	ST: At least 2 prior prescriptions for First-lansoprazole, First-omeprazole, Lansoprazole, Omeprazole, Pantoprazole Sodium, or Protonix within the past 365 days; QL (1 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec)</i> (AcipHex) 20 mg	Tier 1	QL (1 EA per 1 day)
<b>Urinary Tract - Functional Disorders</b>		
<b>Benign Prostatic Hypertrophy/Micturition Agents</b>		
<i>alfuzosin oral tablet extended release 24 hr</i> 10 mg (Uroxatral)	Tier 1	
<i>dutasteride oral capsule</i> 0.5 mg (Avodart)	Tier 1	
<i>finasteride oral tablet</i> 5 mg (Proscar)	Tier 1	
<i>silodosin oral capsule</i> 4 mg, 8 mg (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</i> 0.4 mg (Flomax)	Tier 1	
<b>Bph Agents, 5-Alpha-Red Inh &amp; Alpha-1-Adr Antg Cmb</b>		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i> 0.5-0.4 mg (Jalyn)	Tier 1	ST: Requires prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL within the past 120 days
<b>Kidney Stone Agents</b>		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 4	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 4	PA
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	Tier 4	
THIOLA ORAL TABLET 100 MG	Tier 4	
<b>Overactive Bladder Agents, Beta-3 Adrenergic Recep</b>		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	Tier 2	ST: Requires prior prescription for Oxybutynin Chloride within the past 120 days
<b>Urinary Ph Modifiers</b>		
CYTRA K CRYSTALS ORAL PACKET 3,300-1,002 MG	Tier 1	

Drug	Status	Notes
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	
SHOHL'S MODIFIED ORAL SOLUTION 500-300 MG/5 ML	Tier 3	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 3	
<b>Urinary Tract Analgesic Agents</b>		
ELMIRON ORAL CAPSULE 100 MG	Tier 2	
<b>Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Tier 1	
<b>Urinary Tract Antispasmodic, M(3) Selective Antag.</b>		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i> (Enablex)	Tier 1	ST: Requires prior prescription for Oxybutynin Chloride within the past 120 days
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	Tier 1	ST: Requires prior prescription for Oxybutynin Chloride within the past 120 days
<b>Urinary Tract Antispasmodic/Antiincontinence Agent</b>		
<i>flavoxate oral tablet 100 mg</i>	Tier 1	
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	Tier 3	ST: Requires prior prescription for Oxybutynin Chloride within the past 120 days
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	Tier 3	ST: Requires prior prescription for Oxybutynin Chloride within the past 120 days
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	Tier 3	ST: Requires prior prescription for Oxybutynin Chloride within the past 120 days
<i>tolterodine oral capsule,extended release 24hr</i> (Detrol LA) 2 mg, 4 mg	Tier 1	ST: Requires prior prescription for Oxybutynin Chloride within the past 120 days
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	Tier 1	ST: Requires prior prescription for Oxybutynin Chloride within the past 120 days
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	Tier 2	ST: Requires prior prescription for Oxybutynin Chloride within the past 120 days
<i>trospium oral capsule,extended release 24hr</i> 60 mg	Tier 1	ST: Requires prior prescription for Oxybutynin Chloride within the past 120 days
<i>trospium oral tablet 20 mg</i>	Tier 1	ST: Requires prior prescription for Oxybutynin Chloride within the past 120 days
<b>Vaginal Disorders</b>		
<b>Vaginal Antibiotics</b>		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 3	ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, Tinidazole, or Vandazole within the past 365 days; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Tier 3	
<i>metronidazole vaginal gel 0.75 %</i> (Metrogel Vaginal)	Tier 1	
NUVESSA VAGINAL GEL 1.3 %	Tier 3	
VANDAZOLE VAGINAL GEL 0.75 %	Tier 2	
<b>Vaginal Antifungals</b>		
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	
<b>Vaginal Antiseptics</b>		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 %	Tier 3	

Drug	Status	Notes
<b>Vaginal Estrogen For Sexual Dysfunction</b>		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	ST: Requires prior prescription for Estring, Intrarosa, Ospheña, or Premarin within the past 120 days; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	Tier 3	ST: Requires prior prescription for Estring, Intrarosa, Ospheña, or Premarin within the past 120 days; QL (18 EA per 28 days)
<b>Vaginal Estrogen Preparations</b>		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i> (Vagifem)	Tier 1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	Tier 2	QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	Tier 3	ST: Requires prior prescription for Estring, Intrarosa, Ospheña, or Premarin within the past 120 days; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG	Tier 1	
<b>Vaginal Sulfonamides</b>		
AVC VAGINAL VAGINAL CREAM 15 %	Tier 2	
<b>Vitamin And/Or Mineral Deficiency</b>		
<b>Fluoride Preparations</b>		
CLINPRO 5000 DENTAL PASTE 1.1 %	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
DENTAGEL DENTAL GEL 1.1 %	Tier 1	
<i>fluoride (sodium) dental gel 1.1 %</i> (DentaGel)	Tier 1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	Tier 5	Age (Max 6 Years)
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride)</i> (Ludent Fluoride)	Tier 5	Age (Max 6 Years)
<i>fluoride (sodium) oral tablet,chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> (Fluoritab)	Tier 5	Age (Max 6 Years)
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	Tier 3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	Tier 3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 %	Tier 3	

Drug	Status	Notes
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	Tier 3	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	Tier 3	
PREVIDENT DENTAL SOLUTION 0.2 %	Tier 3	
SF 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
SF DENTAL GEL 1.1 %	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
<b>Folic Acid Preparations</b>		
<i>folic acid injection solution 5 mg/ml</i>	Tier 1	
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Tier 5	
<b>Iron Replacement</b>		
CHILDREN'S IRON ORAL DROPS 15 MG IRON (75 MG)/ML	Tier 5	Age (Max 1 Years)
FERAHEME INTRAVENOUS SOLUTION 510 MG/17 ML (30 MG/ML)	Tier 3	
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i> (Children's Iron)	Tier 5	Age (Max 1 Years)
INJECTAFER INTRAVENOUS SOLUTION 50 IRON MG/ML	Tier 4	
PEDIA IRON ORAL DROPS 15 MG IRON (75 MG)/ML	Tier 5	Age (Max 1 Years)
<b>Prenatal Vitamin Preparations</b>		
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG	Tier 1	
BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG	Tier 1	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG	Tier 3	
CALCIUM PNV ORAL CAPSULE 28-1-250 MG	Tier 1	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG	Tier 3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	Tier 3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	Tier 3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	Tier 3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG	Tier 3	
C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	Tier 1	



Drug	Status	Notes
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250 MG	Tier 3	
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG	Tier 3	
ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG	Tier 3	
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG	Tier 3	
EXTRA-VIRT PLUS DHA ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 1	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 3	
FOLIVANE-OB ORAL CAPSULE 85-1 MG	Tier 1	
HEMENATAL OB + DHA ORAL COMBO PACK 28 MG IRON-6 MG IRON-1 MG	Tier 1	
HEMENATAL OB ORAL TABLET 28-6-1 MG	Tier 1	
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG	Tier 1	
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG	Tier 1	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG	Tier 1	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	Tier 1	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG	Tier 1	
MYNATAL ORAL TABLET 90-1-50 MG	Tier 1	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	Tier 1	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	Tier 1	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	Tier 1	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE 28 MG IRON -1 MG	Tier 3	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	Tier 3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	Tier 3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	Tier 3	
NEWGEN ORAL TABLET 32-1,000 MG-MCG	Tier 1	
NEXA PLUS ORAL CAPSULE 29 MG IRON- 1.25 MG-55 MG	Tier 3	
OB COMPLETE ONE ORAL CAPSULE 40- 10-1-300 MG	Tier 3	

Drug	Status	Notes
OB COMPLETE ORAL TABLET 50 MG IRON-1.25 MG	Tier 3	
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	Tier 3	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	Tier 3	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	Tier 3	
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG	Tier 1	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG	Tier 3	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 3	
O-CAL PRENATAL ORAL TABLET 15 MG IRON- 1,000 MCG	Tier 1	
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG	Tier 1	
PNV OB+DHA ORAL COMBO PACK 27-1-50-250 MG	Tier 3	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	Tier 1	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	Tier 1	
PNV-FERROUS FUMARATE-DOCU-FA ORAL TABLET 29 MG IRON- 1 MG-25 MG	Tier 1	
PNV-OMEGA ORAL CAPSULE 28-1-300 MG	Tier 1	
PNV-SELECT ORAL TABLET 27-1 MG	Tier 1	
PNV-VP-U ORAL CAPSULE 106.5-1 MG	Tier 1	
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PRENA1 TRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG	Tier 1	
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG	Tier 1	

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PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	Tier 1	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1	
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG	Tier 1	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	Tier 1	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG	Tier 3	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG	Tier 1	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	Tier 1	
PRENATAL-U ORAL CAPSULE 106.5-1 MG	Tier 1	
PRENATE AM ORAL TABLET 1-500 MG	Tier 3	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG	Tier 3	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	Tier 3	
PRENATE DHA ORAL CAPSULE 28 MG IRON-1 MG -300 MG	Tier 3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	Tier 3	
PRENATE ELITE ORAL TABLET 26 MG IRON- 1 MG	Tier 3	
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	Tier 3	
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PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	Tier 3	
PREPLUS ORAL TABLET 27 MG IRON- 1 MG	Tier 1	
PRETAB ORAL TABLET 29-1 MG	Tier 1	

Drug	Status	Notes
PRIMACARE ORAL CAPSULE 30-1-300 MG	Tier 3	
PROVIDA DHA ORAL CAPSULE 32-1.25-110 MG	Tier 3	
PROVIDA OB ORAL CAPSULE 40 MG IRON-1.25 MG	Tier 3	
PUREFE OB PLUS ORAL CAPSULE 106 MG IRON- 1 MG	Tier 1	
R-NATAL OB ORAL CAPSULE 20 MG IRON-1 MG-320 MG	Tier 1	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG	Tier 3	
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1	
SE-NATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	Tier 1	
SE-NATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1	
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TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG	Tier 1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	Tier 3	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	Tier 3	
TRINATE ORAL TABLET 28 MG IRON- 1 MG	Tier 1	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	Tier 3	
TRIVEEN-DUO DHA ORAL COMBO PACK 29-1-400 MG	Tier 1	
TRIVEEN-PRX RNF ORAL CAPSULE 26-1.2-55-300 MG	Tier 1	
TRUST NATAL DHA ORAL COMBO PACK 29-1-250 MG	Tier 3	
VENA-BAL DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG	Tier 1	
VINATE CARE ORAL TABLET,CHEWABLE 40 MG IRON- 1 MG	Tier 1	
VINATE DHA RF ORAL CAPSULE 27 MG IRON-1.13 MG-581.28 MG	Tier 1	
VINATE GT ORAL TABLET 90-1-50 MG	Tier 1	
VINATE II ORAL TABLET 29 MG IRON- 1 MG	Tier 1	
VINATE M ORAL TABLET 27 MG IRON-1 MG	Tier 1	
VINATE ONE ORAL TABLET 60 MG IRON-1 MG	Tier 1	
VINATE ULTRA ORAL TABLET 90-1-50 MG	Tier 1	
VIRT-ADVANCE ORAL TABLET 90-1-50 MG	Tier 1	
VIRT-C DHA ORAL CAPSULE 35-1-200 MG	Tier 1	

Drug	Status	Notes
VIRT-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	Tier 1	
VIRT-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	Tier 1	
VIRT-PN PLUS ORAL CAPSULE 28-1-300 MG	Tier 1	
VIRTPREX ORAL CAPSULE 26-1.2-55-300 MG	Tier 1	
VIRT-SELECT ORAL CAPSULE 29-1.25-55- 325 MG	Tier 1	
VIRT-VITE GT ORAL TABLET 90-1-50 MG	Tier 1	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG -50 MG-200 MG	Tier 3	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG	Tier 3	
VITAFOL NANO ORAL TABLET 18 MG IRON- 1 MG	Tier 1	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	Tier 3	
VITAFOL-OB ORAL TABLET 65-1 MG	Tier 3	
VITAFOL-OB+DHA ORAL COMBO PACK 65- 1-250 MG	Tier 1	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	Tier 3	
VITAMED MD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	Tier 3	
VIVA DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	Tier 1	
VP-CH PLUS ORAL CAPSULE 29 MG IRON- 1 MG -50 MG-265 MG	Tier 1	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG	Tier 1	
VP-PNV-DHA ORAL CAPSULE 28 MG IRON- 1 MG-200 MG	Tier 1	
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	Tier 1	
ZATEAN-PN PLUS ORAL CAPSULE 28-1- 300 MG	Tier 1	
<b>Prenatal Vitamins Without Iron</b>		
AZESCO ORAL TABLET 13 MG IRON- 1 MG	Tier 3	QL (2 EA per 1 day)
ZINGIBER ORAL TABLET 1.2 MG-40 MG- 124.1 MG-100 MG	Tier 1	
<b>Vitamin B Preparations</b>		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 1	
POTABA ORAL CAPSULE 500 MG	Tier 3	

Drug	Status	Notes
<b>Vitamin B1 Preparations</b>		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 1	
<b>Vitamin B12 Preparations</b>		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 1	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	Tier 1	
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY	Tier 3	
<b>Vitamin B6 Preparations</b>		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 1	
<b>Vitamin C Preparations</b>		
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 1	
<b>Vitamin D Preparations</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	Tier 1	
<i>ergocalciferol (vitamin d2) oral capsule 50,000 unit</i> (Drisdol)	Tier 1	
VITAMIN D2 ORAL CAPSULE 50,000 UNIT	Tier 1	
<b>Weight Reduction</b>		
<b>Anorexic Agents</b>		
<i>benzphetamine oral tablet 50 mg</i>	Tier 1	
<i>diethylpropion oral tablet 25 mg</i>	Tier 1	
<i>diethylpropion oral tablet extended release 75 mg</i>	Tier 1	
LOMAIRA ORAL TABLET 8 MG	Tier 1	
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	Tier 1	
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Tier 1	
<i>phentermine oral capsule 15 mg, 30 mg</i>	Tier 1	
<i>phentermine oral capsule 37.5 mg</i> (Adipex-P)	Tier 1	
<i>phentermine oral tablet 37.5 mg</i> (Adipex-P)	Tier 1	
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	Tier 3	PA
<b>Anti-Obesity - Opioid Antag/Norepi &amp; Da Reup Inhib</b>		
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG	Tier 2	PA
<b>Anti-Obesity Glucagon-Like Peptide-1 Receptor Agonist</b>		
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	Tier 3	PA
<b>Fat Absorption Decreasing Agents</b>		
XENICAL ORAL CAPSULE 120 MG	Tier 3	PA
<b>Serotonin 2C Receptor Agonists</b>		
BELVIQ ORAL TABLET 10 MG	Tier 3	PA

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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