

Denver Health Medical Plan

Elevate Formulary

Administered by MedImpact

Effective April 2021

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.

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 a 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 an alternative therapy may be recommended.

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.

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

Table of Contents

Allergy.....	3
Antiemesis/Antivertigo.....	6
Asthma And Copd.....	8
Autonomic Nervous System Disorders.....	18
Behavioral Health - Antidepressants.....	19
Behavioral Health - Other.....	24
Cardiovascular Disease - Arrhythmia.....	36
Cardiovascular Disease - Cardiac Stimulant.....	36
Cardiovascular Disease - Hypertension.....	37
Cardiovascular Disease - Lipid Irregularity.....	46
Cardiovascular Disease - Miscellaneous Agents.....	50
Cardiovascular Disease - Vasodilation.....	51
Contraception/Oxytocics.....	52
Cough And Cold.....	62
Dermatology - Acne.....	64
Dermatology - Antiinfective.....	68
Dermatology - Antiinflammatory.....	73
Dermatology - Antipruritic Drugs.....	83
Dermatology - Miscellaneous.....	83
Dermatology - Psoriasis/Eczema.....	91
Diabetes.....	94
Ear - General Disorders.....	137
Electrolyte Regulation.....	137
Endocrine Disorder - Fertility.....	139
Endocrine Disorder - Other.....	140
Endocrine Disorder - Thyroid.....	144
Eye - General Disorders.....	145
Eye - Glaucoma.....	151
Eye - Miscellaneous.....	154
Fluid Replacement.....	155
Gout And Related Diseases.....	155
Hematological Disorders.....	155
Hormonal Deficiency.....	164
Immunization.....	167
Immunosuppression/Modulation.....	171
Infectious Disease - Bacterial.....	173
Infectious Disease - Fungal.....	181
Infectious Disease - Miscellaneous.....	181
Infectious Disease - Parasitic.....	183
Infectious Disease - Viral.....	184
Inflammatory Disease.....	189
Local Anesthesia.....	199
Lower Gastrointestinal Disorders - Bowel Inflammat.....	199

Lower Gastrointestinal Disorders - Other	201
Medical Supplies	204
Miscellaneous Agents	220
Neoplastic Disease	221
Neurological Disease - Miscellaneous	227
Oral/Pharyngeal Disorders	230
Other Drugs	231
Other Respiratory Disorders	241
Pain Management - Analgesics	241
Parkinsons Disease	253
Seizure Disorder	256
Skeletal Muscle Disorder	269
Smoking Cessation	270
Upper Gastrointestinal Disorders - Digestive	271
Upper Gastrointestinal Disorders - Spastic Disease	272
Upper Gastrointestinal Disorders - Ulcer Disease	274
Urinary Tract - Functional Disorders	277
Vaginal Disorders	279
Vitamin And/Or Mineral Deficiency	280
Weight Reduction	283

Drug	Status	Notes
Allergy		
2Nd Gen Antihistamine & Decongestant Combinations		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	Tier 3	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (2 EA per 1 day)
<i>fexofenadine-pseudoephedrine oral tablet extended release 24 hr 180-240 mg</i> (Allegra-D 24 Hour)	Tier 1	
Allergenic Extracts, Therapeutics		
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Tier 2	PA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6)	Tier 3	PA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Tier 3	PA
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Tier 3	PA
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Tier 3	PA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Tier 3	PA
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Tier 3	PA
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Tier 3	PA
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Tier 3	PA
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Tier 3	PA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Tier 3	PA
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Tier 3	PA
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Tier 3	PA

Drug	Status	Notes
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Tier 3	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Tier 3	PA
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Tier 2	PA
Antihistamines - 1St Generation		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 6 mg</i> (RyVent)	Tier 1	ST: Requires prior prescriptions for Carbinoxamine tablet (4mg) and solution (4mg/5mL) within the past 365 days; QL (4 EA per 1 day); Age (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i> (Ryclora)	Tier 1	QL (236 ML per 1 FILL)
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	Tier 1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril)	Tier 1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	Tier 3	ST: Requires prior prescription for Carbinoxamine Maleate within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	Tier 1	
<i>promethazine injection syringe 25 mg/ml</i>	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
Antihistamines - 2Nd Generation		
<i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))	Tier 1	
<i>desloratadine oral tablet 5 mg</i> (Clarinx)	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
<i>desloratadine oral tablet, disintegrating</i> 2.5 mg, 5 mg	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	Tier 1	
Nasal Antihistamine		
<i>azelastine nasal aerosol, spray 137 mcg</i> (0.1 %)	Tier 1	QL (60 ML per 30 days)
<i>azelastine nasal spray, non-aerosol</i> 205.5 mcg (0.15 %)	Tier 1	QL (60 ML per 30 days)
<i>olopatadine nasal spray, non-aerosol 0.6 %</i> (Patanase)	Tier 1	QL (30.5 GM per 30 days)
Nasal Antihistamine & Anti-Inflam. Steroid Comb.		
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i> (Dymista)	Tier 1	ST: Requires prior prescription for Flunisolide or Fluticasone Propionate within the past 365 days; QL (23 GM per 30 days)
TICALAST NASAL KIT, SPRAY SUSPENSION AND SPRAY 137 MCG- 50 MCG- 0.9 %	Tier 3	
Nasal Anti-Inflammatory Steroids		
BECONASE AQ NASAL SPRAY, NON- AEROSOL 42 MCG (0.042 %)	Tier 3	ST: Requires prior prescription for Flunisolide or Fluticasone Propionate within the past 120 days; QL (25 GM per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg</i> (0.025 %)	Tier 1	QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	Tier 1	QL (16 GM per 30 days)
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Nasonex)	Tier 1	QL (17 GM per 30 days)
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)

Drug	Status	Notes
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)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Tier 2	ST: Requires prior prescription for Flunisolide, Fluticasone Propionate, or Mometasone Furoate within the past 120 days; QL (32 ML per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for Flunisolide or Fluticasone Propionate within the past 120 days; QL (6.1 GM per 30 days)
Antiemesis/Antivertigo		
Antiemetic, Cannabinoid-Type		
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)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg (Marinol)</i>	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)
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 3	ST: Requires prior prescription for generic Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)
Antiemetic/Antivertigo Agents		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 2	QL (1 EA per 28 days)
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg (Emend)</i>	Tier 1	QL (2 EA per 21 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2) (Emend)</i>	Tier 1	QL (3 EA per 21 days)

Drug	Status	Notes
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG	Tier 3	QL (60 EA per 30 days)
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 1	
<i>doxylamine-pyridoxine (vit b6) oral</i> (Diclegis) <i>tablet, delayed release (drlec) 10-10 mg</i>	Tier 1	QL (120 EA per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	Tier 2	QL (3 EA per 21 days)
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (8 EA per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	Tier 1	
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	Tier 1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 24 mg, 8 mg</i>	Tier 1	
<i>ondansetron hcl oral tablet 4 mg</i> (Zofran)	Tier 1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 3	ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (1 EA per 7 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	Tier 1	
<i>trimethobenzamide oral capsule 300 mg</i> (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)

Drug	Status	Notes
ZUPLENZ ORAL FILM 8 MG	Tier 3	ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (1 EA per 3 days)
Asthma And Copd		
5-Lipoxygenase Inhibitors		
<i>zileuton oral tablet, er multiphase 12 hr</i> 600 mg	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)
Anticholinergic, Orally Inhaled Short Acting		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 2	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution</i> 0.02 %	Tier 1	
Anticholinergics, Orally Inhaled Long Acting		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for Spiriva Respimat or Spiriva within the past 120 days; QL (30 EA per 30 days)
SEEBRI NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 15.6 MCG	Tier 3	ST: Requires prior prescription for 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 Spiriva Respimat or Spiriva within the past 120 days; QL (1 EA per 30 days)

Drug	Status	Notes
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	Tier 3	ST: Requires prior prescription for Lonhala Magnair within the past 120 days; QL (90 ML per 30 days)
Beta-Adrenergic Agents		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	
Beta-Adrenergic Agents, Inhaled, Short Acting		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (ProAir HFA)	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i> (Xopenex)	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i> (Xopenex Concentrate)	Tier 1	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	Tier 1	
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	Tier 3	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	Tier 2	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG	Tier 3	ST: Requires prior prescription for Serevent Diskus and Striverdi Respimat within the past 365 days; QL (1 EA per 1 day)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled, Long Acting		
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	Tier 3	ST: Requires prior prescription for Perforomist, Serevent Diskus, or Striverdi Respimat within the past 120 days; QL (120 ML per 30 days)

Drug	Status	Notes
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)
Beta-Adrenergic And Anticholinergic Combinations		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Tier 3	ST: Requires prior prescription for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 2	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
UTIBRON NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 27.5-15.6 MCG	Tier 3	ST: Requires prior prescription for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (60 EA per 30 days)
Beta-Adrenergic And Glucocorticoid Combinations		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Tier 1	QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	Tier 2	QL (12 GM per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for Advair HFA, Breo Ellipta, Budesonide/Formoterol Fumarate, or Fluticasone Propionate/Salmeterol within the past 120 days; QL (1 EA per 30 days)

Drug	Status	Notes
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	Tier 2	QL (60 EA per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for Advair HFA, Breo Ellipta, Budesonide/Formoterol Fumarate, or Fluticasone Propionate/Salmeterol within the past 120 days; QL (13 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for Advair HFA, Breo Ellipta, Budesonide/Formoterol Fumarate, or Fluticasone Propionate/Salmeterol within the past 120 days; QL (39 GM per 25 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i> (AirDuo RespiClick)	Tier 3	ST: Requires prior prescription for Advair HFA, Breo Ellipta, Budesonide/Formoterol Fumarate, or Fluticasone Propionate/Salmeterol within the past 120 days; QL (1 EA per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION	Tier 2	QL (10.2 GM per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION	Tier 2	QL (40.8 GM per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	Tier 2	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	Tier 2	QL (2 EA per 1 day)
Glucocorticoids, Orally Inhaled		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, or Flovent HFA within the past 365 days; QL (12.2 GM per 30 days)

Drug	Status	Notes
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, or Flovent HFA within the past 365 days; QL (1 EA per 30 days)
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, 50 MCG/ACTUATION	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, or Flovent HFA within the past 365 days; QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ 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, or Flovent HFA within the past 365 days; QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	Tier 1	QL (60 ML per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/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, or Flovent HFA within the past 365 days; QL (1 EA per 30 days)

Drug	Status	Notes
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, or Flovent HFA within the past 365 days; QL (21.2 GM per 30 days)
Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	Tier 3	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 3	PA
Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 3	PA
Leukotriene Receptor Antagonists		
<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	
Mast Cell Stabilizers		
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	Tier 1	
Mast Cell Stabilizers, Orally Inhaled		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
Monoclonal Antibody - Interleukin-5 Antagonists		
NUCALA SUBCUTANEOUS AUTO- INJECTOR 100 MG/ML	Tier 3	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 3	PA
Phosphodiesterase-4 (Pde4) Inhibitors		
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)
Respiratory Aids, Devices, Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER	Tier 3	
AEROCHAMBER MINI SPACER	Tier 3	
AEROCHAMBER MV SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER	Tier 3	

Drug	Status	Notes
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	
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	

Drug	Status	Notes
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	
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	

Drug	Status	Notes
INSPIRACHAMBER WITH MASK-MED SPACER	Tier 3	
INSPIRACHAMBER WITH MASK-SMALL SPACER	Tier 3	
LC PLUS	Tier 3	
LC PLUS NEBULIZER-PED MASK	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE	Tier 3	
LITEAIRE MDI CHAMBER SPACER	Tier 3	
LITETOUCH-LARGE MASK DEVICE	Tier 3	
LITETOUCH-SMALL MASK DEVICE	Tier 3	
MICROAIR MESH NEBULIZER	Tier 3	
MICROCHAMBER SPACER	Tier 3	
MICROSPACER SPACER	Tier 3	
MINI PLUS NEBULIZER	Tier 3	
MINI WRIGHT PEAK FLOW METER DEVICE	Tier 3	
MISTASSIST DEVICE	Tier 3	
MISTASSIST KIT DEVICE	Tier 3	
MY MDI PORTABLE NEBULISER DEVICE	Tier 3	
<i>nebulizer and compressor device</i> (Clever Choice Nebulizer)	Tier 3	
OMBRA COMPRESSOR SYSTEM DEVICE	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE	Tier 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 LC SPRINT NEBULIZER SET	Tier 3	
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 BEAR NEBULIZER DEVICE	Tier 3	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE	Tier 3	
PEDIATRIC DINOSAUR NEBULIZER DEVICE	Tier 3	
PEDIATRIC DOG NEBULIZER DEVICE	Tier 3	
PEDIATRIC FROG NEBULIZER DEVICE	Tier 3	

Drug	Status	Notes
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	
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	
SPACE CHAMBER SPACER	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER	Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER	Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER	Tier 3	
SUNRISE COMPRESSOR-NEBULIZER DEVICE	Tier 3	
THRESHOLD IMT TRAINER DEVICE	Tier 3	
THRESHOLD PEP DEVICE DEVICE	Tier 3	
TRUNEb NEBULIZER	Tier 3	
TRUZONE PEAK FLOW METER DEVICE	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 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	
Xanthines		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	Tier 1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Tier 2	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 300 MG	Tier 1	
<i>theophylline oral elixir 80 mg/15 ml</i> (Elixophyllin)	Tier 1	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	
Autonomic Nervous System Disorders		
Alzheimer's Therapy, Nmda Receptor Antagonists		
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	Tier 1	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)
Alzheimer's Thx,Nmda Recept Antag & Cholines Inhib		
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL, Memantine 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)
Cholinesterase Inhibitors		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	Tier 1	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 1	
<i>galantamine oral capsule,ext rel. pellets</i> (Razadyne ER) 24 hr 16 mg, 24 mg, 8 mg	Tier 1	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	Tier 1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	Tier 1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	Tier 1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	Tier 1	QL (30 EA per 30 days)
Behavioral Health - Antidepressants		
Alpha-2 Receptor Antagonist		
Antidepressants		
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	Tier 1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	Tier 1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	Tier 1	
Antidepressant - Nmda Receptor Antagonist		
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 4	PA
Maais - Non-Selective & Irreversible		
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	
Norepinephrine And Dopamine Reuptake Inhib (Ndris)		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	Tier 3	ST: Requires prior prescription for Bupropion HCL within the past 120 days; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	

Drug	Status	Notes
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i> (Forfivo XL)	Tier 1	ST: Requires prior prescription for Bupropion HCL within the past 120 days; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	Tier 1	
Selective Serotonin Reuptake Inhibitor (Ssrís)		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	Tier 1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	Tier 1	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	Tier 1	
<i>fluoxetine oral capsule, delayed release(drlec) 90 mg</i>	Tier 1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	Tier 1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 1	ST: Requires prior prescription for Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine HCL, Paxil, or Sertraline HCL within the past 120 days; QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	Tier 1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	Tier 1	
PAXIL ORAL SUSPENSION 10 MG/5 ML	Tier 2	
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
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		
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	
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
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 succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg (Pristiq)	Tier 1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG	Tier 3	ST: Requires prior prescription for generic Duloxetine within the past 120 days; QL (1 EA per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 60 MG	Tier 3	ST: Requires prior prescription for generic Duloxetine within the past 120 days; QL (2 EA per 1 day)
duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg (Cymbalta)	Tier 1	
duloxetine oral capsule, delayed release(drlec) 40 mg	Tier 1	ST: Requires prior prescription for 2-20mg Duloxetine capsules within the past 120 days; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Tier 2	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fetzima, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL within the past 365 days; QL (1 EA per 1 day)

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

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

Drug	Status	Notes
Behavioral Health - Other		
Adrenergics, Aromatic, Non-Catecholamine		
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG	Tier 1	QL (1 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG	Tier 1	QL (2 EA per 1 day)
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 oral suspen, ir - er, biphasic 24hr 1.25 mg/ml</i> (Adzenys ER)	Tier 1	ST: Requires prior prescription for Dextroamphetamine/amphetamine within the past 120 days; QL (450 ML per 30 days)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)	Tier 1	PA
<i>dextroamphetamine oral capsule, extended release 10 mg, 5 mg</i> (Dexedrine Spansule)	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i> (Dexedrine Spansule)	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine oral solution 5 mg/5 ml</i> (ProCentra)	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i> (Zenedi)	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i> (Zenedi)	Tier 1	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	Tier 1	QL (2 EA per 1 day)
DYANAVAL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Tier 3	ST: Requires prior prescription for Dextroamphetamine/amphetamine within the past 120 days; QL (240 ML per 30 days)
EVEKEO ODT ORAL TABLET,DISINTEGRATING 10 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine/amphetamine within the past 120 days; QL (4 EA per 1 day)

Drug	Status	Notes
EVEKEO ODT ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine/amph etamine within the past 120 days; QL (2 EA per 1 day)
EVEKEO ODT ORAL TABLET,DISINTEGRATING 5 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine/amph etamine within the past 120 days; QL (8 EA per 1 day)
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	Tier 1	QL (150 EA per 30 days)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 2	QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 2	QL (1 EA per 1 day)
ZENZEDI ORAL TABLET 10 MG	Tier 1	QL (180 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG	Tier 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)
Anti-Alcoholic Preparations		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
Anti-Anxiety - Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 (Xanax) mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet extended release (Xanax XR) 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	

Drug	Status	Notes
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	Tier 1	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	Tier 1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
Anti-Anxiety Drugs		
<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	
Anti-Mania Drugs		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 3	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	Tier 1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	Tier 1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Tier 2	
Anti-Narcolepsy & Anti-Cataplexy, Sedative-Type Agt		
XYREM ORAL SOLUTION 500 MG/ML	Tier 4	PA
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 4	PA
Antipsych, Dopamine Antag., Diphenylbutylpiperidines		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	

Drug	Status	Notes
Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	ST: At least 2 prior prescriptions for Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	Tier 2	ST: At least 2 prior prescriptions for Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (7 EA per 28 days)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
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 Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, 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 Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, 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 Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, Ziprasidone HCL within the past 365 days; QL (2 EA per 1 day)

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 Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, Ziprasidone HCL within the past 365 days; QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 3	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
Antipsychotics, Atypical, Dopamine, & Serotonin Antag		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	Tier 1	ST: At least 2 prior prescriptions for Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 42 MG	Tier 3	ST: At least 2 prior prescriptions for Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (1 EA per 1 day)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	Tier 1	QL (3 EA per 1 day)

Drug	Status	Notes
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, 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 Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (2 EA per 1 day)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 3	ST: At least 2 prior prescriptions for Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (8 EA per 28 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	Tier 2	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	Tier 2	QL (60 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 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)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i> (Invega)	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	Tier 1	QL (2 EA per 1 day)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	Tier 1	QL (3 EA per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	Tier 1	QL (1 EA per 1 day)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	Tier 1	QL (8 ML per 1 day)
<i>risperidone oral tablet 0.25 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	Tier 1	QL (2 EA per 1 day)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	QL (2 EA per 1 day)

Drug	Status	Notes
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Tier 3	ST: At least 2 prior prescriptions for Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (1 EA per 1 day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	ST: At least 2 prior prescriptions for Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (18 ML per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	Tier 1	QL (2 EA per 1 day)
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Antipsychotics,Dopamine Antagonists,Butyrophenones		
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	
Antipsychotics,Dopamine Antagonist,Dihydroindolones		
molindone oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
molindone oral tablet 25 mg	Tier 1	QL (9 EA per 1 day)
molindone oral tablet 5 mg	Tier 1	
Anti-Psychotics,Phenothiazines		
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
fluphenazine hcl oral concentrate 5 mg/ml	Tier 1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Barbiturates		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 1	

Drug	Status	Notes
<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	
Hsdd Agents-Mixed Serotonin Agonist/Antagonists		
ADDYI ORAL TABLET 100 MG	Tier 3	PA
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	Tier 3	PA
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists		
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)
Menopausal Symptoms Suppressant - SsrIs		
<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)
Monoamine Oxidase(Mao) Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 3	ST: Requires prior prescription for Marplan, Phenelzine Sulfate, or Tranylcypromine Sulfate within the past 120 days; QL (1 EA per 1 day)
Narcolepsy And Sleep Disorder Therapy Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)	Tier 1	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i> (Nuvigil)	Tier 1	QL (3 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	Tier 1	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 3	PA
Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 4	PA
Narcotic Antagonists		
<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)
Sedative-Hypnotics - Benzodiazepines		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	

Drug	Status	Notes
<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	ST: Requires prior prescription for Eszopiclone, Flurazepam HCL, Temazepam, Zaleplon, or Zolpidem Tartrate within the past 120 days
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)	Tier 1	
<i>triazolam oral tablet 0.125 mg</i>	Tier 1	
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	Tier 1	
Sedative-Hypnotics, Non-Barbiturate		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 3	ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day)
<i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	Tier 1	ST: Requires prior prescription for Doxepin solution or 10mg capsules, Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day)
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	Tier 3	ST: Requires prior prescription for 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	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	Tier 1	QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 1.75 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 3.5 mg</i> (Intermezzo)	Tier 1	QL (1 EA per 1 day)
ZOLPIMIST ORAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 3	ST: Requires prior prescription for Zolpidem Tartrate within the past 120 days; QL (7.7 ML per 30 days)

Drug	Status	Notes
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)		
NUPLAZID ORAL CAPSULE 34 MG	Tier 4	PA
NUPLAZID ORAL TABLET 10 MG	Tier 4	PA
Ssri & Antipsych, Atyp, Dopamine & Serotonin Antag Comb		
<i>olanzapine-fluoxetine oral capsule 12-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i> (Symbyax)	Tier 1	QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist		
<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)
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy		
ADHANSIA XR ORAL CAPSULE, ER BIPHASIC 20-80 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	Tier 3	ST: Requires prior prescription for Methylphenidate HCL or Ritalin LA 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 Methylphenidate HCL or Ritalin LA within the past 120 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 25.9 MG	Tier 3	ST: Requires prior prescription for Methylphenidate HCL or Ritalin LA 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 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR)	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	Tier 1	QL (2 EA per 1 day)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 3	ST: Requires prior prescription for Methylphenidate HCL or Ritalin LA 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 cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Aptensio XR)	Tier 3	ST: Requires prior prescription for Methylphenidate HCL or Ritalin LA within the past 120 days; QL (1 EA per 1 day)
<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 Methylphenidate HCL or Ritalin LA 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)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 3	ST: Requires prior prescription for Methylphenidate HCL or Ritalin LA within the past 120 days; QL (1 EA per 1 day)

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

Drug	Status	Notes
DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	Tier 1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 2	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	Tier 3	
Cardiovascular Disease - Hypertension		
Ace Inhibitor/Calcium Channel Blocker Combination		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	Tier 1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	Tier 1	
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	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic		
<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	

Drug	Status	Notes
<i>lisinopril-hydrochlorothiazide oral tablet</i> (Zestoretic) 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet</i> (Accuretic) 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
Alpha/Beta-Adrenergic Blocking Agents		
<i>carvedilol oral tablet</i> 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)	Tier 1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i> 10 mg, 20 mg, 40 mg, 80 mg (Coreg CR)	Tier 1	
<i>labetalol oral tablet</i> 100 mg, 200 mg, 300 mg	Tier 1	
Alpha-Adrenergic Blocking Agents		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 3	
<i>doxazosin oral tablet</i> 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	Tier 1	
<i>phenoxybenzamine oral capsule</i> 10 mg (Dibenzyline)	Tier 3	PA
<i>prazosin oral capsule</i> 1 mg, 2 mg, 5 mg (Minipress)	Tier 1	
<i>terazosin oral capsule</i> 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb		
<i>amlodipine-valsartan-hcthiazid oral tablet</i> (Exforge HCT) 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 1	
<i>olmesartan-amlodipin-hcthiazid oral tablet</i> (Tribenzor) 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	Tier 1	
Angiotensin Receptor Antag./Thiazide Diuretic Comb		
<i>candesartan-hydrochlorothiazid oral tablet</i> (Atacand HCT) 16-12.5 mg, 32-12.5 mg, 32-25 mg	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</i> (Avalide) 150-12.5 mg, 300-12.5 mg	Tier 1	
<i>losartan-hydrochlorothiazide oral tablet</i> (Hyzaar) 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	
<i>olmesartan-hydrochlorothiazide oral tablet</i> (Benicar HCT) 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 1	
<i>telmisartan-hydrochlorothiazid oral tablet</i> (Micardis HCT) 40-12.5 mg, 80-12.5 mg, 80-25 mg	Tier 1	

Drug	Status	Notes
<i>valsartan-hydrochlorothiazide oral tablet</i> (Diovan HCT) 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 1	
Angiotensin Receptor Antgnst & Calc.Channel Blockr		
<i>amlodipine-olmesartan oral tablet 10-20</i> (Azor) mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 1	
<i>amlodipine-valsartan oral tablet 10-160</i> (Exforge) mg, 10-320 mg, 5-160 mg, 5-320 mg	Tier 1	
<i>telmisartan-amlodipine oral tablet 40-10</i> (Twynsta) mg, 40-5 mg, 80-10 mg, 80-5 mg	Tier 1	
Antihypertensives, Ace Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40</i> (Lotensin) mg	Tier 1	
<i>benazepril oral tablet 5 mg</i>	Tier 1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25</i> mg, 50 mg	Tier 1	
<i>enalapril maleate oral tablet 10 mg, 2.5</i> (Vasotec) mg, 20 mg, 5 mg	Tier 1	
EPANED ORAL SOLUTION 1 MG/ML	Tier 3	ST: Requires prior prescription for Enalapril tablets 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</i> mg	Tier 1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 30</i> (Zestril) mg, 40 mg, 5 mg	Tier 1	
<i>lisinopril oral tablet 20 mg</i> (Prinivil)	Tier 1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>perindopril erbumine oral tablet 2 mg, 4</i> mg, 8 mg	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	ST: Requires prior prescription for Lisinopril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>quinapril oral tablet 10 mg, 20 mg, 40</i> (Accupril) mg, 5 mg	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5</i> (Altace) mg, 5 mg	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
Antihypertensives, Angiotensin Receptor Antagonist		
<i>candesartan oral tablet 16 mg, 32 mg, 4</i> (Atacand) mg, 8 mg	Tier 1	

Drug	Status	Notes
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	
Antihypertensives, Ganglionic Blockers		
VECAMEYL ORAL TABLET 2.5 MG	Tier 3	PA
Antihypertensives, Miscellaneous		
DEMSEER ORAL CAPSULE 250 MG	Tier 3	
<i>metyrosine oral capsule 250 mg</i> (Demser)	Tier 1	
Antihypertensives, Sympatholytic		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	Tier 1	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	Tier 1	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	Tier 1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	
Antihypertensives, Vasodilators		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	Tier 1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 2	

Drug	Status	Notes
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 3	ST: Requires prior prescription for generic Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days)
INDERAL 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	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	Tier 1	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	Tier 1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	Tier 1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	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> (Sorine)	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 3	QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol HCL within the past 120 days
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
Beta-Adrenergic Blocking Agents/Thiazide & Related		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	Tier 1	

Drug	Status	Notes
<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 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	
Calcium Channel Blocking Agents		
<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	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	Tier 3	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (DILT-XR)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (Taztia XT)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiadylt ER)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i> (Cardizem CD)	Tier 1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	Tier 1	
<i>diltiazem hcl oral tablet 90 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	Tier 1	

Drug	Status	Notes
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	Tier 1	
<i>felodipine oral tablet extended release</i> <i>24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	
KATERZIA ORAL SUSPENSION 1 MG/ML	Tier 3	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 1	
<i>nifedipine oral capsule 10 mg</i> (Procardia)	Tier 1	
<i>nifedipine oral capsule 20 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release</i> (Procardia XL) <i>24hr 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release</i> (Adalat CC) <i>30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
<i>nisoldipine oral tablet extended release</i> (Sular) <i>24 hr 17 mg, 34 mg, 8.5 mg</i>	Tier 1	
<i>nisoldipine oral tablet extended release</i> <i>24 hr 20 mg, 25.5 mg, 30 mg, 40 mg</i>	Tier 1	
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	Tier 4	PA
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Tier 1	
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	
<i>verapamil oral capsule, 24 hr er pellet ct</i> (Verelan PM) <i>100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>verapamil oral capsule,ext rel. pellets 24</i> (Verelan) <i>hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	
<i>verapamil oral tablet 120 mg, 40 mg, 80</i> <i>mg</i>	Tier 1	
<i>verapamil oral tablet extended release</i> (Calan SR) <i>120 mg, 180 mg, 240 mg</i>	Tier 1	
Loop Diuretics		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2</i> <i>mg</i>	Tier 1	
<i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)	Tier 1	
<i>furosemide oral solution 10 mg/ml, 40</i> <i>mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80</i> (Lasix) <i>mg</i>	Tier 1	

Drug	Status	Notes
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	
Potassium Sparing Diuretics		
<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)
<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	
<i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)	Tier 1	
Potassium Sparing Diuretics In Combination		
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>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	Tier 1	
Pulm Anti-Htn, Soluble Guanylate Cyclase Stimulator		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 3	PA
Pulm. Anti-Htn, Sel. C-Gmp Phosphodiesterase T5 Inhib		
ALYQ ORAL TABLET 20 MG	Tier 3	PA
<i>sildenafil (pulm. hypertension) oral suspension for reconstitution 10 mg/ml</i> (Revatio)	Tier 3	PA
<i>sildenafil (pulm. hypertension) oral tablet 20 mg</i> (Revatio)	Tier 1	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	Tier 3	PA; QL (1 EA per 5 days)
Pulmonary Anti-Htn, Endothelin Receptor Antagonist		
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	Tier 3	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	Tier 3	PA
OPSUMIT ORAL TABLET 10 MG	Tier 3	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 3	PA

Drug	Status	Notes
Pulmonary Antihypertensives, Prostacyclin-Type		
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 3	PA
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	Tier 3	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 3	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 3	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 4	PA
Renin Inhibitor, Direct		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	Tier 1	
Renin Inhibitor, Direct/Thiazide Diuretic Comb		
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	Tier 3	
Thiazide And Related Diuretics		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 3	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
Vasodilators, Combination		
BIDIL ORAL TABLET 20-37.5 MG	Tier 2	

Drug	Status	Notes
Cardiovascular Disease - Lipid Irregularity		
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib		
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	Tier 1	ST: Requires prior prescription for Simvastatin within the past 365 days; QL (1 EA per 1 day)
Antihyperlipidemic - Atp Citrate Lyase Inhibitor		
NEXLETOL ORAL TABLET 180 MG	Tier 2	ST: Requires prior prescription for Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin within the past 120 days
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	Tier 3	ST: At least 2 prior prescriptions for 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	ST: Requires prior prescription for generic Rosuvastatin Calcium within the past 120 days; QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	Tier 3	PA

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

Drug	Status	Notes
rosuvastatin oral tablet 10 mg, 5 mg (Crestor)	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin oral tablet 20 mg, 40 mg (Crestor)	Tier 1	QL (1 EA per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg (Zocor)	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin oral tablet 5 mg	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin oral tablet 80 mg (Zocor)	Tier 1	ST: Requires prior prescription for Ezetimibe/Simvastatin within the past 365 days; QL (1 EA per 1 day)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	Tier 3	ST: Requires prior prescription for Livalo within the past 120 days; QL (1 EA per 1 day)
Antihyperlipidemic - Mtp Inhibitor		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	Tier 3	PA
Antihyperlipidemic - Pcsk9 Inhibitors		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 2	ST: Requires prior prescription for Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin within the past 120 days
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 2	ST: Requires prior prescription for Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin within the past 120 days

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

Drug	Status	Notes
Lipotropics		
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> (Fibracor)	Tier 1	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	Tier 1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release)	Tier 1	
NIACOR ORAL TABLET 500 MG	Tier 1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	Tier 1	QL (4 EA per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM	Tier 2	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM	Tier 2	QL (4 EA per 1 day)
Cardiovascular Disease - Miscellaneous Agents		
Adrenergic Vasopressor Agents		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	Tier 3	PA
<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
Angiotensin Recept-Nepriylsin Inhibitor Comb(Arni)		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 2	QL (2 EA per 1 day)
Antianginal & Anti-Ischemic Agents, Non-Hemodynamic		
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i> (Ranexa)	Tier 1	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i> (Ranexa)	Tier 1	QL (120 EA per 30 days)

Drug	Status	Notes
Antianginal, Heart Rate Reducing, I(F) Inhibitor		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 2	QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 2	ST: Requires prior prescription for Bisoprolol Fumarate, Carvedilol, or Metoprolol Succinate within the past 120 days; QL (2 EA per 1 day)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	Tier 1	QL (1 EA per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	Tier 1	QL (1 EA per 1 day)
Protein Stabilizers		
VYNDAMAX ORAL CAPSULE 61 MG	Tier 4	PA
VYNDALOX ORAL CAPSULE 20 MG	Tier 4	PA
Soluble Guanylate Cyclase (Sgc) Stimulator		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	PA
Cardiovascular Disease - Vasodilation		
Vasodilators, Coronary		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
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
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	Tier 1	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	Tier 1	
<i>isosorbide 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	
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	

Drug	Status	Notes
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Minitran)	Tier 1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	Tier 1	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY	Tier 3	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	Tier 1	
Vasodilators, Peripheral		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>papaverine injection solution 30 mg/ml</i>	Tier 1	
Contraception/Oxytocics		
Contraceptives, Intravaginal, Systemic		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	PREV	ST: Requires prior prescription for Nuvaring within the past 120 days; QL (1 EA per 365 days)
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	PREV	QL (1 EA per 28 days)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)	PREV	QL (1 EA per 28 days)
Contraceptives, Implantable		
NEXPLANON SUBDERMAL IMPLANT 68 MG	PREV	QL (1 EA per 365 days)
Contraceptives, Injectable		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	PREV	QL (0.65 ML per 84 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	PREV	QL (1 ML per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	PREV	QL (1 ML per 84 days)
Contraceptives, Intravaginal		
GYNOL II VAGINAL GEL 3 %	PREV	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	Tier 3	PA
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	PREV	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	PREV	
VAGINAL CONTRACEPTIVE FOAM VAGINAL FOAM 12.5 %	PREV	

Drug	Status	Notes
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	PREV	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	PREV	
Contraceptives, Oral		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	PREV	
AFTERA ORAL TABLET 1.5 MG	PREV	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	PREV	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	PREV	
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	PREV	
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	PREV	QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	PREV	
APRI ORAL TABLET 0.15-0.03 MG	PREV	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	PREV	
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	PREV	QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	PREV	
AUBRA ORAL TABLET 0.1-20 MG-MCG	PREV	
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	PREV	
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	PREV	
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	PREV	
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	PREV	
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	PREV	
AVIANE ORAL TABLET 0.1-20 MG-MCG	PREV	
AYUNA ORAL TABLET 0.15-0.03 MG	PREV	
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	PREV	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7)	PREV	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; QL (28 EA per 28 days)

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

Drug	Status	Notes
<i>drospirenone-e.estradiol-lm.fa oral tablet</i> (Beyaz) 3-0.02-0.451 mg (24) (4)	PREV	
<i>drospirenone-e.estradiol-lm.fa oral tablet</i> (Tydemy) 3-0.03-0.451 mg (21) (7)	PREV	
<i>drospirenone-ethinyl estradiol oral tablet</i> (Jasmiel (28)) 3-0.02 mg	PREV	
<i>drospirenone-ethinyl estradiol oral tablet</i> (Ocella) 3-0.03 mg	PREV	
ECONTRA EZ ORAL TABLET 1.5 MG	PREV	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	PREV	
ELINEST ORAL TABLET 0.3-30 MG- MCG	PREV	
ELLA ORAL TABLET 30 MG	PREV	
EMOQUETTE ORAL TABLET 0.15-0.03 MG	PREV	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	PREV	
ENSKYCE ORAL TABLET 0.15-0.03 MG	PREV	
ERRIN ORAL TABLET 0.35 MG	PREV	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	PREV	
<i>ethynodiol diac-eth estradiol oral tablet</i> (Kelnor 1/35 (28)) 1-35 mg-mcg	PREV	
<i>ethynodiol diac-eth estradiol oral tablet</i> (Kelnor 1-50 (28)) 1-50 mg-mcg	PREV	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	PREV	
FAYOSIM ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	PREV	
FEMYNOR ORAL TABLET 0.25-35 MG- MCG	PREV	
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	PREV	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
GIANVI (28) ORAL TABLET 3-0.02 MG	PREV	
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	PREV	
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	PREV	
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	PREV	
HAILEY ORAL TABLET 1.5-30 MG- MCG	PREV	
HEATHER ORAL TABLET 0.35 MG	PREV	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	PREV	QL (91 EA per 84 days)

Drug	Status	Notes
INCASSIA ORAL TABLET 0.35 MG	PREV	
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	PREV	QL (91 EA per 84 days)
ISIBLOOM ORAL TABLET 0.15-0.03 MG	PREV	
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	PREV	QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG	PREV	
JENCYCLA ORAL TABLET 0.35 MG	PREV	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	PREV	QL (91 EA per 84 days)
JULEBER ORAL TABLET 0.15-0.03 MG	PREV	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	PREV	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	PREV	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	PREV	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	PREV	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	PREV	
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	PREV	
KALLIGA ORAL TABLET 0.15-0.03 MG	PREV	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	PREV	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	PREV	
KELNOR 1-50 (28) ORAL TABLET 1-50 MG-MCG	PREV	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	PREV	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (Camrese Lo)	PREV	QL (91 EA per 84 days)
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (Fayosim)	PREV	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	PREV	QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	PREV	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	PREV	

Drug	Status	Notes
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	PREV	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	PREV	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	PREV	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	PREV	
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	PREV	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	PREV	
LESSINA ORAL TABLET 0.1-20 MG-MCG	PREV	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	PREV	
<i>levonorgestrel oral tablet 1.5 mg</i> (Aftera)	PREV	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	PREV	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> (Altavera (28))	PREV	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i> (Amethyst (28))	PREV	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Iclevia)	PREV	QL (91 EA per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	PREV	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	PREV	
LILLOW (28) ORAL TABLET 0.15-0.03 MG	PREV	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	PREV	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	PREV	QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	PREV	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	PREV	
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	PREV	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	PREV	
LYLEQ ORAL TABLET 0.35 MG	PREV	
LYZA ORAL TABLET 0.35 MG	PREV	

Drug	Status	Notes
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	PREV	
MELODETTA 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	PREV	
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	PREV	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	PREV	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	PREV	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	PREV	
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	PREV	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	PREV	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	PREV	
MILI ORAL TABLET 0.25-35 MG-MCG	PREV	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	PREV	
MY CHOICE ORAL TABLET 1.5 MG	PREV	
MY WAY ORAL TABLET 1.5 MG	PREV	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	PREV	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	PREV	
NEW DAY ORAL TABLET 1.5 MG	PREV	
NIKKI (28) ORAL TABLET 3-0.02 MG	PREV	
NORA-BE ORAL TABLET 0.35 MG	PREV	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Wymzya Fe)	PREV	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i> (Kaitlib Fe)	PREV	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	PREV	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))	PREV	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	PREV	

Drug	Status	Notes
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (Gemmily)	PREV	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))	PREV	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28))	PREV	
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i> (Charlotte 24 Fe)	PREV	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	PREV	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Tri Femynor)	PREV	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)	PREV	
NORLYDA ORAL TABLET 0.35 MG	PREV	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	PREV	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	PREV	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	PREV	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	PREV	
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	PREV	
NYMYO ORAL TABLET 0.25-35 MG-MCG	PREV	
OCELLA ORAL TABLET 3-0.03 MG	PREV	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	PREV	
OPTION-2 ORAL TABLET 1.5 MG	PREV	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	PREV	
PHILITH ORAL TABLET 0.4-35 MG-MCG	PREV	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	PREV	
PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG, 1-35 MG-MCG	PREV	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	PREV	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	PREV	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	PREV	

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

Drug	Status	Notes
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	PREV	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	PREV	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	PREV	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	PREV	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	PREV	
TULANA ORAL TABLET 0.35 MG	PREV	
TYBLUME ORAL TABLET 0.1-20 MG- MCG	PREV	
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	PREV	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG- MCG	PREV	
VIENVA ORAL TABLET 0.1-20 MG- MCG	PREV	
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	PREV	
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	PREV	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	PREV	
VYLIBRA ORAL TABLET 0.25-35 MG- MCG	PREV	
WERA (28) ORAL TABLET 0.5-35 MG- MCG	PREV	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG- 35MCG(21) AND 75 MG (7)	PREV	
ZARAH ORAL TABLET 3-0.03 MG	PREV	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	PREV	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	PREV	
ZUMANDIMINE (28) ORAL TABLET 3- 0.03 MG	PREV	
Contraceptives, Transdermal		
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	Tier 3	QL (3 EA per 28 days)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	PREV	QL (3 EA per 28 days)
Diaphragms/Cervical Cap		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	PREV	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	PREV	

Drug	Status	Notes
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	PREV	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	PREV	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	PREV	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	PREV	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	PREV	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	PREV	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	PREV	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	PREV	
Oxytocics		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 3	
<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	
Cough And Cold		
1St Gen Antihistamine & Decongestant Combinations		
PROMETHAZINE VC ORAL SYRUP 6.25-5 MG/5 ML	Tier 1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i> (Promethazine VC)	Tier 1	
1St Gen Antihist-Decongest-Anticholinergic Comb		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 1	
Antitussives,Non-Narcotic		
<i>benzonatate oral capsule 100 mg</i> (Tessalon Perles)	Tier 1	
<i>benzonatate oral capsule 150 mg, 200 mg</i>	Tier 1	
Narcotic Antituss-1St Gen. Antihistamine-Decongest		
PROMETHAZINE VC-CODEINE ORAL SYRUP 6.25-5-10 MG/5 ML	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i> (Promethazine VC-Codeine)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Narcotic Antitussive-1St Generation Antihistamine		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)

Drug	Status	Notes
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG	Tier 3	QL (2 EA per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	Tier 3	ST: Requires prior prescription for Promethazine HCL/codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR 14.7-2.8 MG/5 ML	Tier 3	ST: At least 2 prior prescriptions for Montelukast Sodium, Promethazine HCL/codeine, or Zafirlukast within the past 365 days; QL (200 ML per 10 days); Age (Min 18 Years)
Narcotic Antitussive-Anticholinergic Comb.		
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Expectorant Combination		
OBREDON ORAL SOLUTION 2.5-200 MG/5 ML	Tier 3	ST: Requires prior prescription for Hydrocodone/homatrop Methylbromide within the past 120 days; QL (600 ML per 10 days); Age (Min 18 Years)
Non-Narc Antituss-1St Gen. Antihistamine-Decongest		
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	Tier 1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i> (Bromfed DM)	Tier 1	
Non-Narc Antitussive-1St Gen Antihistamine Comb.		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	
Nose Preparations, Vasoconstrictors (Rx)		
<i>epinephrine hcl nasal solution 1 mg/ml</i> (Adrenalin)	Tier 1	
TYZINE NASAL DROPS 0.1 %	Tier 3	
TYZINE NASAL SPRAY, NON-AEROSOL 0.1 %	Tier 3	

Drug	Status	Notes
Dermatology - Acne		
Acne Agents, Systemic		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	Tier 3	ST: Requires prior prescription for generic Isotretinoin within the past 120 days
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	Tier 3	ST: Requires prior prescription for generic Isotretinoin within the past 120 days
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG	Tier 1	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	Tier 1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
<i>isotretinoin oral capsule 10 mg</i> (Amnesteem)	Tier 1	
<i>isotretinoin oral capsule 20 mg, 30 mg, 40 mg</i> (Accutane)	Tier 1	
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
Acne Agents, Topical		
<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)
<i>adapalene-benzoyl perox-niacin topical gel 0.3-2.5-4 %</i>	Tier 1	
<i>adapalene-benzoyl-clindamycin topical gel 0.3-2.5-1 %</i>	Tier 1	
<i>azelaic acid-niacinamide topical cream 15-4 %</i>	Tier 1	
AZELEX TOPICAL CREAM 20 %	Tier 3	ST: Requires prior prescription for Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, or Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin within the past 120 days

Drug	Status	Notes
<i>benzoyl per-clindamycin-niacin topical gel 2.5-1-4 %, 5-1-4 %</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel (Neuac) 1.2 %(1 % base) -5 %</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel (Benzacilin) 1-5 %</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel (Acanya) with pump 1.2-2.5 %</i>	Tier 1	ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days
<i>clindamycin-benzoyl peroxide topical gel (Benzacilin Pump) with pump 1-5 %</i>	Tier 1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 % (Veltin)</i>	Tier 1	ST: Requires prior prescription for Clindamycin gel or Tretinoin gel 0.025% within the past 120 days
<i>dapsone topical gel 5 % (Aczone)</i>	Tier 1	
<i>dapsone topical gel with pump 7.5 % (Aczone)</i>	Tier 1	ST: Requires prior prescription for Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, or Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin within the past 120 days
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	
NUCARACLINPAK TOPICAL KIT, GEL AND LOTION 1 %- SPF 50	Tier 3	
NUCARARXPAK TOPICAL KIT, GEL AND LOTION 1 %-2.5 %- SPF 50	Tier 3	

Drug	Status	Notes
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	Tier 2	ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	Tier 1	
<i>tretinoin-benzoyl-clinda-niac topical gel 0.025-2.5-1-2 %, 0.025-5-1-2 %, 0.05-5-1-2 %</i>	Tier 1	
<i>tretinoin-clinda-spiron-niacin topical gel 0.025-1-2-4 %</i>	Tier 1	
<i>tretinoin-hyaluronate-niacin topical cream 0.025-0.5-4 %, 0.05-0.5-4 %, 0.1-0.5-4 %</i>	Tier 1	
Keratolytic-Glucocorticoid Combinations		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	Tier 2	
Rosacea Agents, Topical		
<i>azelaic acid topical gel 15 %</i> (Finacea)	Tier 1	
FINACEA TOPICAL FOAM 15 %	Tier 2	
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	Tier 1	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	Tier 1	
<i>metronidazole topical gel 1 %</i> (Metrogel)	Tier 1	
<i>metronidazole topical gel with pump 1 %</i>	Tier 1	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	Tier 1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	Tier 3	
NORITATE TOPICAL CREAM 1 %	Tier 3	ST: Requires prior prescription for generic Metronidazole 0.75% gel, lotion, or cream within the past 120 days
RHOFADE TOPICAL CREAM 1 %	Tier 3	
ROSADAN TOPICAL CREAM 0.75 %	Tier 1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	Tier 3	
ROSADAN 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
Topical Antiandrogenic Agents		
WINLEVI TOPICAL CREAM 1 %	Tier 3	PA
Topical Preparations, Antibacterials		
ALA-QUIN TOPICAL CREAM 3-0.5 %	Tier 3	
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	Tier 3	

Drug	Status	Notes
AZADROX TOPICAL GEL IN PACKET	Tier 3	
BASADROX TOPICAL GEL IN PACKET	Tier 3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	Tier 3	
<i>hydrocortisone-iodoquinol-aloë2 topical gel 2-1-1 %</i> (Alcortin A)	Tier 1	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	Tier 1	
<i>hydrocortisone-iodoquinol-aloë 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 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	
Vitamin A Derivatives		
<i>adapalene topical cream 0.1 %</i> (Differin)	Tier 1	Age (Max 25 Years)
<i>adapalene topical gel 0.1 %</i> (Effaclar Adapalene)	Tier 1	Age (Max 25 Years)
<i>adapalene topical gel 0.3 %</i> (Differin)	Tier 1	Age (Max 25 Years)
<i>adapalene topical gel with pump 0.3 %</i> (Differin)	Tier 1	Age (Max 25 Years)
<i>adapalene topical lotion 0.1 %</i> (Differin)	Tier 1	Age (Max 25 Years)
<i>adapalene topical solution 0.1 %</i>	Tier 3	ST: Requires prior prescription for Adapalene 0.1% gel within the past 120 days; Age (Max 25 Years)
<i>adapalene topical swab 0.1 %</i>	Tier 1	ST: Requires prior prescription for Adapalene 0.1% gel within the past 120 days; QL (1 EA per 1 day); Age (Max 25 Years)
AKLIEF TOPICAL CREAM 0.005 %	Tier 3	ST: Requires prior prescription for Adapalene, Differin, Tazarotene, or Tretinoin within the past 120 days; Age (Max 25 Years)
ALTRENO TOPICAL LOTION 0.05 %	Tier 3	Age (Max 25 Years)
AVITA TOPICAL CREAM 0.025 %	Tier 1	Age (Max 25 Years)
AVITA TOPICAL GEL 0.025 %	Tier 1	Age (Max 25 Years)
DIFFERIN TOPICAL LOTION 0.1 %	Tier 2	Age (Max 25 Years)
EFFACLAR ADAPALENE TOPICAL GEL 0.1 %	Tier 1	Age (Max 25 Years)

Drug	Status	Notes
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 %</i> , 0.1 % (Retin-A Micro)	Tier 1	Age (Max 25 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %</i> , 0.1 % (Retin-A Micro Pump)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical cream 0.025 %</i> (Avita)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical cream 0.05 %</i> , 0.1 % (Retin-A)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel 0.025 %</i> (Avita)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel 0.05 %</i> (Atralin)	Tier 1	Age (Max 25 Years)
TRETIN-X CREAM KIT TOPICAL COMBO PACK 0.025 %, 0.05 %, 0.1 %	Tier 3	Age (Max 25 Years)
Vitamin A Derivatives, Topical Acne Agents		
ARAZLO TOPICAL LOTION 0.045 %	Tier 3	ST: Requires prior prescription for Adapalene, Differin, Tazarotene, or Tretinoin within the past 120 days; Age (Min 9 Years and Max 25 Years)
FABIOR TOPICAL FOAM 0.1 %	Tier 3	ST: Requires prior prescription for Adapalene, Differin, Tazarotene, or Tretinoin within the past 120 days; Age (Min 12 Years)
Dermatology - Antiinfective		
Topical Antibiotics		
AMZEEQ TOPICAL FOAM 4 %	Tier 3	ST: At least 2 prior prescriptions for Adapalene, Adapalene/benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin within the past 365 days; Age (Min 9 Years)

Drug	Status	Notes
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 1 %</i> (Evoclin)	Tier 1	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel)	Tier 1	ST: Requires prior prescription for Clindamycin Phosphate 1% gel within the past 120 days
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	Tier 1	
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	Tier 1	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	Tier 1	
ERY PADS TOPICAL SWAB 2 %	Tier 1	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	Tier 1	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	Tier 1	
<i>gentamicin topical cream 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	
<i>mupirocin calcium topical cream 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i> (Centany)	Tier 1	
<i>mupirocin-lidocaine topical ointment 2-2 %</i>	Tier 1	
XEPI TOPICAL CREAM 1 %	Tier 3	ST: Requires prior prescription for Mupirocin within the past 120 days
ZILXI TOPICAL FOAM 1.5 %	Tier 3	ST: Requires prior prescription for generic Metronidazole 0.75% gel, lotion, or cream within the past 120 days; QL (30 GM per 30 days)
Topical Antifungal/Anti-inflammatory, Steroid Agent		
<i>ciclopirox-clobetasol topical shampoo 0.77-0.05 %</i>	Tier 1	
<i>ciclopirox-clobetasol-salicyl topical shampoo 0.77-0.05-3 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 %	Tier 3	

Drug	Status	Notes
TRILOCICLO TOPICAL KIT, OINTMENT AND LIQUID 8-0.1 %	Tier 3	
Topical Antifungals		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	Tier 3	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	Tier 1	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel 0.77 %</i>	Tier 1	
<i>ciclopirox topical shampoo 1 %</i> (Loprox)	Tier 1	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	Tier 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	Tier 1	QL (180 ML per 1 FILL)
<i>ciclopirox-salicylic acid topical shampoo 0.77-2 %</i>	Tier 1	
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> (Ciclodan Kit)	Tier 1	QL (19.8 ML per 1 FILL)
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	Tier 1	
<i>clotrimazole topical solution 1 %</i>	Tier 1	
ECONASIL TOPICAL KIT 1 %- 4" X 4"	Tier 3	
<i>econazole topical cream 1 %</i>	Tier 1	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 %	Tier 3	
ERTACZO TOPICAL CREAM 2 %	Tier 3	
EXELDERM TOPICAL CREAM 1 %	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	QL (180 GM per 1 FILL)
<i>ketoconazole topical foam 2 %</i> (Ketodan)	Tier 1	ST: Requires prior prescription for Ketoconazole 2% cream or shampoo within the past 120 days
<i>ketoconazole topical shampoo 2 %</i>	Tier 1	QL (360 ML per 1 FILL)
<i>ketoconazole-niacinamide topical cream 2-4 %</i>	Tier 1	
KETODAN KIT TOPICAL COMBO PACK 2 %	Tier 3	
KETODAN TOPICAL FOAM 2 %	Tier 1	ST: Requires prior prescription for Ketoconazole 2% cream or shampoo within the past 120 days
LOPROX KIT TOPICAL COMBO PACK 0.77 %	Tier 3	
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	Tier 3	

Drug	Status	Notes
<i>luliconazole topical cream 1 %</i> (Luzu)	Tier 1	ST: Requires prior prescriptions for Clotrimazole and Ketoconazole within the past 365 days; QL (60 GM per 28 days)
MENTAX TOPICAL CREAM 1 %	Tier 3	
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> (Vusion)	Tier 1	
<i>naftifine topical cream 1 %</i>	Tier 1	
<i>naftifine topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>naftifine topical gel 1 %</i> (Naftin)	Tier 1	
NAFTIN TOPICAL GEL 2 %	Tier 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	
<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	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %	Tier 3	
PEDIZOL PAK TOPICAL KIT, CREAM AND SOLUTION 2-2 %	Tier 3	
<i>sulconazole topical cream 1 %</i> (Exelderm)	Tier 1	
<i>sulconazole topical solution 1 %</i> (Exelderm)	Tier 1	
<i>tavaborole topical solution with applicator 5 %</i> (Kerydin)	Tier 1	PA
XOLEGEL TOPICAL GEL 2 %	Tier 3	ST: Requires prior prescription for Ketoconazole 2% cream or shampoo within the past 120 days
ZOLPAK TOPICAL KIT 1 %- 6 CM X 7 CM	Tier 3	
Topical Antiparasitics		
CROTAN TOPICAL LOTION 10 %	Tier 3	
EURAX TOPICAL CREAM 10 %	Tier 3	
EURAX TOPICAL LOTION 10 %	Tier 3	
<i>ivermectin topical lotion 0.5 %</i> (Sklice)	Tier 1	
<i>lindane topical shampoo 1 %</i>	Tier 1	
<i>malathion topical lotion 0.5 %</i> (Ovide)	Tier 1	
<i>permethrin topical cream 5 %</i> (Elimite)	Tier 1	

Drug	Status	Notes
SKLICE TOPICAL LOTION 0.5 %	Tier 3	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	Tier 1	
ULESFIA TOPICAL LOTION 5 %	Tier 3	
Topical Antivirals		
<i>acyclovir topical cream 5 %</i> (Zovirax)	Tier 1	ST: At least 2 prior prescriptions for Acyclovir, Famciclovir, or Valacyclovir HCL within the past 365 days
<i>acyclovir topical ointment 5 %</i> (Zovirax)	Tier 1	
DENAVIR TOPICAL CREAM 1 %	Tier 3	ST: At least 2 prior prescriptions for Acyclovir, Famciclovir, or Valacyclovir HCL within the past 365 days
Topical Antivirals/Anti-inflammatory, Steroid Agent		
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)
Topical Genital Wart-Hpv Treatment Agents		
VEREGEN TOPICAL OINTMENT 15 %	Tier 3	ST: Requires prior prescriptions for Imiquimod (5%) and Podofilox within the past 120 days
Topical Pleuromutilin Derivatives		
ALTABAX TOPICAL OINTMENT 1 %	Tier 3	ST: Requires prior prescription for Mupirocin within the past 120 days
Topical Sulfonamides		
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	QL (1419 GM per 1 FILL)
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 %	Tier 1	

Drug	Status	Notes
ROSULA TOPICAL CLEANSER 10-4.5 %	Tier 3	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	Tier 1	
SSD TOPICAL CREAM 1 %	Tier 1	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W)	Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 %	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Rosanil)	Tier 1	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i> (Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i> (Sumaxin)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4.5 %</i> (Sumadan)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i> (SSS 10-5)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 9.8-4.8 %</i> (Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %</i> (Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i> (Sumaxin)	Tier 1	
<i>sulfacetamide sodium-sulfur topical 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	QL (1419 ML per 1 FILL)
<i>sulfacetamide-sulfur-cleansr23 topical kit 9-4.5 %</i> (Sumadan)	Tier 1	
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 %	Tier 1	
SULFAMILYLON TOPICAL CREAM 85 MG/G	Tier 3	
SULFAMILYLON TOPICAL PACKET 50 GRAM	Tier 3	
SUMADAN TOPICAL KIT 9-4.5 %	Tier 3	
SUMAXIN CP TOPICAL KIT 10-4 %	Tier 3	
Dermatology - Antiinflammatory		
Top. Anti-Inflam., Phosphodiesterase-4 (Pde4) Inhib		
EUCRISA TOPICAL OINTMENT 2 %	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days

Drug	Status	Notes
Topical Antibiotics/Anti-inflammatory, Steroidal		
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
Topical Anti-Inflammatory Steroidal		
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	
APEXICON E TOPICAL CREAM 0.05 %	Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
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	
<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	

Drug	Status	Notes
<i>betamethasone valerate topical lotion</i> 0.1 %	Tier 1	
<i>betamethasone valerate topical ointment</i> 0.1 %	Tier 1	
<i>betamethasone, augmented topical cream</i> 0.05 %	Tier 1	
<i>betamethasone, augmented topical gel</i> 0.05 %	Tier 1	
<i>betamethasone, augmented topical lotion</i> 0.05 %	Tier 1	
<i>betamethasone, augmented topical ointment</i> 0.05 % (Diprolene (augmented))	Tier 1	
BRYHALI TOPICAL LOTION 0.01 %	Tier 3	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (400 GM per 1 FILL)
CAPEX TOPICAL SHAMPOO 0.01 %	Tier 3	
<i>clobetasol scalp solution</i> 0.05 %	Tier 1	
<i>clobetasol topical cream</i> 0.05 % (Temovate)	Tier 1	
<i>clobetasol topical foam</i> 0.05 % (Olux)	Tier 1	
<i>clobetasol topical gel</i> 0.05 %	Tier 1	
<i>clobetasol topical lotion</i> 0.05 % (Clobex)	Tier 1	
<i>clobetasol topical ointment</i> 0.05 % (Temovate)	Tier 1	
<i>clobetasol topical shampoo</i> 0.05 % (Clobex)	Tier 1	
<i>clobetasol topical spray,non-aerosol</i> 0.05 % (Clobex)	Tier 1	
<i>clobetasol-emollient topical cream</i> 0.05 %	Tier 1	
<i>clobetasol-emollient topical foam</i> 0.05 % (Olux-E)	Tier 1	
<i>clobetasol-levocetirizine topical shampoo</i> 0.05-2 %	Tier 1	
<i>clobetasol-niacinamide topical solution</i> 0.05-4 % (Chlooxia)	Tier 1	
CLOBETAVIX TOPICAL KIT 0.05 %- 4" X 4"	Tier 3	
<i>clocortolone pivalate topical cream</i> 0.1 % (Cloderm)	Tier 1	
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %	Tier 3	

Drug	Status	Notes
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 3	ST: Requires prior prescription for Betamethasone (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days)
CORDRAN TOPICAL CREAM 0.025 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
DESONATE TOPICAL GEL 0.05 %	Tier 3	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>desonide topical cream 0.05 %</i> (DesOwen)	Tier 1	
<i>desonide topical gel 0.05 %</i> (Desonate)	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>desonide topical lotion 0.05 %</i> (DesOwen)	Tier 1	
<i>desonide topical ointment 0.05 %</i>	Tier 1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	Tier 1	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	Tier 1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	Tier 1	

Drug	Status	Notes
<i>desoximetasone topical spray,non-aerosol 0.25 %</i> (Topicort)	Tier 1	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days
<i>desoximetasone-niacinamide topical ointment 0.05-4 %</i>	Tier 1	
<i>diflorasone topical cream 0.05 %</i> (Psorcon)	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>diflorasone topical ointment 0.05 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days
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>fluocinolone-niacinamide topical cream 0.01-4 %, 0.025-4 %</i>	Tier 1	
<i>fluocinonide topical cream 0.05 %</i>	Tier 1	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	Tier 1	
<i>fluocinonide topical gel 0.05 %</i>	Tier 1	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	

Drug	Status	Notes
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	Tier 1	
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	Tier 1	
FLUOPAR TOPICAL KIT 0.1-5 %	Tier 3	
FLUOVIX PLUS TOPICAL KIT 0.1 %	Tier 3	
FLUOVIX TOPICAL KIT 0.1 %	Tier 3	
<i>flurandrenolide topical cream 0.05 %</i> (Cordran)	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>flurandrenolide topical lotion 0.05 %</i> (Cordran)	Tier 1	
<i>flurandrenolide topical ointment 0.05 %</i> (Cordran)	Tier 1	
<i>fluticasone propionate topical cream 0.05 %</i> (Cutivate)	Tier 1	
<i>fluticasone propionate topical lotion 0.05 %</i> (Beser)	Tier 1	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1	
<i>halcinonide topical cream 0.1 %</i> (Halog)	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 1	
<i>halobetasol propionate topical foam 0.05 %</i> (Lexette)	Tier 1	ST: Requires prior prescription for Clobetasol Propionate, Clobetasol Propionate/emoll, or Halobetasol Propionate within the past 120 days; QL (100 GM per 1 FILL)
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 1	

Drug	Status	Notes
HALOG TOPICAL OINTMENT 0.1 %	Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
HALOG TOPICAL SOLUTION 0.1 %	Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid)	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 1	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	Tier 1	
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	Tier 1	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	Tier 1	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	

Drug	Status	Notes
<i>hydrocortisone valerate topical cream</i> 0.2 %	Tier 1	
<i>hydrocortisone valerate topical ointment</i> 0.2 %	Tier 1	
IMPEKLO TOPICAL LOTION IN METERED-DOSE PUMP 0.05 %	Tier 3	
IMPOYZ TOPICAL CREAM 0.025 %	Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
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)
<i>mometasone topical cream</i> 0.1 %	Tier 1	
<i>mometasone topical ointment</i> 0.1 %	Tier 1	
<i>mometasone topical solution</i> 0.1 %	Tier 1	
NOXIPAK TOPICAL KIT 0.01-20 %	Tier 3	
NUCORT TOPICAL LOTION 2 %	Tier 3	
PANDEL TOPICAL CREAM 0.1 %	Tier 3	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>prednicarbate topical cream</i> 0.1 %	Tier 1	
<i>prednicarbate topical ointment</i> 0.1 %	Tier 1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	
QUINIXIL TOPICAL CREAM 0.1-5 %	Tier 3	

Drug	Status	Notes
SANADERMRX TOPICAL KIT 0.1-5 %	Tier 1	ST: At least 3 prior prescriptions for Dimethicone, Silicone Disc, Silicone Roll, Silicone Scar, Silicone Sheet, Silicone Tape, or Triamcinolone Acetonide within the past 365 days; QL (1 EA per 30 days)
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Tier 2	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Tier 3	ST: Requires prior prescription for Triamcinolone Acetonide 0.147mg/g spray within the past 120 days
SILA III TOPICAL KIT 0.1 %- 4" X 4"	Tier 3	
SILALITE PAK TOPICAL KIT, OINTMENT AND SHEET 0.1 %	Tier 3	
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	
TASOPROL TOPICAL KIT 0.05 %- 4" X 4"	Tier 3	
TEXACORT TOPICAL SOLUTION 2.5 %	Tier 2	
TOVET KIT TOPICAL COMBO PACK 0.05 %	Tier 3	
<i>triamcinolone acetonide topical aerosol</i> (Kenalog) 0.147 mg/gram	Tier 1	
<i>triamcinolone acetonide topical cream</i> 0.025 %	Tier 1	
<i>triamcinolone acetonide topical cream</i> (Triderm) 0.1 %, 0.5 %	Tier 1	
<i>triamcinolone acetonide topical lotion</i> 0.025 %, 0.1 %	Tier 1	
<i>triamcinolone acetonide topical ointment</i> 0.025 %, 0.1 %, 0.5 %	Tier 1	
<i>triamcinolone acetonide topical ointment</i> (Trianex) 0.05 %	Tier 1	
<i>triamcinolone-niacinamide topical cream</i> 0.1-4 %	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 augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (100 ML per 1 FILL)
VERDESO TOPICAL FOAM 0.05 %	Tier 3	
XILAPAK TOPICAL KIT 0.01 %	Tier 3	
Topical Anti-Inflammatory, Nsaids		
CAPSFENAC PAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Tier 3	
CLOFENAX TOPICAL KIT 1.5 %	Tier 3	
DICLO GEL TOPICAL KIT 1 %	Tier 3	
DICLO GEL-XRYLIX SHEET TOPICAL KIT 1 %	Tier 3	
<i>diclofenac epolamine transdermal patch</i> (Flector) 12 hour 1.3 %	Tier 1	
<i>diclofenac sodium topical drops</i> 1.5 %	Tier 1	
<i>diclofenac sodium topical gel</i> 1 % (Arthritis Pain (diclofenac))	Tier 1	
<i>diclofenac-hyaluronate-niacin topical gel</i> 3-2-4 %	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	
DICLOTREX TOPICAL KIT 1.5-10-4 %	Tier 3	
DICLOVIX M TOPICAL KIT 1.5-8 %	Tier 3	
DICLOZOR TOPICAL KIT 1 %	Tier 3	
DIMENTHO TOPICAL KIT 1.5-10 %	Tier 3	
DITHOL TOPICAL COMBO PACK 1.5-10 %	Tier 3	
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	

Drug	Status	Notes
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Tier 3	ST: Requires prior prescription for Diclofenac Epolamine within the past 120 days; QL (1 EA per 1 day)
NUDICLO SOLUPAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Tier 3	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	Tier 3	ST: Requires prior prescription for Diclofenac Sodium within the past 120 days
PENNSAID TOPICAL SOLUTION IN PACKET 2 %	Tier 3	ST: Requires prior prescription for Diclofenac Sodium within the past 120 days
VAROPHEN (DICLOFENAC) TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %	Tier 3	
VENNGEL ONE TOPICAL KIT 1 %	Tier 1	
XRYLIX (DICLOFENAC-KINES TAPE) TOPICAL KIT 1.5 %	Tier 3	
Dermatology - Antipruritic Drugs		
Antipruritics, Topical		
<i>doxepin topical cream 5 %</i> (Prudoxin)	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
LEVICYN ANTIPRURITIC TOPICAL GEL	Tier 3	
Dermatology - Miscellaneous		
Antiperspirants		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	Tier 2	
DRYSOL TOPICAL SOLUTION 20 %	Tier 2	
Antiseborrheic Agents		
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	

Drug	Status	Notes
<i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace)	Tier 1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i> (Ovace Plus Wash)	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 %	Tier 3	
Antiseptics,Miscellaneous		
<i>glutaraldehyde solution 25 %</i>	Tier 1	
<i>guaiacol liquid</i>	Tier 3	
Emollients		
<i>ammonium lactate topical cream 12 %</i>	Tier 1	
<i>ammonium lactate topical lotion 12 %</i> (Skin Treatment)	Tier 1	
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	
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	
HYLAGUARD TOPICAL CREAM	Tier 3	
HYLATOPIC TOPICAL FOAM	Tier 3	
HYLATOPICPLUS TOPICAL CREAM	Tier 3	
HYLATOPICPLUS TOPICAL LOTION	Tier 3	
KIVIK TOPICAL EMULSION	Tier 3	
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL	Tier 3	
LOYON TOPICAL SPRAY,NON-AEROSOL	Tier 3	
LUXAMEND TOPICAL CREAM	Tier 3	
MB HYDROGEL (CYCLOMETHICONE) TOPICAL KIT,CREAM AND GEL	Tier 1	
MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 %	Tier 1	
MINERIN CREME TOPICAL CREAM	Tier 1	
NEOSALUS TOPICAL CREAM	Tier 3	
NEOSALUS TOPICAL FOAM	Tier 3	

Drug	Status	Notes
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	
SEBUDERM TOPICAL GEL	Tier 3	
SONAFINE TOPICAL EMULSION	Tier 1	
SYNERDERM TOPICAL SPRAY, NON-AEROSOL	Tier 3	
XCLAIR TOPICAL CREAM	Tier 3	
Iodine Antiseptics		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	Tier 3	
Irrigants		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
AQUA CARE SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 %	Tier 1	
AQUA CARE STERILE WATER IRRIGATION SOLUTION	Tier 1	
<i>lactated ringers irrigation solution</i>	Tier 3	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	
<i>ringer's irrigation solution</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i> (Aqua Care Sodium Chloride)	Tier 1	
<i>sorbitol irrigation solution 3 %, 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	
Irritants/Counter-Irritants		
<i>methyl salicylate oil</i> (Wintergreen Oil)	Tier 1	
<i>methyl salicylate topical liquid</i>	Tier 1	
QUTENZA TOPICAL KIT 8 %	Tier 3	PA
Keratolytics		
BENSAL HP TOPICAL OINTMENT 3 %	Tier 3	

Drug	Status	Notes
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 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	
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	
<i>salicylic acid topical cream 6 %</i> (Salimez)	Tier 1	
<i>salicylic acid topical cream, extended release 6 %</i>	Tier 1	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i> (Virasal)	Tier 1	
<i>salicylic acid topical foam 6 %</i> (Salvax)	Tier 1	
<i>salicylic acid topical gel 6 %</i> (Keralyt Rx)	Tier 1	
<i>salicylic acid topical liquid 26 %</i>	Tier 1	
<i>salicylic acid topical lotion 6 %</i>	Tier 1	
<i>salicylic acid topical lotion, extended release 6 %</i>	Tier 1	
<i>salicylic acid topical shampoo 6 %</i> (Keralyt)	Tier 1	
<i>salicylic acid-ceramides no. 1 topical kit, cleanser and cream er 6 %</i>	Tier 1	
<i>salicylic-cimetidine-lidocaine topical cream 40-10-5 %</i>	Tier 1	

Drug	Status	Notes
SALVAX DUO PLUS TOPICAL FOAM 6-35 %	Tier 3	
SALVAX TOPICAL FOAM 6 %	Tier 1	
<i>silver nitrate applicators topical stick 75-25 %</i>	Tier 1	
<i>silver nitrate topical solution 10 %</i>	Tier 1	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	Tier 3	
UMECTA TOPICAL FOAM 40 %	Tier 1	
URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 %	Tier 3	
URAMAXIN TOPICAL FOAM 20 %	Tier 3	
URAMAXIN TOPICAL LOTION 45 %	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 %	Tier 1	
<i>urea topical cream 39 %</i> (Uredeb)	Tier 1	
<i>urea topical cream 40 %</i>	Tier 1	
<i>urea topical cream 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	
Oxidizing Agents		
ATRAPRO DERMAL SPRAY TOPICAL SPRAY, NON-AEROSOL 0.003-0.004 %	Tier 3	
DELUO TOPICAL SPRAY, NON-AEROSOL 0.018 %-0.004 % -0.06 %	Tier 3	
EPICYN TOPICAL SPRAY, NON-AEROSOL	Tier 3	
HYCLODEX TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 %	Tier 3	
LEVICYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.009 %	Tier 3	
MICROCYN TOPICAL SPRAY, NON-AEROSOL 0.003 %-0.004 % -0.023 %	Tier 3	
Protectives		
BEAU RX TOPICAL GEL	Tier 3	ST: Requires prior prescription for Kelo-cote or Recedo within the past 120 days; QL (30 GM per 30 days)
BIONECT TOPICAL CREAM 0.2 %	Tier 3	
BIONECT TOPICAL FOAM 0.2 %	Tier 3	
BIONECT TOPICAL GEL 0.2 %	Tier 3	

Drug	Status	Notes
DERMELLE TOPICAL GEL	Tier 3	
DERPIXA TOPICAL GEL	Tier 3	
GENADUR TOPICAL LIQUID	Tier 3	
HYGEL TOPICAL GEL 2.5 %	Tier 3	
KELARX TOPICAL GEL	Tier 3	
NUVAIL TOPICAL NAIL FILM SOLUTION 16 %	Tier 3	
PR CREAM TOPICAL CREAM	Tier 1	
PROSILK GEL TOPICAL GEL	Tier 3	
RADIAPLEXRX TOPICAL GEL	Tier 3	
SCARCARE TOPICAL KIT 2 X 5.5 "	Tier 3	
SCARCIN GEL TOPICAL GEL	Tier 3	
SCARCIN ROLL-ON TOPICAL LIQUID ROLL-ON	Tier 3	
SCARSILK GEL TOPICAL GEL	Tier 3	
SILIPAC TOPICAL KIT	Tier 3	
STRATAMARK TOPICAL GEL	Tier 3	
STRATATRIZ TOPICAL GEL	Tier 3	
TETRIX TOPICAL CREAM	Tier 3	
Topical Anti-Inflammatory Nsaid-Local Anesthetic		
DICLOVIX TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-2.5-4-2 %	Tier 3	
TRIXYLITRAL TOPICAL KIT, CREAM AND SOLUTION 1.5-3.88 %	Tier 3	
Topical Anti-Inflammatory Steroid-Local Anesthetic		
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Tier 2	
EPIFOAM TOPICAL FOAM 1-1 %	Tier 3	
<i>hydrocortisone-pramoxine topical cream</i> (Pramosone) 2.5-1 %	Tier 1	
<i>lidocaine hcl-hydrocortison ac topical cream</i> (Lidocort) 3-0.5 %	Tier 1	
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 %	Tier 3	
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	
Topical Antineoplastic & Premalignant Lesion Agnts		
<i>diclofenac sodium topical gel</i> 3 % (Solaraze)	Tier 1	QL (100 GM per 1 FILL)
FLUOROPLEX TOPICAL CREAM 1 %	Tier 3	
<i>fluorouracil topical cream</i> 0.5 % (Carac)	Tier 1	PA
<i>fluorouracil topical cream</i> 5 % (Efudex)	Tier 1	
<i>fluorouracil topical solution</i> 2 %, 5 %	Tier 1	

Drug	Status	Notes
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	Tier 3	
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)
SOLARAVIX TOPICAL KIT 3 %- 1.59" X 59"	Tier 3	
TARGRETIN TOPICAL GEL 1 %	Tier 3	PA
TOLAK TOPICAL CREAM 4 %	Tier 2	
VALCHLOR TOPICAL GEL 0.016 %	Tier 3	PA
Topical Local Anesthetics		
ADAZIN TOPICAL CREAM 2-2-10-0.035 %	Tier 3	
ANACAINE TOPICAL OINTMENT 10 %	Tier 3	
ANASTIA TOPICAL LOTION 2.75 %	Tier 3	
ASTERO TOPICAL GEL WITH PUMP 4 %	Tier 3	
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %	Tier 3	
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	
FORAXA TOPICAL GEL 2 %-1 % -1.2 %	Tier 3	
ILIDERM TOPICAL SPRAY,NON-AEROSOL	Tier 3	
KAMDOY TOPICAL SPRAY,NON-AEROSOL	Tier 3	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %	Tier 3	
LDO PLUS TOPICAL GEL WITH PUMP 4 %	Tier 3	
<i>lidocaine hcl laryngotracheal solution 4 %</i> (LTA Pre-Attached)	Tier 1	
<i>lidocaine hcl topical cream 3 %</i> (Lidopin)	Tier 1	
<i>lidocaine hcl topical cream 3.88 %</i> (Lidotral)	Tier 1	
<i>lidocaine hcl topical lotion 3 %</i> (Lido-K)	Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i> (Lidoderm)	Tier 1	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)

Drug	Status	Notes
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	
<i>lidocaine-tetracaine topical cream 7-7 % (Pliaglis)</i>	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	
MICROVIX LP TOPICAL KIT 2.5 -2.5 - 0.13 %	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	
PRILO PATCH II TOPICAL KIT, PATCH, MEDICATED, CREAM 5-2.5-2.5 %	Tier 3	
PRILO PATCH TOPICAL KIT, PATCH, MEDICATED, CREAM 5-2.5-2.5 %	Tier 3	
PRIZOTRAL TOPICAL CREAM 2.5-2.5-3.88 %	Tier 3	
PRIZOTRAL-II TOPICAL CREAM 2.5-2.5-3.88 %	Tier 3	
REGENECARE TOPICAL GEL 2 %	Tier 3	
REGENECARE WITH ALOE TOPICAL GEL 2 %	Tier 3	
SOLUPAK TOPICAL KIT,OINTMENT AND SPRAY 5-10-3 %	Tier 3	

Drug	Status	Notes
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	
ZEYOCAINE TOPICAL KIT, OINTMENT AND TAPE 5 %	Tier 3	
ZILACAINE 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)
Topical Preparations, Miscellaneous		
MEDIHONEY (HONEY) TOPICAL PASTE 100 %	Tier 3	
<i>sodium chloride topical solution 0.9 %</i> (Saljet Saline Rinse)	Tier 1	
Topical/Mucous Membr./Subcut. Enzymes		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents, Systemic		
<i>acitretin oral capsule 10 mg, 25 mg</i> (Soriatane)	Tier 3	
<i>acitretin oral capsule 17.5 mg</i>	Tier 3	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 3	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 3	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 3	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 3	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 3	PA
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	Tier 3	PA

Drug	Status	Notes
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
TREMIFYA SUBCUTANEOUS AUTO- INJECTOR 100 MG/ML	Tier 3	PA
TREMIFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 3	PA
Antipsoriatics Agents		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene topical foam 0.005 %</i> (Sorilux)	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
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	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (200 GM per 28 days)

Drug	Status	Notes
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> (Tazorac)	Tier 1	
TAZORAC TOPICAL CREAM 0.05 %	Tier 2	
TAZORAC TOPICAL GEL 0.05 %	Tier 3	
TAZORAC TOPICAL GEL 0.1 %	Tier 3	ST: Requires prior prescription for Adapalene, Differin, Tazarotene, or Tretinoin within the past 120 days
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
Topical Agents, Miscellaneous		
COLLATYL TOPICAL GEL 1 %	Tier 3	
NEURAPTINE TOPICAL CREAM IN PACKET 10 %	Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
PROTYL AG TOPICAL GEL 1 %	Tier 3	
Topical Immunosuppressive Agents		
<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	
<i>tacrolimus-hyaluronate-niacin topical cream 0.1-1-4 %</i>	Tier 1	
<i>tacrolimus-niacinamide topical ointment 0.1-4 %</i>	Tier 1	
<i>tacrolimus-vehicle base no.238 topical cream 0.1 %</i>	Tier 1	
Topical Vit D Analog/Anti-inflammatory, Steroidal		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i> (Taclonex)	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> (Taclonex)	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>clobetasol-calcipotriene topical solution 0.05-0.005 %</i>	Tier 1	

Drug	Status	Notes
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
WYNZORA TOPICAL CREAM 0.005-0.064 %	Tier 3	
Diabetes		
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i> (Kazano)	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	Tier 2	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
Antihypergly,Dpp-4 Enzyme Inhib &Thiazolidinedione		
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i> (Oseni)	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)		
ADLYXIN SUBCUTANEOUS PEN INJECTOR 10 MCG/0.2 ML- 20 MCG/0.2 ML, 20 MCG/0.2 ML	Tier 3	ST: Requires prior prescription for Bydureon Bcise, Bydureon Pen, Bydureon, Byetta, Ozempic, Rybelsus, Trulicity, or Victoza within the past 120 days; QL (6 ML per 28 days)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Tier 2	QL (0.85 ML per 7 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	Tier 2	QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 2	QL (1.2 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	Tier 2	QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	Tier 2	QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 2	QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	Tier 2	QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 2	QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 2	QL (9 ML per 30 days)
Antihyperglycemc-Sod/Gluc Cotransport2(Sglt2)Inhib		
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 3	ST: Requires prior prescription for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (30 EA per 30 days)

Drug	Status	Notes
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 3	ST: Requires prior prescription for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	ST: Requires prior prescription for Glipizide/Metformin HCL, Glyburide/Metformin HCL, Metformin HCL, or Riomet ER within the past 180 days
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	Tier 1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antihyperglycemic, Amylin Analog-Type		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 2	
Antihyperglycemic, Dpp-4 Inhibitors		
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i> (Nesina)	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic, Insulin-Release Stimulant Type		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> (Amaryl)	Tier 1	
<i>glipizide oral tablet 10 mg</i> (Glucotrol)	Tier 1	
<i>glipizide oral tablet 5 mg</i>	Tier 1	

Drug	Status	Notes
<i>glipizide oral tablet extended release</i> (Glucotrol XL) 24hr 10 mg, 2.5 mg, 5 mg	Tier 1	
<i>glyburide micronized oral tablet</i> 1.5 mg, (Glynase) 3 mg, 6 mg	Tier 1	
<i>glyburide oral tablet</i> 1.25 mg, 2.5 mg, 5 mg	Tier 1	
<i>nateglinide oral tablet</i> 120 mg (Starlix)	Tier 1	
<i>nateglinide oral tablet</i> 60 mg	Tier 1	
<i>repaglinide oral tablet</i> 0.5 mg	Tier 1	
<i>repaglinide oral tablet</i> 1 mg, 2 mg (Prandin)	Tier 1	
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
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</i> 15 mg, 30 mg, 45 mg (Actos)	Tier 1	
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 3	ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (1 EA per 1 day)
QTERN ORAL TABLET 10-5 MG, 5-5 MG	Tier 3	ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (1 EA per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Tier 3	ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)		
DM2 COMBO PACK, TABLET AND STRIP 500 MG	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days
<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
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg</i> (Glumetza)	Tier 1	ST: Requires prior prescription for Metformin HCL within the past 120 days
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML	Tier 3	ST: Requires prior prescription for Metformin HCL within the past 120 days; QL (20 ML per 1 day)
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 2	ST: Requires prior prescriptions for Basaglar Kwikpen U-100, Bydureon Bcise, Bydureon Pen, Bydureon, Byetta, Levemir Flextouch, Levemir, Ozempic, Rybelsus, Tresiba Flextouch U-100, Tresiba Flextouch U-200, Tresiba, Trulicity, or Victoza within the past 120 days; QL (30 ML per 28 days)

Drug	Status	Notes
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 2	ST: Requires prior prescriptions for Basaglar Kwikpen U-100, Bydureon Bcise, Bydureon Pen, Bydureon, Byetta, Levemir Flextouch, Levemir, Ozempic, Rybelsus, Tresiba Flextouch U-100, Tresiba Flextouch U-200, Tresiba, Trulicity, or Victoza within the past 120 days; QL (15 ML per 28 days)
Antihyperglycemic, Insulin-Rel Stim. & Biguanide Comb		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	Tier 1	
Antihyperglycemic, Insulin-Response & Release Comb.		
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihyperglycemic-Glucocorticoid Receptor Blocker		
KORLYM ORAL TABLET 300 MG	Tier 3	PA
Antihyperglycemic-SglT2 Inhibitor & Biguanide Comb		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 3	ST: Requires prior prescription for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (2 EA per 1 day)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 3	ST: Requires prior prescription for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (2 EA per 1 day)

Drug	Status	Notes
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	Tier 3	ST: Requires prior prescription for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (2 EA per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 2	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Tier 2	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	Tier 2	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	Tier 2	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	Tier 2	QL (2 EA per 1 day)
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb		
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i> (Actoplus MET)	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	Tier 3	ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	Tier 3	ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (2 EA per 1 day)

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

Drug	Status	Notes
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; QL (200 EA per 30 days)
ASSURE PLATINUM 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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 days)

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

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

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

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

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

Drug	Status	Notes
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; QL (200 EA per 30 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; QL (200 EA per 30 days)
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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 days)

Drug	Status	Notes
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; QL (200 EA per 30 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; QL (200 EA per 30 days)
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; QL (200 EA per 30 days)
EVENCARE MINI 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; QL (200 EA per 30 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; QL (200 EA per 30 days)

Drug	Status	Notes
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; QL (200 EA per 30 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; QL (200 EA per 30 days)
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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 days)

Drug	Status	Notes
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; QL (200 EA per 30 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; QL (200 EA per 30 days)
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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 days)

Drug	Status	Notes
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; QL (200 EA per 30 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; QL (200 EA per 30 days)
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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 days)

Drug	Status	Notes
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; QL (200 EA per 30 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; QL (200 EA per 30 days)
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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 days)

Drug	Status	Notes
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; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
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; QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE TEST STRIP	Tier 2	QL (200 EA per 30 days)
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; QL (200 EA per 30 days)

Drug	Status	Notes
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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 days)
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; QL (200 EA per 30 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; QL (200 EA per 30 days)

Drug	Status	Notes
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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 days)
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; QL (200 EA per 30 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; QL (200 EA per 30 days)

Drug	Status	Notes
GOJJI 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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 days)
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; QL (200 EA per 30 days)

Drug	Status	Notes
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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 days)
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; QL (200 EA per 30 days)

Drug	Status	Notes
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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 days)
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; QL (200 EA per 30 days)

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

Drug	Status	Notes
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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 days)
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; QL (200 EA per 30 days)

Drug	Status	Notes
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; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP	Tier 2	QL (200 EA per 30 days)
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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 days)
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; QL (200 EA per 30 days)

Drug	Status	Notes
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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 days)
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; QL (200 EA per 30 days)

Drug	Status	Notes
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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 days)
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; QL (200 EA per 30 days)

Drug	Status	Notes
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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 days)
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; QL (200 EA per 30 days)

Drug	Status	Notes
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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 days)
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; QL (200 EA per 30 days)

Drug	Status	Notes
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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 days)
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; QL (200 EA per 30 days)

Drug	Status	Notes
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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 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; QL (200 EA per 30 days)
Diabetic Supplies		
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 G4 TRANSMITTER DEVICE	Tier 3	PA
DEXCOM G5 RECEIVER	Tier 3	PA
DEXCOM G5 TRANSMITTER DEVICE	Tier 3	PA
DEXCOM G5-G4 SENSOR DEVICE	Tier 3	PA
DEXCOM G6 RECEIVER	Tier 2	PA
DEXCOM G6 SENSOR DEVICE	Tier 2	PA

Drug	Status	Notes
DEXCOM G6 TRANSMITTER DEVICE	Tier 2	PA
DEXCOM RECEIVER	Tier 3	PA
ENLITE GLUCOSE SENSOR DEVICE	Tier 3	
EVERSENSE SMART TRANSMITTER DEVICE	Tier 3	PA
FREESTYLE LIBRE 14 DAY READER	Tier 3	PA
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 3	PA
FREESTYLE LIBRE 2 READER	Tier 3	PA
FREESTYLE LIBRE 2 SENSOR KIT	Tier 3	PA
FREESTYLE NAVIGATOR GLUC SENS DEVICE	Tier 3	
GUARDIAN CONNECT TRANSMITTER DEVICE	Tier 3	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE	Tier 3	
GUARDIAN SENSOR 3 DEVICE	Tier 3	PA
MINILINK REAL-TIME TRANSMITTER DEVICE	Tier 3	
MINIMED 630G GUARDIAN START KT DEVICE	Tier 3	
OMNIPOD DASH 5 PACK POD SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD DASH PDM KIT	Tier 2	QL (1 EA per 365 days)
OMNIPOD INSULIN MANAGEMENT	Tier 2	QL (1 EA per 365 days)
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE	Tier 2	
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE	Tier 2	
Diabetic Ulcer Preparations, Topical		
REGGRANEX TOPICAL GEL 0.01 %	Tier 2	
Hyperglycemics		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Tier 2	QL (4 EA per 1 FILL)
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	Tier 1	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	Tier 3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2	QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)

Drug	Status	Notes
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
Insulins		
ADMELOG 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, Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (30 ML per 28 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Humalog Junior Kwikpen, Humalog Kwikpen U-200, Humalog, Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (40 ML per 28 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Tier 3	PA
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Humalog Junior Kwikpen, Humalog Kwikpen U-200, Humalog, Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (30 ML per 28 days)

Drug	Status	Notes
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Humalog Junior Kwikpen, Humalog Kwikpen U-200, Humalog, Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (40 ML per 28 days)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	ST: Requires prior prescription for Humalog Junior Kwikpen, Humalog Kwikpen U-200, Humalog, Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Tier 3	ST: Requires prior prescription for Humalog Junior Kwikpen, Humalog Kwikpen U-200, Humalog, Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (30 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Humalog Junior Kwikpen, Humalog Kwikpen U-200, Humalog, Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (40 ML per 28 days)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 1	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (12 ML per 28 days)
HUMALOG MIX 50-50 INSULIN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Tier 2	QL (40 ML per 28 days)

Drug	Status	Notes
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 2	QL (40 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 2	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 2	QL (24 ML per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	(Novolog Mix 70- 30FlexPen U-100)	Tier 3 ST: Requires prior prescription for Humalog Mix 75-25, Humalog Mix 75-25 Kwikpen, or Insulin Lispro Protamin/lispro within the past 120 days; QL (30 ML per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70- 30)</i>	(Novolog Mix 70-30 U-100 Insuln)	Tier 3 ST: Requires prior prescription for Humalog Mix 75-25, Humalog Mix 75-25 Kwikpen, or Insulin Lispro Protamin/lispro within the past 120 days; QL (40 ML per 28 days)

Drug	Status	Notes
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i> (Novolog PenFill U-100 Insulin)	Tier 3	ST: Requires prior prescription for Humalog Junior Kwikpen, Humalog Kwikpen U-200, Humalog, Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i> (Novolog Flexpen U-100 Insulin)	Tier 3	ST: Requires prior prescription for Humalog Junior Kwikpen, Humalog Kwikpen U-200, Humalog, Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i> (Novolog U-100 Insulin aspart)	Tier 3	ST: Requires prior prescription for Humalog Junior Kwikpen, Humalog Kwikpen U-200, Humalog, Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (40 ML per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	ST: Requires prior prescription for Basaglar Kwikpen U-100, Levemir Flextouch, Levemir, Tresiba Flextouch U-100, Tresiba Flextouch U-200, or Tresiba within the past 120 days; QL (30 ML per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Basaglar Kwikpen U-100, Levemir Flextouch, Levemir, Tresiba Flextouch U-100, Tresiba Flextouch U-200, or Tresiba within the past 120 days; QL (40 ML per 28 days)
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)

Drug	Status	Notes
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (12 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 3	ST: Requires prior prescription for Humulin 70-30 or Humulin 70/30 Kwikpen within the past 120 days; QL (40 ML per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 3	ST: Requires prior prescription for Humulin 70-30 or Humulin 70/30 Kwikpen within the past 120 days; QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Humulin N within the past 120 days; QL (40 ML per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	ST: Requires prior prescription for Humulin R within the past 120 days; QL (30 ML per 28 days)
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Humulin R within the past 120 days; QL (40 ML per 28 days)
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, Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (30 ML per 28 days)
NOVOLOG MIX 70-30 U-100 INSULIN 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; QL (40 ML per 28 days)

Drug	Status	Notes
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; QL (30 ML per 28 days)
SEMGLEE PEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	ST: Requires prior prescription for Basaglar Kwikpen U-100, Levemir Flextouch, Levemir, Tresiba Flextouch U-100, Tresiba Flextouch U-200, or Tresiba within the past 120 days; QL (30 ML per 28 days)
SEMGLEE U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Basaglar Kwikpen U-100, Levemir Flextouch, Levemir, Tresiba Flextouch U-100, Tresiba Flextouch U-200, or Tresiba within the past 120 days; QL (40 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	Tier 3	ST: Requires prior prescription for Basaglar Kwikpen U-100, Levemir Flextouch, Levemir, Tresiba Flextouch U-100, Tresiba Flextouch U-200, or Tresiba within the past 120 days; QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	Tier 3	ST: Requires prior prescription for Basaglar Kwikpen U-100, Levemir Flextouch, Levemir, Tresiba Flextouch U-100, Tresiba Flextouch U-200, or Tresiba within the past 120 days; QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)

Drug	Status	Notes
Ear - General Disorders		
Ear Preparations Anti-Inflammatory		
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	Tier 1	
Ear Preparations, Misc. Anti-Infectives		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
CORTANE-B TOPICAL LOTION 1-1-0.1 %	Tier 3	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	
Ear Preparations, Antibiotics		
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)	Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3	
<i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	
Otic Preparations, Anti-Inflammatory-Antibiotics		
CIPRO HC OTIC (EAR) DROPS, SUSPENSION 0.2-1 %	Tier 3	
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i> (Ciprodex)	Tier 1	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i> (Otovel)	Tier 1	
Electrolyte Regulation		
Arginine Vasopressin (Avp) Receptor Antagonists		
<i>tolvaptan oral tablet 15 mg</i> (Samsca)	Tier 3	QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i> (Samsca)	Tier 3	QL (60 EA per 365 days)
Electrolyte Depleters		
AURYXIA ORAL TABLET 210 MG IRON	Tier 3	QL (12 EA per 1 day)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 3	
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML	Tier 1	
<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	

Drug	Status	Notes
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	
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML	Tier 1	
<i>sodium polystyrene sulfonate oral powder</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
Potassium Replacement		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	Tier 1	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	Tier 1	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	Tier 1	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	Tier 1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 1	
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	Tier 1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> (K-Tab)	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	Tier 1	
Sodium/Saline Preparations		
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	

Drug	Status	Notes
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE	Tier 1	
NORMAL SALINE FLUSH INJECTION SYRINGE	Tier 1	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	Tier 1	
<i>sodium chloride 0.9 % (flush) injection syringe</i> (BD PosiFlush Normal Saline 0.9)	Tier 1	
<i>sodium chloride 0.9 % injection solution</i>	Tier 1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier 1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	Tier 1	
<i>sodium chloride injection syringe 0.9 %</i>	Tier 1	
Endocrine Disorder - Fertility		
Drugs To Treat Impotency		
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)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)	Tier 1	QL (1 EA per 5 days)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 3	ST: Requires prior prescription for Sildenafil Citrate within the past 365 days; QL (1 EA per 5 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i> (Cialis)	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i> (Cialis)	Tier 1	PA; QL (1 EA per 1 day)
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG	Tier 3	
<i>varafenafil oral tablet 10 mg, 20 mg</i> (Levitra)	Tier 1	ST: Requires prior prescription for Sildenafil Citrate within the past 365 days; QL (1 EA per 5 days)

Drug	Status	Notes
<i>vardenafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for Sildenafil Citrate within the past 365 days; QL (1 EA per 5 days)
<i>vardenafil oral tablet, disintegrating 10 mg</i> (Staxyn)	Tier 1	ST: Requires prior prescription for Sildenafil Citrate within the past 365 days; QL (1 EA per 5 days)
Endocrine Disorder - Other		
Adrenal Steroid Inhibitors		
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	Tier 4	PA
Adrenocorticotrophic Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 4	PA
Antidiuretic And Vasopressor Hormones		
DDAVP NASAL SOLUTION 0.1 MG/ML (REFRIGERATE)	Tier 2	
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	Tier 1	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	Tier 1	
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG	Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG	Tier 3	QL (1 EA per 1 day)
NOCTIVA NASAL SPRAY, NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	Tier 3	QL (3.8 GM per 30 days)
Antineoplastic Lhrh(Gnrh) Agonist, Pituitary Suppr.		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 3	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 3	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 3	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 3	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 3	PA
Bone Formation Stim. Agents - Parathyroid Hormone		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	Tier 3	PA; QL (2.4 ML per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose - 620 mcg/2.48 ml</i>	Tier 4	PA; QL (2.4 ML per 28 days)

Drug	Status	Notes
Bone Formation Stimulating Agts - Pth Rel Peptides		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 3	PA
Bone Resorption Inhibitor & Vitamin D Combinations		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 2	
Bone Resorption Inhibitors		
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 1	QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	Tier 1	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	Tier 1	
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</i>	Tier 1	
<i>ibandronate oral tablet 150 mg</i> (Boniva)	Tier 1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	Tier 3	
<i>raloxifene oral tablet 60 mg</i> (Evista)	PREV	QL (1 EA per 1 day)
<i>risedronate oral tablet 150 mg</i> (Actonel)	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg</i>	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet 35 mg</i> (Actonel)	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)

Drug	Status	Notes
<i>risedronate oral tablet 5 mg</i> (Actonel)	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)
Calcimimetic, Parathyroid Calcium Enhancer		
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	Tier 3	QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	Tier 3	QL (4 EA per 1 day)
Growth Hormone Receptor Antagonists		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 3	
Growth Hormone Releasing Hormone (Ghrh) & Analogs		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 4	PA
Growth Hormones		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	Tier 4	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Tier 4	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	Tier 4	PA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	Tier 4	PA
NORDITROPIN FLEXPLO 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 3	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

Drug	Status	Notes
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
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	Tier 1	
<i>paricalcitol oral capsule 4 mcg</i>	Tier 1	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 2	QL (2 EA per 1 day)
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 4	PA
Leptin Hormone Analogs		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 4	QL (1 EA per 1 day)
Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb		
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 2	PA
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	Tier 4	PA
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents		
ORLISSA ORAL TABLET 150 MG, 200 MG	Tier 2	PA
Menopausal Sympt Supp-Sel Estrogen Recep Modulator		
OSPHENA ORAL TABLET 60 MG	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
Parathyroid Hormones		
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	Tier 4	PA
Pituitary Suppressive Agents		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	Tier 1	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
Iodine Containing Agents		
SSKI ORAL SOLUTION 1 GRAM/ML	Tier 1	
STRONG IODINE ORAL SOLUTION 5 %	Tier 1	
Thyroid Hormones		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Tier 2	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Tier 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 capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Tirosint)	Tier 1	
<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	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 1	

Drug	Status	Notes
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	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	Tier 3	
THYROLAR-1 ORAL TABLET 12.5-50 MCG	Tier 3	
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG	Tier 3	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG	Tier 3	
THYROLAR-2 ORAL TABLET 25-100 MCG	Tier 3	
THYROLAR-3 ORAL TABLET 37.5-150 MCG	Tier 3	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 3	
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	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 1	
Eye - General Disorders		
Eye Antibiotic, Glucocorticoid And Nsaid Comb.		
<i>prednisol ace-gatiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
<i>prednisoln sp-gatiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<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	

Drug	Status	Notes
Eye Antibiotic-Corticoid Combinations		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	
NEO-POLYCYN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	Tier 1	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %	Tier 3	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	Tier 3	
<i>prednisolone acet-gatifloxacin ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 1	
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>	Tier 1	
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	Tier 2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	Tier 3	
<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	
Eye Antihistamines		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	Tier 3	ST: At least 2 prior prescriptions for Azelastine HCL, Epinastine HCL, or Olopatadine HCL within the past 120 days; QL (10 ML per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	

Drug	Status	Notes
LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 %	Tier 3	ST: At least 2 prior prescriptions for Azelastine HCL, Epinastine HCL, or Olopatadine HCL within the past 120 days; QL (3 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Pataday Twice Daily Relief)	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Pataday Once Daily Relief)	Tier 1	QL (3 ML per 30 days)
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	Tier 3	QL (60 EA per 30 days)
Eye Antiinflammatory Agents		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 3	ST: At least 2 prior prescriptions for DiclofenacSodium, Ilevro, KetorolacTromethamine, or Prolensa within the past 365 days; QL (60 EA per 15 days)
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	Tier 2	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	ST: Requires prior prescription for DiclofenacSodium or KetorolacTromethamine within the past 120 days; QL (3.4 ML per 16 days)
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	Tier 3	ST: At least 2 prior prescriptions for DiclofenacSodium, Ilevro, KetorolacTromethamine, or Prolensa within the past 365 days; QL (5 ML per 16 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (10 ML per 14 days)
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	PA
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	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 2	

Drug	Status	Notes
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	Tier 2	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 2	QL (3.4 ML per 16 days)
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 3	ST: Requires prior prescriptions for Lotemax and Loteprednol Etabonate within the past 365 days; QL (5.6 ML per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	Tier 1	QL (20 ML per 30 days)
KLARITY-B (BETAMETH-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 3	
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.2-0.25 %, 0.5-0.25 %	Tier 3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 2	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)	Tier 1	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)	Tier 1	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	ST: At least 2 prior prescriptions for DiclofenacSodium, Ilevro, KetorolacTromethamine, or Prolensa within the past 365 days; QL (9 ML per 16 days)
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	QL (3 ML per 16 days)

Drug	Status	Notes
Eye Antivirals		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 2	
Eye Local Anesthetics		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Tier 3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	Tier 1	
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 %	Tier 1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	Tier 1	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i> (Altacaine)	Tier 1	
Eye Sulfonamides		
BLEPH-10 OPHTHALMIC (EYE) DROPS 10 %	Tier 1	
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	Tier 2	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	Tier 2	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> (Bleph-10)	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
Eye Vasoconstrictors (Rx Only)		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 3	
Ophthalmic Antibiotics		
AK-POLY-BAC OPHTHALMIC (EYE) 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	

Drug	Status	Notes
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
<i>ciprofloxacin hcl ophthalmic (eye) drops</i> (Ciloxan) 0.3 %	Tier 1	
<i>erythromycin ophthalmic (eye) ointment</i> 5 mg/gram (0.5 %)	Tier 1	
<i>gatifloxacin ophthalmic (eye) drops</i> 0.5 % (Zymaxid)	Tier 1	
GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)	Tier 1	
<i>gentamicin ophthalmic (eye) drops</i> 0.3 %	Tier 1	
KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 %	Tier 3	
<i>levofloxacin ophthalmic (eye) drops</i> 0.5 %	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops</i> 0.5 % (Vigamox)	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops,</i> (Moxeza) <i>viscous</i> 0.5 %	Tier 1	
<i>neomycin-bacitracin-polymyxin</i> (Neo-Polycin) <i>ophthalmic (eye) ointment</i> 3.5-400- 10,000 mg-unit-unit/g	Tier 1	
<i>neomycin-polymyxin-gramicidin</i> <i>ophthalmic (eye) drops</i> 1.75 mg-10,000 unit-0.025mg/ml	Tier 1	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT- UNIT/G	Tier 1	
<i>ofloxacin ophthalmic (eye) drops</i> 0.3 % (Ocuflox)	Tier 1	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic</i> (Polytrim) <i>(eye) drops</i> 10,000 unit- 1 mg/ml	Tier 1	
<i>tobramycin ophthalmic (eye) drops</i> 0.3 % (Tobrex)	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
Ophthalmic Antifungal Agents		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 3	
Ophthalmic Anti-Inflammatory Immunomodulator-Type		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Tier 3	ST: 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	

Drug	Status	Notes
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	Tier 2	QL (60 EA per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 2	QL (60 EA per 30 days)
Ophthalmic Human Nerve Growth Factor (Hngf)		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 4	PA
Ophthalmic Mast Cell Stabilizers		
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	Tier 2	
ALOMIDOPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	
Ophthalmic Preparations, Miscellaneous		
ACUICYN TOPICAL SPRAY, NON-AEROSOL 0.01 %	Tier 3	
AVENOVA TOPICAL SPRAY, NON-AEROSOL 0.01 %	Tier 3	
HYPOCYN TOPICAL SPRAY, NON-AEROSOL 0.01 %	Tier 3	
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
Miotics/Other Intraoc. Pressure Reducers		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	
<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	

Drug	Status	Notes
<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	
<i>orzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>orzolamide ophthalmic (eye) drops 2 % (Trusopt)</i>	Tier 1	
<i>orzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 % (Cosopt (PF))</i>	Tier 1	ST: Requires prior prescription for Dorzolamide HCL/Timolol Maleate within the past 120 days; QL (2 EA per 1 day)
<i>orzolamide-timolol (pf) ophthalmic (eye) drops 2-0.5 %</i>	Tier 1	
<i>orzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml (Cosopt)</i>	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 % (Xalatan)</i>	Tier 1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 2	QL (2.5 ML per 25 days)
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	Tier 1	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 % (Isopto Carpine)</i>	Tier 1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 3	ST: At least 2 prior prescriptions for Alphagan P, Azopt, Combigan, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 3	ST: At least 2 prior prescriptions for Alphagan P, Azopt, Combigan, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 2	

Drug	Status	Notes
<i>timol-brimon-dorzo-latanop(pf)</i> <i>ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.005 %</i>	Tier 1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %</i> (Timoptic Ocudose (PF))	Tier 1	ST: Requires prior prescription for Timolol Maleate or Timoptic Ocudose within the past 120 days; QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> (Timoptic)	Tier 1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i> (Timoptic-XE)	Tier 1	
<i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>	Tier 1	
<i>timolol-dorzolamid-latanop(pf) ophthalmic (eye) drops 0.5-2-0.005 %</i>	Tier 1	
<i>timolol-latanoprost(pf) ophthalmic (eye) drops 0.5-0.005 %</i>	Tier 1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 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)
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	Tier 1	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, Travoprost (benzalkonium), or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, Travoprost (benzalkonium), or Travoprost within the past 365 days; QL (2.5 ML per 25 days)

Drug	Status	Notes
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, Travoprost (benzalkonium), or Travoprost within the past 365 days; QL (1 EA per 1 day)
Mydriatics		
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	Tier 1	
<i>atropine ophthalmic (eye) drops, emulsion 0.01 %</i>	Tier 1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 1	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)	Tier 1	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	Tier 1	
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 %	Tier 1	
PAREMYD OPHTHALMIC (EYE) DROPS 1-0.25 %	Tier 3	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Tier 1	
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydriacyl)	Tier 1	
Ophthalmic Antifibrotic Agents		
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 3	
Eye - Miscellaneous		
Artificial Tears		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	Tier 3	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	Tier 3	
Eye Mydriatic And Nsaid Combinations		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 %	Tier 1	
<i>tropic-proparacai-pe-ketor-wat ophthalmic (eye) drops 1-0.5-2.5-0.5 %</i> (Mydriatic4(trop-prop-PE-ktrlc))	Tier 1	
Eye Preparations, Miscellaneous (Otc)		
GELFILM OPHTHALMIC (EYE) FILM	Tier 3	

Drug	Status	Notes
Ophthalmic Cystine Depleting Agents		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 3	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 3	PA
Fluid Replacement		
Nucleic Acid/Nucleotide Supplements		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 3	PA
Gout And Related Diseases		
Colchicine		
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	Tier 1	QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	Tier 1	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Tier 3	ST: Requires prior prescription for Colchicine capsules or tablets within the past 120 days; QL (10 ML per 1 day)
Hyperuricemia Tx - Purine Inhibitors		
<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 within the past 120 days; QL (30 EA per 30 days)
Uricosuric Agents		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	
Uricosuric And Xanthine Oxidase Inhibitor Comb.		
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	Tier 3	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day)
Hematological Disorders		
Agents To Tx Thrombotic Thrombocytopenic Purpura		
CABLIVI INJECTION KIT 11 MG	Tier 4	PA
CABLIVI INJECTION RECON SOLN 11 MG	Tier 4	PA
Anticoagulants,Coumarin Type		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	Tier 1	
Antifibrinolytic Agents		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar)	Tier 1	

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

Drug	Status	Notes
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	
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 3	
NUWIQ INTRAVENOUS RECON SOLN 1000 (+/-) UNIT, 2,000 (+/-) UNIT, 2,500 UNIT, 250 (+/-) UNIT, 3,000 UNIT, 4,000 UNIT, 500 (+/-) UNIT	Tier 3	
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 3	
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	Tier 3	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 3	
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	
Blood Factors, Miscellaneous		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 4	
Citrates As Anticoagulants		
<i>anticoag citrate phos dextrose solution</i> 2.63-222 gram-mg/100ml	Tier 1	

Drug	Status	Notes
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L	Tier 3	
sodium citrate solution 4 gram /100 ml (4 %)	Tier 1	
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 2	QL (74 EA per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Tier 3	ST: Requires prior prescriptions for Eliquis and Xarelto within the past 365 days; QL (30 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 2	QL (2 EA per 1 day)
Factor Ix Complex (Pcc) Preparations		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	
Factor Ix Preparations		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 3	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	
MONONINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	Tier 3	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	

Drug	Status	Notes
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	
Factor X Preparations		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 4	
Factor Xiii Preparations		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 4	
TRETTEIN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 4	
Hematinics,Other		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	Tier 4	PA
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 4	PA
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Tier 4	PA
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 3	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 4	PA
Hemophilia Treatment Agents,Non-Factor Replacement		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	Tier 3	PA
Hemorrhologic Agents		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	

Drug	Status	Notes
Heparin And Related Preparations		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	Tier 3	QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox)	Tier 3	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	Tier 3	QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	Tier 3	QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	Tier 3	QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	Tier 3	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 3	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 3	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 3	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 3	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 3	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 3	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 3	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 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 1	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 1	
<i>heparin flush(porcine)-0.9nacl intravenous kit 100 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 1	

Drug	Status	Notes
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, 5,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 1	(Heparin LockFlush(Porcine)(PF))
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 1	
Leukocyte (Wbc) Stimulants		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 3	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 3	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 3	PA
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 3	PA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 4	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 3	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 4	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 4	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA

Drug	Status	Notes
Platelet Aggregation Inhibitors		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	PREV	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	PREV	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	PREV	
ASPIRIN LOW DOSE ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	PREV	
<i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)	PREV	
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i> (Adult Aspirin Regimen)	PREV	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 1	
<i>aspirin-omeprazole oral tablet,ir,delayed rel,biphasic 325-40 mg, 81-40 mg</i> (Yosprala)	Tier 1	PA
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 2	QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	PREV	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>clopidogrel oral tablet 300 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	Tier 1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR 162.5 MG	Tier 3	PA
LO-DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	PREV	
<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	PREV	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	PREV	
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)
Platelet Reducing Agents		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	Tier 1	
<i>anagrelide oral capsule 1 mg</i>	Tier 1	
Sickle Cell Anemia Agents		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	

Drug	Status	Notes
ENDARI ORAL POWDER IN PACKET 5 GRAM	Tier 4	PA
OXBRYTA ORAL TABLET 500 MG	Tier 4	PA
SIKLOS ORAL TABLET 1,000 MG	Tier 3	ST: Requires prior prescription for Droxia or Hydroxyurea within the past 365 days
SIKLOS ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
Spleen Tyrosine Kinase Inhibitors		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 4	PA
Thrombin Inhibitors, Selective, Direct, & Reversible		
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)
Thrombopoietin Receptor Agonists		
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA
MULPLETA ORAL TABLET 3 MG	Tier 4	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	Tier 3	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 3	PA
Topical Hemostatics		
ASTRINGYN TOPICAL SOLUTION 259 MG/G	Tier 3	
AVITENE FLOUR TOPICAL POWDER	Tier 3	
AVITENE TOPICAL POWDER IN PACKET	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM	Tier 3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Tier 3	
EVARREST TOPICAL ADHESIVE PATCH, MEDICATED 2 X 4 ", 4 X 4 "	Tier 3	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML (2ML X 2), 800-1,200 UNIT /ML (5 ML X 2)	Tier 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Tier 3	
GELFOAM TOPICAL SPONGE 4	Tier 3	

Drug	Status	Notes
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	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL SPRAY, NON-AEROSOL 20,000 UNIT	Tier 1	
ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM	Tier 3	
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML)	Tier 3	
Vitamin K Preparations		
<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	
Hormonal Deficiency		
Androgen/Estrogen Preps For Female Sexual Dysfunc		
INTRAROSA VAGINAL INSERT 6.5 MG	Tier 2	QL (1 EA per 1 day)
Androgenic Agents		
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
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Tier 3	PA
METHITEST ORAL TABLET 10 MG	Tier 3	PA
<i>methyltestosterone oral capsule 10 mg</i> (Android)	Tier 1	PA

Drug	Status	Notes
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
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	Tier 1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram lactuation</i> (Fortesta)	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	Tier 1	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i> (AndroGel)	Tier 1	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/lactuation (1.5 ml)</i>	Tier 1	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 3	PA
Estrogen & Progestin With Antimineralocorticoid Cb		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	
Estrogen & Selective Estrogen Recept Mod(Serm)Comb		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	
Estrogen And Progestin Combinations		
BIJUVA ORAL CAPSULE 1-100 MG	Tier 3	
Estrogen/Androgen Combinations		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	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	

Drug	Status	Notes
Estrogenic Agents		
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 %), 1.25 MG/1.25 GRAM (0.1 %)	Tier 2	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 1	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	Tier 3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	Tier 1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	Tier 1	QL (2 EA per 7 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	Tier 1	QL (1 EA per 7 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (Amabelz)	Tier 1	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	Tier 3	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Tier 3	ST: Requires prior prescription for Alora or Estradiol within the past 120 days
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 1	
JINTELI ORAL TABLET 1-5 MG-MCG	Tier 1	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 1	QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	Tier 2	

Drug	Status	Notes
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	Tier 3	QL (1 EA per 7 days)
MIMVEY ORAL TABLET 1-0.5 MG	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet</i> (Fyavolv) 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15)	Tier 3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	
Lhrh (Gnrh) Agonist Analog And Progestin Comb		
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG -5 MG (30)	Tier 4	PA
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90)	Tier 4	PA
Progestational Agents		
CRINONE VAGINAL GEL 4 %	Tier 3	
<i>medroxyprogesterone oral tablet 10 mg,</i> (Provera) 2.5 mg, 5 mg	Tier 1	
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	
<i>progesterone micronized oral capsule</i> (Prometrium) 100 mg, 200 mg	Tier 1	
Immunization		
Antisera		
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
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 4	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 4	PA
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

Drug	Status	Notes
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 4	PA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 4	PA
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA
Enteric Virus Vaccines		
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	Tier 3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 3	
Gram (-) Bacilli (Non-Enteric) Vaccines		
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Tier 3	
Gram Negative Cocci Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	PREV	QL (1 ML per 365 days); Age (Min 10 Years and Max 25 Years)
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	PREV	QL (0.5 ML per 365 days); Age (Min 11 Years and Max 23 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	PREV	QL (1 EA per 365 days); Age (Min 11 Years and Max 23 Years)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	PREV	QL (1.5 ML per 365 days); Age (Min 10 Years and Max 25 Years)
Gram Positive Cocci Vaccines		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	Tier 3	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days); Age (Min 2 Years)

Drug	Status	Notes
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	Tier 3	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days); Age (Min 2 Years)
Influenza Virus Vaccines		
AFLURIA QD 2020-21(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	QL (0.5 ML per 180 days)
AFLURIA QD 2020-21(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	PREV	QL (0.25 ML per 180 days)
AFLURIA QUAD 2020-2021(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PREV	QL (0.5 ML per 180 days)
FLUAD 2020-2021 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	PREV	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUAD QUAD 2020-21(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUARIX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	QL (0.5 ML per 180 days)
FLUBLOK QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	PREV	QL (0.5 ML per 180 days); Age (Min 18 Years)
FLUCELVAX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	QL (0.5 ML per 180 days)
FLUCELVAX QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PREV	QL (0.5 ML per 180 days)
FLULAVAL QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	QL (0.5 ML per 180 days)
FLUMIST QUAD 2020-2021 NASAL NASAL SPRAY SYRINGE 10EXP6.5- 7.5 FF UNIT/0.2 ML	PREV	QL (1 EA per 180 days)
FLUZONE HIGHDOSE QUAD 20-21 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	PREV	QL (0.7 ML per 180 days); Age (Min 65 Years)
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PREV	QL (0.5 ML per 180 days)
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	QL (0.5 ML per 180 days)
FLUZONE QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PREV	QL (0.5 ML per 180 days)

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

Drug	Status	Notes
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	PREV	QL (2 EA per 365 days); Age (Min 50 Years)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	PREV	QL (4 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	PREV	QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	PREV	QL (2 ML per 365 days); Age (Min 18 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	PREV	QL (2 EA per 365 days); Age (Min 18 Years)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	PREV	QL (1 EA per 365 days); Age (Min 60 Years)
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 4	PA
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 topical Imiquimod (5%) within the past 120 days; QL (7.5 GM per 28 days)
<i>imiquimod topical cream in packet 3.75 %</i> (Zyclara)	Tier 1	ST: Requires prior prescription for Diclofenac 3%, generic Fluorouracil 5%, or topical Imiquimod (5%) within the past 120 days; QL (1 EA per 1 day)
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	Tier 1	QL (24 EA per 30 days)
<i>imiquimod-levocetirizin-niacin topical gel 5-1-2 %</i>	Tier 1	
<i>imiquimod-tretinoin-levocetir topical gel 5-0.05-1 %</i>	Tier 1	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	Tier 3	PA
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	Tier 3	PA
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	Tier 3	ST: Requires prior prescription for Diclofenac 3%, generic Fluorouracil 5%, or topical Imiquimod (5%) within the past 120 days; QL (7.5 GM per 28 days)

Drug	Status	Notes
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %	Tier 3	ST: Requires prior prescription for Diclofenac 3%, generic Fluorouracil 5%, or topical Imiquimod (5%) within the past 120 days; QL (1 EA per 1 day)
Immunosuppressives		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Tier 3	
AZASAN ORAL TABLET 100 MG, 75 MG	Tier 3	
<i>azathioprine oral tablet 50 mg</i> (Imuran)	Tier 3	
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	Tier 3	
<i>cyclosporine modified oral capsule 50 mg</i>	Tier 3	
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	Tier 3	
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	Tier 3	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 3	
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i> (Zortress)	Tier 3	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 3	
GENGRAF ORAL SOLUTION 100 MG/ML	Tier 3	
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 4	PA
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	Tier 3	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	Tier 3	
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	Tier 3	
<i>mycophenolate sodium oral tablet,delayed release (drlec) 180 mg, 360 mg</i> (Myfortic)	Tier 3	
NEORAL ORAL CAPSULE 100 MG, 25 MG	Tier 4	
NEORAL ORAL SOLUTION 100 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 3	
RAPAMUNE ORAL SOLUTION 1 MG/ML	Tier 4	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 4	

Drug	Status	Notes
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Tier 4	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Tier 3	
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	Tier 3	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	Tier 3	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	Tier 3	
ZORTRESS ORAL TABLET 1 MG	Tier 3	
Infectious Disease - Bacterial		
Absorbable Sulfonamides		
<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	
Betalactams		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 3	PA
Cephalosporins - 1St Generation		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gram</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cephalexin oral capsule 750 mg</i> (Keflex)	Tier 1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	
Cephalosporins - 2Nd Generation		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
Cephalosporins - 3Rd Generation		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefditoren pivoxil oral tablet 200 mg</i>	Tier 1	

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

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

Drug	Status	Notes
Penicillins		
<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	
Pleuromutilin Derivatives		
XENLETA ORAL TABLET 600 MG	Tier 3	PA
Quinolones		
BAXDELA ORAL TABLET 450 MG	Tier 3	PA
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	Tier 2	
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 1,000 MG, 500 MG	Tier 3	

Drug	Status	Notes
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	Tier 1	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	Tier 1	
FACTIVE ORAL TABLET 320 MG	Tier 3	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
Tetracyclines		
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 generic immediate-release Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1	
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 120 MG	Tier 3	ST: Requires prior prescription for Doxycycline Monohydrate or Hyclate 100mg tablets or capsules within the past 120 days; QL (2 EA per 1 day)
<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)

Drug	Status	Notes
doxycycline hyclate oral tablet 150 mg (Acticlate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet 50 mg (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)
doxycycline hyclate oral tablet 75 mg (Acticlate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg	Tier 1	ST: Requires prior prescription for Doxycycline Monohydrate or Hyclate 100mg tablets or capsules within the past 120 days; QL (2 EA per 1 day)
doxycycline hyclate 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)
doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg (Doryx)	Tier 1	ST: Requires prior prescription for Doxycycline Monohydrate or Hyclate 100mg tablets or capsules within the past 120 days; QL (1 EA per 1 day)
doxycycline hyclate oral tablet, delayed release (dr/ec) 50 mg (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)
doxycycline hyclate oral tablet, delayed release (dr/ec) 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)

Drug	Status	Notes
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 80 mg</i> (Doryx)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic 40 mg</i> (Oracea)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 50mg capsules within the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral capsule, extended release 24hr 135 mg, 45 mg, 90 mg</i> (Ximino)	Tier 1	ST: Requires prior prescription for generic immediate-release Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<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 generic immediate-release Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
<i>minocycline oral tablet extended release</i> (CoreMino) 24 hr 135 mg, 45 mg, 90 mg	Tier 1	ST: Requires prior prescription for generic immediate-release Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
MINOLIRA ER ORAL TABLET, IR - ER, BIPHASIC 24HR 105 MG, 135 MG	Tier 3	ST: Requires prior prescription for generic immediate-release Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
MONDOXYNE NL ORAL CAPSULE 100 MG	Tier 1	QL (2 EA per 1 day)
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 ORAL TABLET 150 MG	Tier 3	PA
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)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML	Tier 2	

Drug	Status	Notes
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	Tier 3	ST: Requires prior prescription for generic immediate-release Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
Infectious Disease - Fungal		
Antifungal Agents		
<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	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 3	
<i>posaconazole oral tablet,delayed release (drlec) 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	
Antifungal Antibiotics		
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
Infectious Disease - Miscellaneous		
Aminoglycosides		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 4	PA
<i>neomycin oral tablet 500 mg</i>	Tier 1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 3	PA
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	Tier 3	PA

Drug	Status	Notes
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	Tier 3	PA
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak)	Tier 3	PA
Antibacterial Agents, Miscellaneous		
<i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)	Tier 1	
Antileprotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 3	PA; QL (2 EA per 1 day)
Anti-Mycobacterium Agents		
<i>ethambutol oral tablet 100 mg</i>	Tier 1	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	Tier 1	
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Tier 3	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	Tier 1	
TRECTOR ORAL TABLET 250 MG	Tier 3	
Antitubercular Antibiotics		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
<i>pretomanid oral tablet 200 mg</i>	Tier 3	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG	Tier 3	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 4	PA
Lincosamides		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	Tier 1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	Tier 1	
Rifamycins And Related Derivative Antibiotics		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	Tier 3	ST: Requires prior prescription for Azithromycin, Cipro, Cipro XR, Ciprofloxacin HCL, Ciprofloxacin, Ciprofloxacin/ciprofloxacin HCL, Levofloxacin, or Ofloxacin within the past 120 days; QL (12 EA per 1 FILL)
XIFAXAN ORAL TABLET 200 MG	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG	Tier 2	PA
Vancomycin And Derivatives		
FIRVANQ ORAL RECON SOLN 25 MG/ML	Tier 2	QL (300 ML per 1 FILL)

Drug	Status	Notes
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	Tier 1	QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	Tier 1	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)	Tier 1	QL (600 ML per 1 FILL)
Infectious Disease - Parasitic		
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Tier 3	ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, Tinidazole, or Vandazole within the past 365 days; QL (1 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Amebicides		
<i>paromomycin oral capsule 250 mg</i>	Tier 1	
Anaerobic Antiprotozoal-Antibacterial Agents		
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	Tier 1	
<i>metronidazole oral tablet 250 mg</i>	Tier 1	
<i>metronidazole oral tablet 500 mg</i> (Flagyl)	Tier 1	
Anthelmintics		
<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	
Antimalarial Drugs		
ARAKODA ORAL TABLET 100 MG	Tier 3	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	Tier 1	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	Tier 1	
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	QL (36 EA per 16 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (18 EA per 16 days)
COARTEM ORAL TABLET 20-120 MG	Tier 3	
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	Tier 1	QL (100 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG	Tier 2	QL (2 EA per 1 FILL)
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
<i>primaquine oral tablet 26.3 mg</i>	Tier 2	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	Tier 3	PA
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	Tier 1	

Drug	Status	Notes
Antiparasitics		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 3	
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	Tier 1	
Antiprotozoal Drugs, Miscellaneous		
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	Tier 1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 3	PA
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 3	
NEBUPENT INHALATION RECON SOLN 300 MG	Tier 2	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	Tier 1	
Infectious Disease - Viral		
Antiretroviral-Integrase Inhibitor And Nnrti Comb.		
JULUCA ORAL TABLET 50-25 MG	Tier 2	QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
DOVATO ORAL TABLET 50-300 MG	Tier 2	QL (1 EA per 1 day)
Antiretroviral-Nucleoside, Nucleotide, Protease Inh.		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 2	QL (1 EA per 1 day)
Antivirals, General		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
ACYCLOVIX KIT, GEL AND CAPSULE 200 MG- 10 %	Tier 3	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	Tier 1	QL (40 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	Tier 1	QL (20 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	Tier 1	QL (360 ML per 180 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 3	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 3	QL (40 EA per 180 days)
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	Tier 1	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	Tier 1	
SITAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 3	QL (4 EA per 365 days)
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG	Tier 3	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	Tier 1	

Drug	Status	Notes
<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)
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib		
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	Tier 2	QL (380 ML per 30 days)
APTIVUS ORAL CAPSULE 250 MG	Tier 2	QL (4 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 2	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 2	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 600 MG	Tier 2	QL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 2	QL (16 EA per 1 day)
PREZISTA ORAL TABLET 800 MG	Tier 2	QL (1 EA per 1 day)
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog		
CIMDUO ORAL TABLET 300-300 MG	Tier 2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	Tier 2	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	Tier 1	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	Tier 1	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
TEMIXYS ORAL TABLET 300-300 MG	Tier 2	QL (1 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	Tier 2	QL (1 EA per 1 day)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb		
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	Tier 1	QL (1 EA per 1 day)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	Tier 1	QL (2 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	Tier 1	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.		
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 2	QL (31 ML per 1 day)
SELZENTRY ORAL TABLET 150 MG, 75 MG	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
SELZENTRY ORAL TABLET 25 MG, 300 MG	Tier 2	QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 2	PA
Antivirals, Hiv-Specific, Fusion Inhibitors		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 2	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
EDURANT ORAL TABLET 25 MG	Tier 2	QL (1 EA per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i> (Sustiva)	Tier 1	
<i>efavirenz oral tablet 600 mg</i> (Sustiva)	Tier 1	
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>	Tier 1	QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i> (Viramune XR)	Tier 1	QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG	Tier 2	QL (2 EA per 1 day)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	Tier 2	
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	Tier 1	QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i> (Ziagen)	Tier 1	QL (2 EA per 1 day)
<i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	Tier 1	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL 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)
<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)

Drug	Status	Notes
Antivirals, Hiv-Specific, Nucleotide Analog, Rti		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	Tier 1	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
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)
Antivirals, Hiv-Specific, Protease Inhibitor Comb		
KALETRA ORAL TABLET 100-25 MG	Tier 2	QL (10 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)
Antivirals, Hiv-Specific, Protease Inhibitors		
<i>atazanavir oral capsule 150 mg, 200 mg</i> (Reyataz)	Tier 1	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	Tier 1	QL (1 EA per 1 day)
CRIXIVAN ORAL CAPSULE 200 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 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)
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 2	QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i> (Norvir)	Tier 1	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 2	
Antivirals, Hiv-1 Integrase Strand Transfer Inhibtr		
ISENTRESS HD ORAL TABLET 600 MG	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	Tier 2	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 2	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 2	QL (6 EA per 1 day)
VOCABRIA ORAL TABLET 30 MG	Tier 2	QL (1 EA per 1 day); Age (Min 18 Years)

Drug	Status	Notes
Arv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti		
COMPLERA ORAL TABLET 200-25-300 MG	Tier 2	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 2	QL (1 EA per 1 day)
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i> (Atripla)	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-lamivuv-tenofov disop oral tablet 400-300-300 mg</i> (Symfi Lo)	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-lamivuv-tenofov disop oral tablet 600-300-300 mg</i> (Symfi)	Tier 1	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	QL (1 EA per 1 day)
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor		
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 2	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 2	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 2	QL (1 EA per 1 day)
Arv Comb-Nrtis & Integrase Inhibitor		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	QL (1 EA per 1 day)
Cytochrome P450 Inhibitors		
TYBOST ORAL TABLET 150 MG	Tier 2	QL (1 EA per 1 day)
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 3	PA
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.		
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Tier 3	PA
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 3	PA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Tier 3	PA
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Tier 4	PA
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 4	PA
Hepatitis B Treatment Agents		
<i>adefovir oral tablet 10 mg</i> (Hepsera)	Tier 3	QL (1 EA per 1 day)
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	Tier 3	QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	Tier 3	QL (1 EA per 1 day)

Drug	Status	Notes
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> (Eпивir HBV)	Tier 1	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	Tier 4	ST: Requires prior prescription for Tenofovir Disoproxil Fumarate within the past 120 days; QL (1 EA per 1 day)
Hepatitis C Treatment Agents		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 3	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 3	PA
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	Tier 4	PA
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
Hepatitis C Virus - Ns5a, Ns3/4A, Ns5b Inhib Cmb.		
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	Tier 4	PA
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb		
MAVYRET ORAL TABLET 100-40 MG	Tier 3	PA
ZEPATIER ORAL TABLET 50-100 MG	Tier 4	PA
Inflammatory Disease		
Anti-Arthritic And Chelating Agents		
CUPRIMINE ORAL CAPSULE 250 MG	Tier 4	PA
D-PENAMINE ORAL TABLET 125 MG	Tier 3	PA
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	Tier 3	PA
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	Tier 3	PA
Anti-Arthritic, Folate Antagonist Agents		
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Tier 2	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.2 ML per 28 days)

Drug	Status	Notes
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (0.6 ML per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 10 MG/0.4 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.6 ML per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 12.5 MG/0.5 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2 ML per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 15 MG/0.6 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2.4 ML per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 17.5 MG/0.7 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2.8 ML per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 20 MG/0.8 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (3.2 ML per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 22.5 MG/0.9 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (3.6 ML per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 25 MG/ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (4 ML per 28 days)

Drug	Status	Notes
REDITREX (PF) SUBCUTANEOUS SYRINGE 7.5 MG/0.3 ML	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.2 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 4	
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 4	PA
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
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 3	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	Tier 3	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 3	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 3	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 3	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 3	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 3	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 3	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 3	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	Tier 3	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 3	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 3	PA

Drug	Status	Notes
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 3	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 3	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	Tier 1	
Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.		
OTEZLA ORAL TABLET 30 MG	Tier 3	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 3	PA
Antinflammatory, Sel. Costim. Mod., T-Cell Inhibitor		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 4	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	Tier 4	PA
Bradykinin B2 Receptor Antagonists		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	Tier 3	PA
C1 Esterase Inhibitors		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 4	PA
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	Tier 4	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 4	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 4	PA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Tier 4	PA
Glucocorticoids		
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 4	PA
<i>budesonide oral capsule, delayed, extend. release 3 mg</i> (Entocort EC)	Tier 1	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i> (Uceris)	Tier 1	ST: Requires prior prescription for Balsalazide Disodium within the past 120 days

Drug	Status	Notes
DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG	Tier 1	
DEXABLISS ORAL TABLETS,DOSE PACK 1.5 MG (39 TABS)	Tier 1	ST: Requires prior prescription for generic Dexamethasone 1.5mg tablets within the past 120 days
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 3	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i> (Decadron)	Tier 1	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>	Tier 1	
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs)</i> (HiDex)	Tier 1	ST: Requires prior prescription for generic Dexamethasone 1.5mg tablets within the past 120 days
<i>dexamethasone oral tablets,dose pack 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	Tier 1	ST: Requires prior prescription for generic Dexamethasone 1.5mg tablets within the past 120 days
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Tier 3	
DMT SUIK KIT 10 MG/ML	Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Tier 4	PA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Tier 4	PA
HEMADY ORAL TABLET 20 MG	Tier 3	
HIDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS)	Tier 1	ST: Requires prior prescription for generic Dexamethasone 1.5mg tablets within the past 120 days
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	Tier 1	
MEDROL ORAL TABLET 2 MG	Tier 2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)	Tier 1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	Tier 1	
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
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG	Tier 3	PA
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	Tier 1	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	Tier 1	
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	Tier 1	
PREDNISON INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	Tier 1	
RAYOS ORAL TABLET, DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	Tier 3	PA
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	Tier 1	ST: Requires prior prescription for generic Dexamethasone 1.5mg tablets within the past 120 days
ZCORT ORAL TABLETS, DOSE PACK 1.5 MG (25 TABS)	Tier 3	ST: Requires prior prescription for generic Dexamethasone 1.5mg tablets within the past 120 days
Gold Salts		
RIDAURA ORAL CAPSULE 3 MG	Tier 3	
Immunomodulator, B-Lymphocyte Stim(Blys)-Spec Inhib		
BENLYSTA SUBCUTANEOUS AUTO- INJECTOR 200 MG/ML	Tier 4	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 4	PA
Interleukin-6 (Il-6) Receptor Inhibitors		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 4	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 4	PA
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 4	PA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 4	PA

Drug	Status	Notes
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 4	PA
Janus Kinase (Jak) Inhibitors		
OLUMIANT ORAL TABLET 1 MG, 2 MG	Tier 4	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	Tier 3	PA
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 3	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 3	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 3	PA
Mineralocorticoids		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 3	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 3	PA
Nasal Nsaids, Cox Non- Selective, Systemic Analgesic		
<i>ketorolac nasal spray, non-aerosol 15.75 (Sprix) mg/spray</i>	Tier 1	ST: Requires prior prescription for a generic Nonsteroidal Anti- Inflammatory Drug (NSAID) within the past 120 days; QL (5 EA per 30 days)
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	Tier 3	ST: Requires prior prescription for a generic Nonsteroidal Anti- Inflammatory Drug (NSAID) within the past 120 days; QL (5 EA per 30 days)
Nsaid & Histamine H2 Receptor Antagonist Comb.		
DUEXIS ORAL TABLET 800-26.6 MG	Tier 3	ST: Requires prior prescription for Ibuprofen within the past 120 days; QL (3 EA per 1 day)
Nsaid & Topical Irritant Counter-Irritant Comb.		
COMFORT PAC-IBUPROFEN KIT 800 MG	Tier 3	
COMFORT PAC-MELOXICAM KIT 15 MG	Tier 3	
COMFORT PAC-NAPROXEN KIT 500 MG	Tier 3	
FLEXIPAK KIT 75 MG- 0.025 %	Tier 3	
INAVIX KIT 75 MG- 0.025 %	Tier 3	
INFLAMMACIN KIT 75 MG- 0.025 %	Tier 3	

Drug	Status	Notes
INFLATHERM(DICLOFENAC-MENTHOL) KIT, GEL AND TABLET DELAY REL 75 MG-3 %- 3 %	Tier 3	
NUDICLO TABPAK KIT 75 MG- 0.025 %	Tier 3	
NUDROXIPAK DSDR-50 KIT, LIQUID AND TABLET DEL REL 50 MG-0.025 %- 25 %-6 %	Tier 3	
NUDROXIPAK DSDR-75 KIT, LIQUID AND TABLET DEL REL 75 MG-0.025 %- 25 %-6 %	Tier 3	
NUDROXIPAK E-400 KIT, LIQUID AND TABLET 400 MG-0.025 %- 25 %-6 %	Tier 3	
NUDROXIPAK I-800 KIT, LIQUID AND TABLET 800 MG-0.025 %- 25 %-6 %	Tier 3	
NUDROXIPAK N-500 KIT, LIQUID AND TABLET 500 MG-0.025 %- 25 %-6 %	Tier 3	
XENAFLAMM KIT 75 MG- 0.025 %	Tier 3	
Nsaid, Cox Inhibitor-Type & Proton Pump Inhib Comb		
<i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg, 500-20 mg</i> (Vimovo)	Tier 1	ST: Requires prior prescription for Naprelan, Naproxen Sodium, or Naproxen within the past 120 days
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb		
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50)	Tier 1	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75)	Tier 1	
Nsaids, Cyclooxygenase 2 Inhibitor - Type		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	Tier 1	
Nsaids, Cyclooxygenase Inhibitor-Type		
<i>diclofenac potassium oral tablet 50 mg</i> (Cataflam)	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	
<i>diclofenac submicronized oral capsule 35 mg</i> (Zorvolex)	Tier 1	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)

Drug	Status	Notes
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</i>	Tier 1	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Tier 1	
IBUPAK ORAL KIT 600 MG	Tier 3	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	Tier 1	
INDOCIN ORAL SUSPENSION 25 MG/5 ML	Tier 2	
INDOCIN RECTAL SUPPOSITORY 50 MG	Tier 3	PA
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	
<i>indomethacin submicronized oral capsule 20 mg</i> (Tivorbex)	Tier 1	ST: Requires prior prescription for Indomethacin capsules within the past 120 days; QL (3 EA per 1 day)
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	Tier 1	
<i>ketorolac injection cartridge 15 mg/ml, 30 mg/ml</i>	Tier 1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	Tier 1	
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	Tier 1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 1	
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)	Tier 1	

Drug	Status	Notes
<i>meloxicam submicronized oral capsule</i> (Vivlodex) 10 mg, 5 mg	Tier 1	ST: At least 2 prior prescriptions for Diclofenac Potassium, Diclofenac Sodium, or Meloxicam within the past 365 days; QL (1 EA per 1 day)
<i>nabumetone oral tablet</i> 500 mg, 750 mg (Relafen)	Tier 1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	Tier 3	
<i>naproxen oral suspension</i> 125 mg/5 ml (Naprosyn)	Tier 1	
<i>naproxen oral tablet</i> 250 mg, 375 mg	Tier 1	
<i>naproxen oral tablet</i> 500 mg (Naprosyn)	Tier 1	
<i>naproxen oral tablet, delayed release (drlec)</i> 375 mg, 500 mg (EC-Naproxen)	Tier 1	
<i>naproxen sodium oral tablet</i> 275 mg	Tier 1	
<i>naproxen sodium oral tablet</i> 550 mg (Anaprox DS)	Tier 1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i> 375 mg, 500 mg, 750 mg (Naprelan CR)	Tier 1	
<i>oxaprozin oral tablet</i> 600 mg (Daypro)	Tier 1	
<i>piroxicam oral capsule</i> 10 mg, 20 mg (Feldene)	Tier 1	
RELAFEN DS ORAL TABLET 1,000 MG	Tier 3	ST: Requires prior prescription for generic Nabumetone tablets within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
<i>sulindac oral tablet</i> 150 mg, 200 mg	Tier 1	
TIVORBEX ORAL CAPSULE 20 MG	Tier 3	ST: Requires prior prescription for Indomethacin capsules within the past 120 days; QL (3 EA per 1 day)
<i>tolmetin oral capsule</i> 400 mg	Tier 1	
<i>tolmetin oral tablet</i> 200 mg, 600 mg	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)
Nsaids,Cox-2 Sel.Inhib.(Syst)- Top.Irritant Ctr-Irr		
NUDROXIPAK KIT, LIQUID AND CAPSULE 200 MG-0.025 %- 25 %-6 %	Tier 3	
Plasma Kallikrein Inhibitors		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 4	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 4	PA
Local Anesthesia		
Local Anesthetics		
ACCUCAINE KIT KIT 10 MG/ML (1 %)	Tier 3	
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	
LIDOMARK 1-5 KIT 10 MG/ML (1 %)	Tier 3	
LIDOMARK 2-5 KIT 20 MG/ML (2 %)	Tier 3	
Periodontal Anesthetics		
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %	Tier 3	
Lower Gastrointestinal Disorders - Bowel Inflammat		
Bowel Antiinflammatory Agents		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
Chronic Inflamm. Colon Dx, 5-A-Salicylat,Rectal Tx		
<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	
Drug Tx-Chronic Inflamm. Colon Dx,5-Aminosalicilat		
<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 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) 400 mg</i> (Delzicol)	Tier 1	ST: Requires prior prescription for Balsalazide Disodium, Mesalamine, or Pentasa within the past 120 days
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	Tier 1	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i> (Asacol HD)	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	Tier 2	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	Tier 1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	Tier 1	
Hemorrhoidal Prep, Anti-Inflam Steroid/Local Anesth		
ANA-LEX KIT RECTAL KIT 2-2 %	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	
Ibs Agents, Mixed Opioid Recep Agonists/Antagonists		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 3	PA
Irritable Bowel Agents, Guanylate Cylase-C Agonist		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	QL (1 EA per 1 day)

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)
Local Anorectal Nitrate Preparations		
RECTIV RECTAL OINTMENT 0.4 % (W/W)	Tier 3	
Rectal Preparations		
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> (Proctocort)	Tier 1	
Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)		
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Tier 3	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	Tier 1	
UCERIS RECTAL FOAM 2 MG/ACTUATION	Tier 3	ST: Requires prior prescription for Mesalamine W/cleansing Wipes or Mesalamine within the past 120 days
Lower Gastrointestinal Disorders - Other		
Ammonia Inhibitors		
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 3	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	Tier 3	PA
Antidiarrheal - G.I. Chloride Channel Inhibitors		
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	Tier 3	ST: Requires prior prescription for Antiretrovirals within the past 120 days; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor		
XERMELO ORAL TABLET 250 MG	Tier 3	PA

Drug	Status	Notes
Antidiarrheals		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	Tier 1	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	Tier 1	
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 (morphine)</i>	Tier 1	
Bile Salts		
CHENODAL ORAL TABLET 250 MG	Tier 4	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 4	PA
RELTONE ORAL CAPSULE 200 MG, 400 MG	Tier 3	PA
<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	Tier 1	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	Tier 1	
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog		
OCALIVA ORAL TABLET 10 MG, 5 MG	Tier 3	PA
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	Tier 1	
Irritable Bowel Synd. Agent,5Ht-4 Partial Agonist		
ZELNORM ORAL TABLET 6 MG	Tier 3	ST: Requires prior prescription for Linzess within the past 120 days; QL (2 EA per 1 day); Age (Max 64 Years)
Laxatives And Cathartics		
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
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM	Tier 2	\$0 COPAY IF AGE 50-75 YEARS

Drug	Status	Notes
KRISTALOSE ORAL PACKET 10 GRAM	Tier 3	ST: Requires prior prescription for Lactulose solution within the past 120 days; QL (3 EA per 1 day)
KRISTALOSE ORAL PACKET 20 GRAM	Tier 3	ST: Requires prior prescription for 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 Lactulose solution within the past 120 days; QL (3 EA per 1 day)
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	Tier 1	
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	Tier 1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	Tier 1	ST: Requires prior prescription for Linzess or Movantik within the past 120 days; QL (2 EA per 1 day)
NULYTELY LEMON-LIME ORAL RECON SOLN 420 GRAM	Tier 2	\$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>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> (MoviPrep)	Tier 1	\$0 COPAY IF AGE 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
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	Tier 2	\$0 COPAY IF AGE 50-75 YEARS
SUTAB ORAL TABLET 1.479-0.188 GRAM	Tier 3	
TRILYTE WITH FLAVOR PACKETS ORAL RECON SOLN 420 GRAM	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
Narcotic Antagonists, Peripherally-Acting		
<i>alvimopan oral capsule 12 mg</i> (Entereg)	Tier 1	
ENTEREG ORAL CAPSULE 12 MG	Tier 3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Tier 3	PA; QL (3 EA per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 3	PA; QL (0.6 ML per 1 day)

Drug	Status	Notes
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)
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 3	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 3	PA
Medical Supplies		
Bandages And Related Supplies		
ACTICOAT 7 DRESSING TOPICAL BANDAGE 2 X 2 ", 4 X 5 ", 6 X 6 "	Tier 3	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 5 X 5 ", 8 X 16 "	Tier 3	
ACTICOAT FLEX 3 DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "	Tier 3	
ACTICOAT FLEX 7 DRESSING TOPICAL BANDAGE 1 X 24 ", 16 X 16 ", 2 X 2 ", 4 X 5 ", 6 X 6 ", 8 X 16 "	Tier 3	
ACTICOAT SURGICAL DRESSING TOPICAL BANDAGE 4 X 10 ", 4 X 13 3/4 ", 4 X 4 3/4 ", 4 X 8 "	Tier 3	
ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 3 X 3 ", 5 X 5 ", 7 X 7 ", 9 X 9 "	Tier 3	
ALLEVYN AG ADHESIVE TOPICAL BANDAGE 5 %- 3" X 3", 5 %- 5" X 5", 5 %- 7" X 7"	Tier 3	
ALLEVYN AG GENTLE DRESSING TOPICAL BANDAGE 5 %- 2" X 2", 5 %- 4" X 4", 5 %- 6" X 6", 5 %- 8" X 8"	Tier 3	
ALLEVYN AG TOPICAL BANDAGE 5 %- 2" X 2", 5 %- 4" X 4", 5 %- 6" X 6", 5 %- 8" X 8"	Tier 3	
ALLEVYN HEEL TOPICAL BANDAGE 4 1/2 X 5 1/2 "	Tier 3	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 "	Tier 3	
ALLEVYN TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 6 X 6 ", 8 X 8 "	Tier 3	
BIOSTEP AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 "	Tier 3	

Drug	Status	Notes
BIOSTEP TOPICAL BANDAGE 2 X 2 ", 4 X 4 "	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET	Tier 3	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 "	Tier 3	
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "- YARD	Tier 3	
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 NON-OCCLUSIVE TOPICAL BANDAGE 4 X 3 "-YARD	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 1 X 8 ", 2 X 2 ", 4 X 3 "-YARD, 4 X 4 ", 5 X 9 "	Tier 3	
XEROFORM PETROLATUM OVERWRAP TOPICAL BANDAGE 1 X 8 ", 5 X 9 "	Tier 3	
XEROFORM TOPICAL BANDAGE 5 X 9 "	Tier 3	

Drug	Status	Notes
Catheters And Related Devices		
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	
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	
KENGUARD FOLEY CATHETER TRAY	Tier 3	
LOFRIC 12-16 FR-", 14-16 FR-"	Tier 3	
LOFRIC ORIGO 14-16 FR-"	Tier 3	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-"	Tier 3	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-"	Tier 3	
MONO-FLO DRAINAGE BAG 2,000 ML	Tier 3	
ROBINSON CLEAR VINYL CATHETER 16 FR	Tier 3	
SELF-CATHETER, FEMALE 14 FR	Tier 3	
SILASTIC FOLEY CATHETER 20 FR	Tier 3	
SPEEDICATH (FEMALE) 16 FR	Tier 3	
TOUCH-TROL 10 FR	Tier 3	
Durable Medical Equipment,Misc		
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	
HYPERSONIQ NEBULIZER CARTRIDGE	Tier 3	
INNOSPIRE REPLACEMENT FILTER	Tier 3	
INSPIRATION ELITE FILTER	Tier 3	

Drug	Status	Notes
NOSE CLIP	Tier 3	
PARI BABY CONV KIT - SIZE 1 KIT	Tier 3	
PARI BABY CONV KIT - SIZE 2 KIT	Tier 3	
PARI BABY CONV KIT - SIZE 3 KIT	Tier 3	
PARI TREK S PORTABLE PWR KIT	Tier 3	
PILLOW MASK CHILD	Tier 3	
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	
Durable Medical Equipment,Misc(Group 1)		
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	
BUTTERFLY TOUCH LANCET 30 GAUGE	Tier 2	
CAREONE THIN LANCET	Tier 2	
CAREONE ULTRA THIN LANCET	Tier 2	
CARESENS LANCETS 30 GAUGE	Tier 2	

Drug	Status	Notes
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE	Tier 2	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
CLEVER CHEK LANCETS 30 GAUGE	Tier 2	
COAGUCHEK LANCETS	Tier 2	
COLOR LANCETS 21 GAUGE	Tier 2	
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE	Tier 2	
COMFORT LANCETS	Tier 2	
DROPLET LANCETS 30 GAUGE	Tier 2	
EASY COMFORT LANCETS 30 GAUGE	Tier 2	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 2	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 2	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 2	
EASY TWIST AND CAP LANCETS 28 GAUGE	Tier 2	
EMBRACE LANCETS 30 GAUGE	Tier 2	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 2	
E-Z JECT THIN LANCETS 28 GAUGE	Tier 2	
EZ SMART LANCETS 28 GAUGE	Tier 2	
EZ-LETS 26 GAUGE	Tier 2	
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE	Tier 2	
FINE 30 UNIVERSAL LANCETS 30 GAUGE	Tier 2	
FINGERSTIX LANCETS	Tier 2	
FORACARE LANCETS 30 GAUGE	Tier 2	
FREESTYLE LANCETS 28 GAUGE	Tier 2	
FREESTYLE UNISTIK 2	Tier 2	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
GOJJI LANCETS 30 GAUGE	Tier 2	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE	Tier 2	
INCONTROL SUPER THIN LANCETS 30 GAUGE	Tier 2	
INCONTROL ULTRA THIN LANCETS 28 GAUGE	Tier 2	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
INVACARE LANCETS 30 GAUGE	Tier 2	

Drug	Status	Notes
<i>lancets</i> (Accu-Chek Fastclix Lancet Drum)	Tier 2	
<i>lancets 21 gauge</i> (Assure Haemolance Plus)	Tier 2	
<i>lancets 26 gauge</i> (Advocate Lancet)	Tier 2	
<i>lancets 28 gauge, 30 gauge</i> (1st Tier Unilet ComforTouch)	Tier 2	
<i>lancets 33 gauge</i> (BD Ultra Fine Lancets)	Tier 2	
LANCETS, SUPER THIN	Tier 2	
LANCETS, THIN , 23 GAUGE, 28 GAUGE	Tier 2	
LANCETS, ULTRA THIN , 26 GAUGE	Tier 2	
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
MEDISENSE THIN LANCETS 28 GAUGE	Tier 2	
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE	Tier 2	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	Tier 2	
MICRO THIN LANCETS 33 GAUGE	Tier 2	
MICROLET LANCET	Tier 2	
MONOLET LANCETS 21 GAUGE	Tier 2	
MONOLET THIN LANCETS 28 GAUGE	Tier 2	
MYGLUCOHEALTH LANCETS 30 GAUGE	Tier 2	
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE	Tier 2	
NOVA SUREFLEX LANCETS	Tier 2	
ON CALL LANCET 30 GAUGE	Tier 2	
ON CALL PLUS LANCET 30 GAUGE	Tier 2	
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE	Tier 2	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	Tier 2	
ONETOUCH SURESOFT LANCING DEV 28 GAUGE	Tier 2	
ONETOUCH ULTRASOFT LANCETS	Tier 2	
ON-THE-GO LANCETS 30 GAUGE	Tier 2	
PIP LANCET 28 GAUGE, 30 GAUGE	Tier 2	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	Tier 2	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE	Tier 2	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	Tier 2	
PRODIGY TWIST TOP LANCET 28 GAUGE	Tier 2	
PURE COMFORT LANCETS 30 GAUGE	Tier 2	

Drug	Status	Notes
PURE COMFORT SAFETY LANCETS 30 GAUGE	Tier 2	
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE	Tier 2	
READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
RELIAMED TWIST AND CAP LANCET 28 GAUGE	Tier 2	
RELION THIN LANCETS 26 GAUGE	Tier 2	
RELION ULTRA THIN PLUS LANCETS	Tier 2	
RIGHTEST GL300 LANCETS 30 GAUGE	Tier 2	
SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE	Tier 2	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
SAFETY-LET LANCETS 30 GAUGE	Tier 2	
SINGLE-LET	Tier 2	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE	Tier 2	
SMARTEST LANCET	Tier 2	
SOFT TOUCH LANCETS	Tier 2	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
STERILANCE TL 30 GAUGE, 32 GAUGE	Tier 2	
SUPER THIN LANCETS , 28 GAUGE, 30 GAUGE	Tier 2	
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
SURE-LANCE , 26 GAUGE, 28 GAUGE	Tier 2	
SURE-LANCE ULTRA THIN 30 GAUGE	Tier 2	
SURE-TOUCH LANCET	Tier 2	
TECHLITE LANCETS 25 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
TELCARE LANCETS 30 GAUGE	Tier 2	
THIN LANCETS 26 GAUGE	Tier 2	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE	Tier 2	
TRUE COMFORT LANCET 30 GAUGE	Tier 2	
TRUEPLUS LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	

Drug	Status	Notes
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
Parenteral Administration Sets		
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	
Syringes And Accessories		
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", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 2	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	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	

Drug	Status	Notes
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 2	
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 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	
DROPLET INSULIN SYR HALF UNIT SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"	Tier 2	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	Tier 2	

Drug	Status	Notes
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Tier 2	
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 2	
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	

Drug	Status	Notes
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 syrlndl 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	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 5/16</i> (Advocate Syringes)	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 30</i> (Ultra Comfort Insulin Syringe)	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 1/2"</i> (BD Insulin Syringe Ultra-Fine)	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 1/4", 1 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 1/4"</i> (Sure Comfort Insulin Syringe)	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 15/64", 1 ml 31 gauge x 15/64", 1/2 ml 31 gauge x 15/64"</i> (BD Veo Insulin Syringe UF)	Tier 2	
<i>insulin syringe-needle u-100 syringe 1 ml 27 gauge x 1/2", 1 ml 28 gauge x 1/2"</i> (BD Insulin Syringe)	Tier 2	
<i>insulin syringe-needle u-100 syringe 1 ml 28 gauge, 1 ml 30 gauge x 7/16", 1/2 ml 28 gauge, 1/2 ml 29, 1/2 ml 30 gauge</i> (Lite Touch Insulin Syringe)	Tier 2	
<i>insulin syringe-needle u-100 syringe 1 ml 29 gauge x 7/16"</i>	Tier 2	
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 1/2"</i> (BD Eclipse Luer-Lok)	Tier 2	
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"</i> (Thinpro Insulin Syringe)	Tier 2	
<i>insulin syringe-needle u-100 syringe 1/2 ml 27 gauge x 1/2"</i> (Easy Touch Insulin Syringe)	Tier 2	
<i>insulin syringe-needle u-100 syringe 1/2 ml 28 gauge x 1/2"</i> (BD Lo-Dose Micro-Fine IV)	Tier 2	

Drug	Status	Notes
LITE TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	Tier 2	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	Tier 2	
MAGELLAN 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	
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	

Drug	Status	Notes
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	
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	

Drug	Status	Notes
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	
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	

Drug	Status	Notes
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29	Tier 2	
ULTRA CMFT INS SYR HALF UNIT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	Tier 2	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	Tier 2	
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2"	Tier 2	
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"	Tier 2	
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	

Drug	Status	Notes
Miscellaneous Agents		
Amyloidosis Agents-Transthyretin (Ttr) Suppression		
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	Tier 4	PA
Anaphylaxis Therapy Agents		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 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)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	Tier 2	QL (4 EA per 1 FILL)
Genetic D/O Tx-Exon Inclusion Antisense Oligonucle		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 4	PA
Miscellaneous Agents		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 3	
Parasympathetic Agents		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	Tier 1	
<i>guanidine oral tablet 125 mg</i>	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	Tier 1	
Pharmacological Chaperone-Alpha-Galactosid.A Stabz		
GALAFOLD ORAL CAPSULE 123 MG	Tier 4	PA
Pku Treatment Agents - Phenylalanine Ammonia Lyase		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 3	PA
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Kuvan)	Tier 3	PA
<i>sapropterin oral tablet, soluble 100 mg</i> (Kuvan)	Tier 3	PA
Systemic Enzyme Inhibitors		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	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	

Drug	Status	Notes
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA
Topical Anticholinergic Hyperhidrosis Tx Agents		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 2	PA
Neoplastic Disease		
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 3	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 4	PA
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Tier 1	
LEUKERAN ORAL TABLET 2 MG	Tier 3	
<i>melphalan oral tablet 2 mg</i> (Alkeran)	Tier 1	
MYLERAN ORAL TABLET 2 MG	Tier 3	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg</i> (Temodar)	Tier 3	PA
<i>temozolomide oral capsule 20 mg, 5 mg</i>	Tier 3	PA
Antiandrogenic Agents		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	Tier 3	PA
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	Tier 1	
ERLEADA ORAL TABLET 60 MG	Tier 3	PA
<i>flutamide oral capsule 125 mg</i>	Tier 1	
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	Tier 3	QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG	Tier 3	PA
XTANDI ORAL CAPSULE 40 MG	Tier 3	PA
YONSA ORAL TABLET 125 MG	Tier 4	PA
ZYTIGA ORAL TABLET 500 MG	Tier 3	PA
Antibiotic Antineoplastics		
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG	Tier 4	PA
Antimetabolites		
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	Tier 3	PA
INQOVI ORAL TABLET 35-100 MG	Tier 3	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 3	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	
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 3	PA

Drug	Status	Notes
PURIXAN ORAL SUSPENSION 20 MG/ML	Tier 3	ST: Requires prior prescription for Mercaptopurine within the past 120 days
TABLOID ORAL TABLET 40 MG	Tier 3	
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 tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)
Antineoplastic Aromatase Inhibitors		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	Tier 1	\$0 COPAY IF 40 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	Tier 1	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>letrozole oral tablet 2.5 mg</i> (Femara)	Tier 1	
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	Tier 3	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 3	PA
ZELBORAF ORAL TABLET 240 MG	Tier 3	PA; QL (8 EA per 1 day)
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 3	PA
ERIVEDGE ORAL CAPSULE 150 MG	Tier 3	PA; QL (1 EA per 1 day)
ODOMZO ORAL CAPSULE 200 MG	Tier 3	PA
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 3	PA
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC ORAL TABLET 20 MG	Tier 3	PA; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 3	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 3	PA
MEKTOVI ORAL TABLET 15 MG	Tier 3	PA; QL (6 EA per 1 day)
Antineoplastic - Mtor Kinase Inhibitors		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	Tier 3	PA

Drug	Status	Notes
AFINITOR ORAL TABLET 10 MG	Tier 3	PA
<i>everolimus (antineoplastic) oral tablet</i> (Afinitor) 2.5 mg, 5 mg, 7.5 mg	Tier 3	PA
Antineoplastic - Protein Methyltransferase Inhibit		
TAZVERIK ORAL TABLET 200 MG	Tier 3	PA
Antineoplastic - Topoisomerase I Inhibitors		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 3	
Antineoplastic Comb - Kinase And Aromatase Inhibit		
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	Tier 4	PA
Antineoplastic Immunomodulator Agents		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 3	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 3	PA
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 4	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 4	QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Tier 4	QL (2 EA per 365 days)
ORGOVYX ORAL TABLET 120 MG	Tier 3	PA
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	Tier 3	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 4	PA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 4	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 3	PA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 3	PA
BOSULIF ORAL TABLET 100 MG	Tier 3	PA; QL (3 EA per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	Tier 3	PA; QL (1 EA per 1 day)
BRUKINSA ORAL CAPSULE 80 MG	Tier 3	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 3	PA

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

Drug	Status	Notes
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 3	PA
QINLOCK ORAL TABLET 50 MG	Tier 3	PA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Tier 3	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 3	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 4	PA
RYDAPT ORAL CAPSULE 25 MG	Tier 3	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 3	PA
STIVARGA ORAL TABLET 40 MG	Tier 3	PA; QL (3 EA per 1 day)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 3	PA; QL (1 EA per 1 day)
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 3	PA
TAGRISSE ORAL TABLET 40 MG, 80 MG	Tier 3	PA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	Tier 3	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 3	PA; QL (4 EA per 1 day)
TEPMETKO ORAL TABLET 225 MG	Tier 3	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 3	PA
TURALIO ORAL CAPSULE 200 MG	Tier 3	PA
UKONIQ ORAL TABLET 200 MG	Tier 4	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 3	PA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 3	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 3	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 3	PA
VOTRIENT ORAL TABLET 200 MG	Tier 3	PA; QL (4 EA per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 3	PA
XOSPATA ORAL TABLET 40 MG	Tier 3	PA
ZEJULA ORAL CAPSULE 100 MG	Tier 3	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 3	PA
ZYKADIA ORAL TABLET 150 MG	Tier 3	PA
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 3	PA
ZOLINZA ORAL CAPSULE 100 MG	Tier 3	

Drug	Status	Notes
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 3	PA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 3	PA
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 4	PA
TIBSOVO ORAL TABLET 250 MG	Tier 3	PA
Antineoplastics,Miscellaneous		
<i>etoposide oral capsule 50 mg</i>	Tier 1	
LYSODREN ORAL TABLET 500 MG	Tier 3	
MATULANE ORAL CAPSULE 50 MG	Tier 3	
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	Tier 4	PA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 3	
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (80 MG/WEEK), 60 MG/WEEK (20 MG X 3), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (20 MG X 4), 80MG TWICE WEEK (160 MG/WEEK)	Tier 3	PA
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	
MESNEX ORAL TABLET 400 MG	Tier 3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Tier 3	QL (24 EA per 14 days)
Intrapleural Sclerosing Agents, Antineoplast. Adj.		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 3	
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 1	
Photoactivated, Antineopls. & Premalignant Lesions		
AMELUZ TOPICAL GEL 10 %	Tier 3	
LEVULAN TOPICAL SOLUTION 20 %	Tier 3	
Radioactive Therapeutic Agents		
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML	Tier 3	
<i>sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)</i>	Tier 1	

Drug	Status	Notes
Selective Estrogen Receptor Modulators (Serm)		
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 2	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	PREV	
<i>toremifene oral tablet 60 mg</i> (Fareston)	Tier 3	PA
Selective Retinoid X Receptor Agonists (Rxr)		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Tier 3	PA
Steroid Antineoplastics		
EMCYT ORAL CAPSULE 140 MG	Tier 3	
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	
Neurological Disease - Miscellaneous		
Agents to Treat Multiple Sclerosis		
AUBAGIO ORAL TABLET 14 MG, 7 MG	Tier 3	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 3	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 3	PA
BAFIERTAM ORAL CAPSULE, DELAYED RELEASE (DR/EC) 95 MG	Tier 4	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 3	PA
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG	Tier 3	PA
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	Tier 3	PA
<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	Tier 3	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 3	PA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Copaxone)	Tier 3	PA
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	Tier 3	PA
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 3	PA
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA

Drug	Status	Notes
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA
MAYZENT ORAL TABLET 0.25 MG, 2 MG	Tier 3	PA
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 3	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 3	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 3	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 3	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 3	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 3	PA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 3	PA
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 4	PA
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG	Tier 4	PA
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Tier 4	PA
Agts Tx Neuromusc Transmission		
Dis,Pot-Chan Blkr		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Tier 3	PA
FIRDAPSE ORAL TABLET 10 MG	Tier 4	PA
RUZURGI ORAL TABLET 10 MG	Tier 4	PA
Amyotrophic Lateral Sclerosis Agents		
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 4	PA
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 2	

Drug	Status	Notes
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 2	
Movement Disorders(Drug Therapy)		
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 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 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 3	PA
Neuropathic Agents		
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, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, 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)

Drug	Status	Notes
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, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, 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)
Postherpetic Neuralgia Agents		
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)
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists		
NUDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (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	
Nose Preparations, Miscellaneous (Rx)		
ALZAIR NASAL SPRAY, NON-AEROSOL	Tier 3	
<i>cocaine nasal solution 4 %</i> (Numbrino)	Tier 1	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 1	
NUMBRINO NASAL SOLUTION 4 %	Tier 1	
Periodontal Collagenase Inhibitors		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
Periodontal Tetracycline Antiinfective, Local		
ARESTIN DENTAL CARTRIDGE 1 MG	Tier 4	PA

Drug	Status	Notes
Other Drugs		
Abortifacient, Progesterone Receptor Antagonist-Typ		
MIFEPREX ORAL TABLET 200 MG	Tier 3	
<i>mifepristone oral tablet 200 mg</i> (Mifeprex)	Tier 1	
Agents For Stomatological Use		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 3	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %	Tier 3	
Antivenins		
ANASCORP INTRAVENOUS RECON SOLN 120 MG	Tier 3	
Appetite Stim. For Anorexia, Cachexia, Wasting Synd.		
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 1	ST: Requires prior prescription for Megestrol Acetate within the past 120 days
Blood Collection Set With Local Anesthetics		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %	Tier 3	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 %	Tier 3	
Calcium Channel Blocker And Nsaid, Cox-2 Inhibitor		
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	Tier 3	PA
Cardioplegic Solutions		
<i>cardioplegic soln perfusion solution 16 meq/l (= k+)</i> (Plegisol)	Tier 1	
Cholinesterase Reactivat.& Muscarinic Antg. Antidote		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 3	
Cholinesterase Reactivating, Organophos. Antidotes		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 3	
Condoms		
FC2 FEMALE CONDOM	PREV	QL (30 EA per 30 days)
Cryopreservative Agents		
CRYOSERV SOLUTION 99 %	Tier 3	
Cystic Fibrosis - Inhaled Osmotic Agents		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 4	QL (20 EA per 1 day)

Drug	Status	Notes
Diluent Solutions		
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION	Tier 3	
Drugs To Treat Hereditary Tyrosinemia		
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> (Orfadin)	Tier 3	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 3	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	Tier 3	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 3	PA
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing		
CERDELGA ORAL CAPSULE 84 MG	Tier 4	PA
<i>miglustat oral capsule 100 mg</i> (Zavesca)	Tier 3	PA
General Anesthetics, Inhalant		
<i>desflurane inhalation liquid 100 %</i> (Suprane)	Tier 1	
<i>isoflurane inhalation liquid 99.9 %</i> (Terrell)	Tier 1	
<i>sevoflurane inhalation liquid</i> (Ultane)	Tier 1	
SUPRANE INHALATION LIQUID 100 %	Tier 3	
TERRELL INHALATION LIQUID 99.9 %	Tier 1	
General Inhalation Agents		
HYPER-SAL 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> (Pulmosal)	Tier 1	
Homeopathic Drugs		
AURUMHEEL ORAL DROPS	Tier 3	
CANTHARIS COMPOSITUM ORAL DROPS	Tier 3	
CRALONIN ORAL DROPS	Tier 3	
EYE ORAL TABLET, SOLUBLE	Tier 3	
LAMIOFLUR ORAL DROPS	Tier 3	
PLANTAGO-HOMACCORD ORAL DROPS	Tier 3	
POPULUS COMPOSITUM ORAL DROPS	Tier 3	
PSORINOHEEL ORAL DROPS	Tier 3	
RENEEL ORAL TABLET, SOLUBLE	Tier 3	
SABAL-HOMACCORD ORAL DROPS	Tier 3	

Drug	Status	Notes
SYZYGIUM COMPOSITUM ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL TABLET,SOLUBLE	Tier 3	
Intra-Uterine Devices (IUD's)		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	PREV	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/24 HRS (6 YRS) 52 MG	PREV	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (6 YRS) 52 MG	PREV	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	PREV	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	PREV	
Metabolic Deficiency Agents		
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	Tier 3	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	Tier 4	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	Tier 1	
<i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free))	Tier 1	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	Tier 1	
Metabolic Disease Enzyme Replace, Hypophosphatasia		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Tier 3	PA
Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.		
REVCОВI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 4	PA
Metabolic Function Diagnostics		
MACRILEN ORAL RECON SOLN 0.5 MG/ML	Tier 4	
Metallic Poison,Agents To Treat		
CHEMET ORAL CAPSULE 100 MG	Tier 3	
CLOVIQUE ORAL CAPSULE 250 MG	Tier 3	PA
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	Tier 3	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	Tier 3	PA

Drug	Status	Notes
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	Tier 3	PA
<i>deferiprone oral tablet 500 mg</i> (Ferriprox)	Tier 3	PA
<i>deferoxamine injection recon soln 2 gram</i>	Tier 1	PA
<i>deferoxamine injection recon soln 500 mg</i> (Desferal)	Tier 1	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG	Tier 4	PA
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	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 3	
<i>trientine oral capsule 250 mg</i> (Clovique)	Tier 3	PA
WILZIN ORAL CAPSULE 25 MG (ZINC)	Tier 3	
Muscarinic Receptor Antagonists		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 3	
Needles/Needleless Devices		
1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
ABOUTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
ADVOCATE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32"	Tier 2	
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	

Drug	Status	Notes
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	
COMFORT TOUCH PEN NEEDLE NEEDLE 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 2	
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	Tier 2	
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 2	
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32"	Tier 2	
EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	

Drug	Status	Notes
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 2	
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 30 GAUGE X 3/16"	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	
<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>	Tier 2 (1st Tier Unifine Pentips)	

Drug	Status	Notes
pen needle, diabetic needle 30 gauge x 5/16" (AboutTime Pen Needle)	Tier 2	
pen needle, diabetic needle 31 gauge x 1/3", 31 gauge x 1/6"	Tier 2	
pen needle, diabetic needle 32 gauge x 1/4" (BD Ultra-Fine Micro Pen Needle)	Tier 2	
pen needle, diabetic needle 32 gauge x 3/16" (CareFine Pen Needle)	Tier 2	
pen needle, diabetic needle 33 gauge x 5/32" (Advocate Pen Needle)	Tier 2	
PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
RELION NEEDLES NEEDLE 31 GAUGE X 1/4"	Tier 2	
RELION PEN NEEDLES NEEDLE 32 GAUGE X 5/32"	Tier 2	
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 2	
SECURES SAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 2	
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	
SURE-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	

Drug	Status	Notes
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 2	
ULTIGUARD SAFE PACK NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32"	Tier 2	
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16"	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 MAXFLOW NEEDLE 30 GAUGE X 3/16"	Tier 2	
UNIFINE PENTIPS NEEDLE 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16"	Tier 2	
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	
Nsaids (Systemic)-Topical Local Anesthetic Combo		
LIDOVIX COMBO PACK 75 MG- 5 %	Tier 3	
Ointment/Cream Bases		
RADIAGEL TOPICAL GEL	Tier 3	

Drug	Status	Notes
Oral Lipid Supplements		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 4	PA
Oral Mucositis/Stomatitis Agents		
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	Tier 3	
GELX MUCOUS MEMBRANE GEL	Tier 3	
MUGARD MUCOUS MEMBRANE SOLUTION	Tier 3	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Tier 3	
ORAPEUTIC MUCOUS MEMBRANE GEL	Tier 3	
Oral Mucositis/Stomatitis Anti-Inflammatory Agent		
EPISIL MUCOUS MEMBRANE GEL FORMING SOLUTION	Tier 3	
Pharmaceutical Adjuvants, Tableting		
CAPSULE #1 ORAL CAPSULE	Tier 3	
<i>zinc stearate powder</i>	Tier 3	
Saliva Stimulant Agents		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 3	
Saliva Substitute Agents		
AQUORAL MUCOUS MEMBRANE AEROSOL, SPRAY	Tier 3	
BOCASAL MUCOUS MEMBRANE POWDER IN PACKET 538 MG	Tier 3	
CAPHOSOL MUCOUS MEMBRANE SOLUTION	Tier 3	
MUCOSITISRX MUCOUS MEMBRANE POWDER IN PACKET 351 MG	Tier 3	
NEUTRASAL MUCOUS MEMBRANE POWDER IN PACKET	Tier 3	
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 3	
SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET 351 MG	Tier 3	
XEROSTOMIA RELIEF MUCOUS MEMBRANE AEROSOL, SPRAY	Tier 3	
Skin Tissue Replacement		
APLIGRAF TOPICAL DISK	Tier 3	
DERMAGRAFT TOPICAL SHEET 2 X 3 "	Tier 3	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 5 X 6 CM, 7 X 7 CM	Tier 3	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM	Tier 3	

Drug	Status	Notes
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	
Solvents		
MURI-LUBE OIL	Tier 3	
Somatostatic Agents		
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML	Tier 4	PA
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG	Tier 4	PA
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	Tier 3	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	Tier 3	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 3	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 4	PA
Suspending Agents		
GELFILM IMPLANT FILM	Tier 3	
<i>hydroxypropyl cellulose powder</i>	Tier 3	
<i>hypromellose powder</i> (Methocel E 4 M)	Tier 3	
Tissue/Wound Adhesives		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML)	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 2 ML, 4 ML	Tier 3	
Vaccine Adjuvants		
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION	PREV	QL (1 ML per 365 days); Age (Min 50 Years)
Vehicles		
<i>citric acid (bulk) powder</i>	Tier 3	
<i>citric acid anhydrous (bulk) granules 100 %</i>	Tier 3	
Wound Healing Agents, Local		
<i>balsam peru-castor oil topical ointment</i> (BPCO)	Tier 1	
BPCO TOPICAL OINTMENT	Tier 1	
DERMULCERA TOPICAL OINTMENT	Tier 3	

Drug	Status	Notes
VENELEX TOPICAL OINTMENT	Tier 3	
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
ESBRIET ORAL CAPSULE 267 MG	Tier 3	PA
ESBRIET ORAL TABLET 267 MG, 801 MG	Tier 3	PA
Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator		
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	Tier 3	PA
KALYDECO ORAL TABLET 150 MG	Tier 3	PA
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	Tier 3	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 3	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 3	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	Tier 3	PA
Lung Surfactants		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 3	
Mucolytics		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 3	PA
Pulmonary Fibrosis - Systemic Enzyme Inhibitors		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 3	PA
Pain Management - Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		
ALLZITAL ORAL TABLET 25-325 MG	Tier 3	ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (12 EA per 1 day)
<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 25-325 mg</i> (Allzital)	Tier 1	ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (12 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-300 mg</i> (Bupap)	Tier 1	ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	Tier 1	
TENCON ORAL TABLET 50-325 MG	Tier 1	
Analgesic, Salicylate, Barbiturate, & Xanthine Cmb		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
Analgesic, Non-Salicylate, Barbiturate, & Xanthine Cmb		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	Tier 1	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Zebutal)	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	Tier 1	
FIORICET ORAL CAPSULE 50-300-40 MG	Tier 1	
VANATOL LQ ORAL SOLUTION 50-325-40 MG/15 ML	Tier 1	
VANATOL S ORAL SOLUTION 50-325-40 MG/15 ML	Tier 1	
VTOL LQ ORAL SOLUTION 50-325-40 MG/15 ML	Tier 1	
ZEBUTAL ORAL CAPSULE 50-325-40 MG	Tier 1	
Analgesic/Antipyretics, Salicylates		
<i>aspirin oral tablet 325 mg</i> (Lite Coat Aspirin)	PREV	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Aspir-Trin)	PREV	
ASPIR-TRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG	PREV	
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG	PREV	

Drug	Status	Notes
LITE COAT ASPIRIN ORAL TABLET 325 MG	PREV	
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	Tier 1	
Analgesics, Narcotic Agonist And Nsaid Combination		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i> (Ibudone)	Tier 1	
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	Tier 1	
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	Tier 1	
XYLON 10 ORAL TABLET 10-200 MG	Tier 1	
Analgesics, Narcotics		
ARYMO ER ORAL TABLET, ORAL ONLY, EXTND RELEASE 15 MG, 30 MG, 60 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; 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 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 1	
BUPRENEX INJECTION SOLUTION 0.3 MG/ML	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection solution 0.3 mg/ml</i> (Buprenex)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	Tier 1	
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	Tier 3	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Actiq)	Tier 1	PA
<i>fentanyl citrate buccal tablet, effervescent 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Fentora)	Tier 1	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> (Duragesic)	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 3 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 3 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 3	PA
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i> (Zohydro ER)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>hydromorphone rectal suppository 3 mg</i>	Tier 1	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)

Drug	Status	Notes
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	Tier 3	PA
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>meperidine injection cartridge 10 mg/ml</i>	Tier 1	
<i>methadone injection solution 10 mg/ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 ML per 1 day)
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 ML per 1 day)
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
<i>methadone oral tablet, soluble 40 mg</i> (Methadose)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)

Drug	Status	Notes
METHADOSE ORAL TABLET,SOLUBLE 40 MG	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine (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 intramuscular pen injector 10 mg/0.7 ml</i>	Tier 1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 1	
<i>morphine oral tablet extended release (MS Contin) 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Tier 2	QL (6 EA per 1 day)
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG	Tier 3	
<i>oxycodone oral capsule 5 mg</i>	Tier 1	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 1	
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1	
<i>oxycodone oral tablet 10 mg, 20 mg</i>	Tier 1	

Drug	Status	Notes
<i>oxycodone oral tablet 15 mg, 30 mg, 5 mg</i> (Roxicodone)	Tier 1	
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</i> (OxyContin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i> (OxyContin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
QDOLO ORAL SOLUTION 5 MG/ML	Tier 3	PA
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY	Tier 3	PA
<i>tramadol oral capsule,er biphasic 24 hr 17-83 300 mg</i> (ConZip)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral capsule,er biphasic 24 hr 25-75 100 mg, 200 mg</i> (ConZip)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
<i>tramadol oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet 50 mg</i> (Ultram)	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR(DONT CRUSH) 27 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR(DONT CRUSH) 36 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
Antimigraine Preparations		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 3	PA

Drug	Status	Notes
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 3	PA
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
CAMBIA ORAL POWDER IN PACKET 50 MG	Tier 3	PA
<i>dihydroergotamine injection solution 1 mg/ml</i> (D.H.E.45)	Tier 1	QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (8 ML per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 2	PA
ERGOMAR SUBLINGUAL TABLET 2 MG	Tier 3	QL (10 EA per 7 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i> (Cafergot)	Tier 1	QL (10 EA per 7 days)
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
MIGRANOW KIT, GEL AND TABLET 50 MG- 10 %-4 %	Tier 3	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i> (Amerge)	Tier 1	QL (18 EA per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	Tier 2	PA
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	Tier 3	ST: Requires prior prescription for generic Sumatriptan nasal spray within the past 120 days; QL (16 EA per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 2	PA
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	Tier 1	QL (18 EA per 30 days)

Drug	Status	Notes
<i>rizatriptan oral tablet 5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i> (Imitrex)	Tier 1	QL (6 EA per 15 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	Tier 1	QL (9 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	Tier 1	QL (3 EA per 5 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	Tier 1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	Tier 1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	Tier 1	QL (5 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	QL (4 ML per 28 days)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i> (Treximet)	Tier 1	ST: Requires prior prescription for Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Naratriptan HCL, Onzetra Xsail, Rizatriptan Benzoate, Sumatriptan Succinate/naproxen Sodium, Sumatriptan Succinate, Sumatriptan, Sumavel Dosepro, Tosymra, Treximet, Zecuity, Zembrace Symtouch, or Zolmitriptan within the past 180 days; QL (9 EA per 30 days)
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	Tier 3	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 2	PA
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	Tier 3	ST: Requires prior prescription for generic Sumatriptan injection within the past 120 days; QL (8 ML per 28 days)

Drug	Status	Notes
<i>zolmitriptan nasal spray,non-aerosol 2.5 mg</i> (Zomig)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i> (Zomig)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (6 EA per 15 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i> (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)
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 2	PA
Narc.& Non-Sal.Analgesic,Barbiturate &Xanthine Cmb		
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic & Salicylate Analgesics, Barb.& Xanthine		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-bitalbitol-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	Tier 3	ST: Requires prior prescription for Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i> (Apadaz)	Tier 1	ST: Requires prior prescription for Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	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, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 7.5-300 mg</i>	Tier 1	QL (13 EA per 1 day)
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)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i> (Nalocet)	Tier 1	QL (12 EA per 1 day)
PRIMLEV ORAL TABLET 10-300 MG	Tier 1	QL (13 EA per 1 day)
PRIMLEV ORAL TABLET 5-300 MG, 7.5-300 MG	Tier 3	QL (13 EA per 1 day)
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	Tier 1	QL (13 EA per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
VICODIN HP ORAL TABLET 10-300 MG	Tier 1	QL (13 EA per 1 day)
Narcotic Analgesic, Non-Salicylate, Xanthine Comb		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i> (Trezix)	Tier 1	ST: Requires prior prescription for Acetaminophen With Codeine tablets within the past 120 days; QL (10 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
<i>acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg</i> (Dvorah)	Tier 1	ST: Requires prior prescription for Acetaminophen With Codeine tablets within the past 120 days; QL (10 EA per 1 day); Age (Min 12 Years)
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)
Narcotic And Salicylate Analgesic Combination		
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Tier 1	
Narcotic Withdrawal Therapy Agents		
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	Tier 3	QL (1 EA per 1 day)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	Tier 3	QL (2 EA per 1 day)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg</i> (Suboxone)	Tier 1	QL (2 EA per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg</i> (Suboxone)	Tier 1	QL (1 EA per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 1	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	Tier 2	QL (2 EA per 1 day)
Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist		
LUCEMYRA ORAL TABLET 0.18 MG	Tier 3	PA
Skeletal Muscle Relaxant, Salicylate, Narc Analgesic		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Parkinsons Disease Antiparkinsonism Drugs, Anticholinergic		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	
Antiparkinsonism Drugs, Other		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	

Drug	Status	Notes
<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</i> (Sinemet)	Tier 1	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	Tier 1	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 4	PA
<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
KYNMOBI SUBLINGUAL FILM 10 MG, 10-15-20-25-30 MG, 15 MG, 20 MG, 25 MG, 30 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 within the past 120 days; QL (1 EA per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG	Tier 3	PA

Drug	Status	Notes
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 3	PA
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	Tier 3	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	Tier 1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i> (Mirapex ER)	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	Tier 1	QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 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 mg, 2 mg, 6 mg</i> (Requip XL)	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
<i>ropinirole oral tablet extended release 24 hr 4 mg, 8 mg</i>	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 3	ST: Requires prior prescription for Carbidopa/levodopa within the past 120 days; QL (10 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	Tier 1	ST: Requires prior prescription for Entacapone within the past 120 days; QL (3 EA per 1 day)
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 3	ST: Requires prior prescription for Carbidopa/levodopa, Duopa, or Rytary within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Tier 3	ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)
Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	Tier 1	
Seizure Disorder		
Anticonvulsant - Benzodiazepine Type		
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	Tier 1	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	Tier 1	
<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)
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 3	QL (10 EA per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Tier 3	PA
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Tier 3	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 4	PA
Anticonvulsants		
ACTIVE-PAC KIT, GEL AND CAPSULE 300-4-1 MG-%-%	Tier 3	

Drug	Status	Notes
APTIOM ORAL TABLET 200 MG, 400 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 365 days; QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 365 days; QL (2 EA per 1 day)
BANZEL ORAL TABLET 200 MG	Tier 3	ST: Requires prior prescription for Divalproex Sodium, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid within the past 120 days; QL (16 EA per 1 day)
BANZEL ORAL TABLET 400 MG	Tier 3	ST: Requires prior prescription for Divalproex Sodium, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid within the past 120 days; QL (8 EA per 1 day)

Drug	Status	Notes
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (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, Gabapentin, Gralise, 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> (Epilex)	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 2	
CELONTIN ORAL CAPSULE 300 MG	Tier 3	
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	

Drug	Status	Notes
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 125 mg</i> (Depakote Sprinkles)	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	Tier 1	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> (Depakote)	Tier 1	
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 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 XR, Lamotrigine, Topiramate, or Trokendi XR within the past 120 days; QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i> (Felbatol)	Tier 1	ST: Requires prior prescription for 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 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 XR, Lamotrigine, Topiramate, or Trokendi XR within the past 120 days; QL (9 EA per 1 day)

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

Drug	Status	Notes
FYCOMPA ORAL TABLET 4 MG, 6 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (60 EA per 30 days)
GABACAINES KIT 300 MG- 5 %	Tier 3	
GABAPAL KIT, CREAM AND CAPSULE 100 MG-3.88 %- 4" X 4"	Tier 3	
<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	
GABITRIL ORAL TABLET 12 MG, 2 MG, 4 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
GABITRIL ORAL TABLET 16 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (3 EA per 1 day)
KEPPRA ORAL SOLUTION 100 MG/ML	Tier 2	

Drug	Status	Notes
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 immediate-release 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 immediate-release 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 immediate-release 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 immediate-release Lamotrigine within the past 120 days
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	Tier 3	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	Tier 3	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	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 immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)

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

Drug	Status	Notes
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	Tier 1	
<i>lamotrigine oral tablet, disintegrating 100 mg</i> (Lamictal ODT)	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 200 mg</i> (Lamictal ODT)	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 25 mg, 50 mg</i> (Lamictal ODT)	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablets, dose pack 25 mg (35)</i> (Subvenite Starter (Blue) Kit)	Tier 1	
<i>lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7)</i> (Subvenite Starter (Orange) Kit)	Tier 1	
<i>lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)</i> (Subvenite 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	
LIDOTIN KIT, CREAM AND CAPSULE 100 MG- 3.88 %	Tier 3	
LIPRITIN II KIT 100 MG-2.5 %- 2.5 %-6CM X 7CM	Tier 3	
LIPRITIN KIT 100 MG-2.5 %- 2.5 %-6CM X 7CM	Tier 3	
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	
NEURONTIN ORAL TABLET 600 MG, 800 MG	Tier 2	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	Tier 1	

Drug	Status	Notes
<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, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (1 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
PENTICAN KIT 100 MG- 5 %	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	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 25 MG, 50 MG	Tier 3	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 150 MG, 200 MG	Tier 3	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (2 EA per 1 day)
ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG	Tier 2	
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	Tier 3	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	Tier 1	ST: Requires prior prescription for Divalproex Sodium, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid within the past 120 days; QL (80 ML per 1 day)
SABRIL ORAL TABLET 500 MG	Tier 4	QL (6 EA per 1 day)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	Tier 3	ST: Requires prior prescription for Levetiracetam within the past 120 days; QL (2 EA per 1 day)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	Tier 3	ST: Requires prior prescription for Levetiracetam within the past 120 days; QL (4 EA per 1 day)
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 1	
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	Tier 1	
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, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i> (Gabitril)	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (3 EA per 1 day)
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 immediate release tablets/sprinkle capsules within the past 120 days; QL (1 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i> (Qudexy XR)	Tier 1	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (2 EA per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	Tier 1	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	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	QL (2 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 25 MG	Tier 2	QL (8 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 50 MG	Tier 2	QL (4 EA per 1 day)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	Tier 3	QL (6 EA per 1 day)
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	Tier 3	QL (6 EA per 1 day)
VIGADRONE ORAL POWDER IN PACKET 500 MG	Tier 3	QL (6 EA per 1 day)
VIMPAT ORAL SOLUTION 10 MG/ML	Tier 2	QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	QL (2 EA per 1 day)
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1)	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 120 days; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
XCOPRI ORAL TABLET 200 MG	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 120 days; QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 120 days; QL (1 EA per 1 day)
ZARONTIN ORAL CAPSULE 250 MG	Tier 2	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	Tier 2	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	Tier 2	
<i>zonisamide oral capsule 100 mg, 25 mg (Zonegran)</i>	Tier 1	
<i>zonisamide oral capsule 50 mg</i>	Tier 1	
Skeletal Muscle Disorder		
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh		
KEVEYIS ORAL TABLET 50 MG	Tier 3	PA
Skeletal Muscle Relax.& Top.Irritant Counter-Irritant		
COMFORT PAC-CYCLOBENZAPRINE KIT 10 MG	Tier 3	
COMFORT PAC-TIZANIDINE KIT 4 MG	Tier 3	
CYCLOPAK KIT 5 MG-2.5 %- 2.5 %	Tier 3	
NOPIOID-LMC KIT COMBO PACK, TABLET AND PATCH 7.5 MG- 4 %-4 %	Tier 3	
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	

Drug	Status	Notes
<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	
<i>metaxalone oral tablet 800 mg</i> (Skelaxin)	Tier 1	
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	
<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> (Orphengesic Forte)	Tier 1	QL (4 EA per 1 day)
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	Tier 1	QL (4 EA per 1 day)
OZOBAX ORAL SOLUTION 5 MG/5 ML	Tier 3	PA
<i>tizanidine oral capsule 2 mg, 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	
Smoking Cessation		
Smoking Deterrent Agents (Ganglionic Stim, Others)		
<i>nicotine (polacrilex) buccal gum 2 mg</i> (Quit 2)	PREV	QL (24 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal gum 4 mg</i> (Quit 4)	PREV	QL (24 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal lozenge 2 mg</i> (Quit 2)	PREV	QL (20 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal lozenge 4 mg</i> (Quit 4)	PREV	QL (20 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> (Nicorette)	PREV	QL (20 EA per 1 day); Age (Min 18 Years)

Drug	Status	Notes
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> (Nicoderm CQ)	PREV	QL (1 EA per 1 day); Age (Min 18 Years)
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	PREV	QL (1 EA per 1 day); Age (Min 18 Years)
NICOTROL INHALATION CARTRIDGE 10 MG	PREV	ST: Requires prior prescription for Nicotine transdermal patch within the past 120 days; QL (1008 EA per 90 days); Age (Min 18 Years)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	PREV	ST: Requires prior prescription for Nicotine transdermal patch within the past 120 days; QL (160 ML per 90 days); Age (Min 18 Years)
QUIT 2 BUCCAL GUM 2 MG	PREV	QL (24 EA per 1 day); Age (Min 18 Years)
QUIT 2 BUCCAL LOZENGE 2 MG	PREV	QL (20 EA per 1 day); Age (Min 18 Years)
QUIT 4 BUCCAL GUM 4 MG	PREV	QL (24 EA per 1 day); Age (Min 18 Years)
QUIT 4 BUCCAL LOZENGE 4 MG	PREV	QL (20 EA per 1 day); Age (Min 18 Years)
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG	PREV	QL (20 EA per 1 day); Age (Min 18 Years)
Smoking Deterrent-Nicotinic Recept.Partial Agonist		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	PREV	QL (2 EA per 1 day); Age (Min 18 Years)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	PREV	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)	PREV	QL (2 EA per 1 day); Age (Min 18 Years)
Smoking Deterrents, Other		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	PREV	QL (2 EA per 1 day); Age (Min 18 Years)
Upper Gastrointestinal Disorders - Digestive		
Gastric Enzymes		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 4	PA
Pancreatic Enzymes		
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 2	

Drug	Status	Notes
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	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT	Tier 3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	Tier 2	
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
Belladonna Alkaloids		
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> (Oscimin)	Tier 1	

Drug	Status	Notes
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Oscimin SR)	Tier 1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i> (Ed-Spaz)	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML	Tier 1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	Tier 1	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	Tier 1	
<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)
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i> (Donnatal)	Tier 1	ST: At least 2 prior prescriptions for Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab within the past 365 days; QL (8 EA per 1 day)
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)

Drug	Status	Notes
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG- 0.25 MG (0.375 MG)	Tier 3	
Upper Gastrointestinal Disorders - Ulcer Disease		
Anticholinergics, Quaternary Ammonium		
<i>chlordiazepoxide-clidinium oral capsule</i> (Librax (with clidinium)) 5-2.5 mg	Tier 1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	Tier 3	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>glycopyrrolate oral tablet 1.5 mg</i> (Glycate)	Tier 1	ST: Requires prior prescription for Glycopyrrolate within the past 120 days; QL (3 EA per 1 day)
Anti-Ulcer Preparations		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	Tier 1	
<i>sucralfate oral suspension 100 mg/ml</i> (Carafate)	Tier 1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	Tier 1	
Anti-Ulcer-H.Pylori Agents		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 1	QL (112 EA per 10 days)
HELIDAC ORAL COMBO PACK 250- 500-262.4 MG	Tier 3	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Tier 3	
PYLERA ORAL CAPSULE 140-125-125 MG	Tier 3	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Tier 3	QL (168 EA per 14 days); Age (Min 18 Years)
Histamine H2-Receptor Inhibitors		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 1	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	Tier 1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>famotidine oral suspension 40 mg/5 ml</i> (8 mg/ml)	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	
Intestinal Motility Stimulants		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	Tier 4	PA
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	

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

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

Drug	Status	Notes
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	Tier 1	QL (1 EA per 1 day)
Urinary Tract - Functional Disorders		
Benign Prostatic Hypertrophy/Micturition Agents		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	Tier 1	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	Tier 1	
<i>finasteride oral tablet 5 mg</i> (Proscar)	Tier 1	
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	Tier 1	ST: Requires prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL within the past 120 days
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	Tier 1	
Bph Agents, 5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	Tier 1	ST: Requires prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL within the past 120 days
Cystine-Depleting Agents, Nephropathic Cystinosis		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 4	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 3	PA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Tier 3	PA
Kidney Stone Agents		
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	Tier 3	
THIOLA ORAL TABLET 100 MG	Tier 3	
Overactive Bladder Agents, Beta-3 Adrenergic Recep		
GEMTESA ORAL TABLET 75 MG	Tier 3	ST: Requires prior prescription for Myrbetriq or Toviaz within the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	Tier 2	Age (Min 18 Years)

Drug	Status	Notes
Polycystic Kidney Disease Agent, Avp Recep. Antag		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 3	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	Tier 3	PA
Urinary Ph Modifiers		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 3	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	Tier 3	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	Tier 3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	Tier 1	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	Tier 1	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 3	
SHOHL'S MODIFIED ORAL SOLUTION 500-300 MG/5 ML	Tier 3	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 3	
Urinary Tract Analgesic Agents		
ELMIRON ORAL CAPSULE 100 MG	Tier 2	PA
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Tier 1	
Urinary Tract Antispasmodic, M(3) Selective Antag.		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 1	ST: Requires prior prescription for Oxybutynin (IR/XR) within the past 120 days
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	Tier 1	
VESICARE LS ORAL SUSPENSION 1 MG/ML	Tier 3	QL (10 ML per 1 day)
Urinary Tract Antispasmodic/Antiincontinence Agent		
<i>flavoxate oral tablet 100 mg</i>	Tier 1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	Tier 3	ST: Requires prior prescription for Oxybutynin (IR/XR) within the past 120 days
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	

Drug	Status	Notes
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	Tier 1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	Tier 3	ST: Requires prior prescription for Oxybutynin (IR/XR) within the past 120 days
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	Tier 1	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	Tier 1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	Tier 2	ST: Requires prior prescription for Oxybutynin (IR/XR) within the past 120 days
<i>tropium oral capsule,extended release 24hr 60 mg</i>	Tier 1	
<i>tropium oral tablet 20 mg</i>	Tier 1	
Vaginal Disorders		
Vaginal Antibiotics		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 3	ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, Tinidazole, or Vandazole within the past 365 days; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Tier 3	
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole)	Tier 1	
NUVESSA VAGINAL GEL 1.3 %	Tier 3	
VANAZOLE VAGINAL GEL 0.75 %	Tier 2	
Vaginal Antifungals		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
Vaginal Antiseptics		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 %	Tier 3	

Drug	Status	Notes
Vaginal Estrogen For Sexual Dysfunction		
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)
Vaginal Estrogen Preparations		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafer)	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	
Vitamin And/Or Mineral Deficiency		
Fluoride Preparations		
CLINPRO 5000 DENTAL PASTE 1.1 %	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
DENTAGEL DENTAL GEL 1.1 %	Tier 1	
<i>fluoride (sodium) dental cream 1.1 %</i> (Denta 5000 Plus)	Tier 1	
<i>fluoride (sodium) dental gel 1.1 %</i> (DentaGel)	Tier 1	
<i>fluoride (sodium) dental paste 1.1 %</i> (Clinpro 5000)	Tier 1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	PREV	Age (Max 6 Years)
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluoride), 1 mg (2.2 mg sod. fluoride)</i> (Ludent Fluoride)	PREV	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 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	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Fluoridex Sensitivity Relief)	Tier 1	
Folic Acid Preparations		
<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>	PREV	
Iron Replacement		
CHILDREN'S IRON ORAL DROPS 15 MG IRON (75 MG)/ML	PREV	Age (Max 1 Years)
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i> (Children's Iron)	PREV	Age (Max 1 Years)
PEDIA IRON ORAL DROPS 15 MG IRON (75 MG)/ML	PREV	Age (Max 1 Years)
PEDIATRIC FE-VITE ORAL DROPS 15 MG IRON (75 MG)/ML	PREV	Age (Max 1 Years)
Multivitamin Preparations		
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	Tier 1	
<i>b-complex with vitamin c oral tablet</i> (Super B Complex-Vitamin C)	Tier 1	
CALCIUM PNV ORAL CAPSULE 28-1-250 MG	Tier 1	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 3	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 3	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG	Tier 1	
Prenatal Vitamin Preparations		
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	

Drug	Status	Notes
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG - 50 MG-260 MG	Tier 3	
EXTRA-VIRT PLUS DHA ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 1	
MYNATAL ADVANCE ORAL TABLET 90-1-50 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	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 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	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	Tier 1	
PNV-FERROUS FUMARATE-DOCU-FA ORAL TABLET 29 MG IRON- 1 MG-25 MG	Tier 1	
PRENAISSANCE ORAL CAPSULE 29- 1.25-55-325 MG	Tier 1	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG	Tier 1	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	Tier 1	
PREPLUS ORAL TABLET 27 MG IRON- 1 MG	Tier 1	
TRIVEEN-PRX RNF ORAL CAPSULE 26-1.2-55-300 MG	Tier 1	
VENA-BAL DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG	Tier 1	
VINATE GT ORAL TABLET 90-1-50 MG	Tier 1	
VINATE II ORAL TABLET 29 MG IRON- 1 MG	Tier 1	
VINATE ULTRA ORAL TABLET 90-1-50 MG	Tier 1	

Drug	Status	Notes
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG - 50 MG-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	
Vitamin B Preparations		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 1	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 1	
POTABA ORAL CAPSULE 500 MG	Tier 3	
Vitamin B1 Preparations		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 1	
Vitamin B12 Preparations		
<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	
Vitamin B6 Preparations		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 1	
Vitamin C Preparations		
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 1	
Vitamin D Preparations		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	Tier 1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> (Vitamin D2)	Tier 1	
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	Tier 1	
Zinc Replacement		
<i>zinc sulfate oral tablet 50 mg zinc (220 mg)</i>	Tier 1	
Weight Reduction		
Anorexic Agents		
<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	

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

Index

1ST TIER UNIFINE PENTIPS 234	ACTEMRA ACTPEN..... 194	ADVOCATE REDI-CODE PLUS... 102
1ST TIER UNIFINE PENTIPS PLUS 234	ACTHAR..... 140	ADVOCATE SYRINGES..... 212
1ST TIER UNILET	ACTICOAT 7 DRESSING.....204	ADVOCATE TEST STRIPS..... 102
COMFORTOUCH..... 207	ACTICOAT DRESSING.....204	ADYNOVATE..... 156
<i>abacavir</i> 186	ACTICOAT FLEX 3 DRESSING....204	ADZENYS ER.....24
<i>abacavir-lamivudine</i> 185	ACTICOAT FLEX 7 DRESSING....204	ADZENYS XR-ODT..... 24
<i>abacavir-lamivudine-zidovudine</i> 185	ACTICOAT SURGICAL DRESSING..... 204	AEMCOLO..... 182
ABILIFY MYCITE.....27	ACTI-LANCE LANCETS.....207	AEROCHAMBER MINI..... 13
<i>abiraterone</i>.....221	ACTIMMUNE..... 171	AEROCHAMBER MV..... 13
ABOUTTIME PEN NEEDLE..... 234	ACTIVE-PAC..... 256	AEROCHAMBER PLUS FLOW-VU.13
ABSORICA..... 64	ACUICYN..... 151	AEROCHAMBER PLUS FLOW-VU,L MSK..... 14
ABSORICA LD.....64	ACUVAIL (PF)..... 147	AEROCHAMBER PLUS FLOW-VU,M MSK..... 14
<i>acamprosate</i> 25	<i>acyclovir</i> 72, 184	AEROCHAMBER PLUS FLOW-VU,S MSK..... 14
<i>acarbose</i> 96	ACYCLOVIX..... 184	AEROCHAMBER PLUS Z STAT..... 14
ACCUCAINE KIT..... 199	ADACEL(TDAP ADOLESN/ADULT)(PF)..... 170	AEROCHAMBER PLUS Z STAT LG MSK..... 14
ACCU-CHEK AVIVA PLUS TEST STRP..... 101	<i>adapalene</i> 67	AEROCHAMBER PLUS Z STAT MD MSK..... 14
ACCU-CHEK FASTCLIX LANCET DRUM..... 207	<i>adapalene-benzoyl peroxide</i>.....64	AEROCHAMBER PLUS Z STAT SM MSK..... 14
ACCU-CHEK GUIDE TEST STRIPS..... 101	<i>adapalene-benzoyl perox-niacin</i> 64	AEROCHAMBER WITH FLOWSIGNAL..... 14
ACCU-CHEK MULTICLIX LANCET..... 207	<i>adapalene-benzoyl-clindamycin</i> 64	AEROCHAMBER Z-STAT PLUS-FLW SG..... 14
ACCU-CHEK SAFE-T-PRO.....207	ADASUVE.....29	AEROECLIPSE II NEBULIZER..... 14
ACCU-CHEK SAFE-T-PRO PLUS 207	ADAZIN.....89	AEROGEAR ACTION ASTHMA KIT..... 14
ACCU-CHEK SMARTVIEW TEST STRIP..... 101	ADDERALL XR.....24	AERONEB GO.....206
ACCU-CHEK SOFTCLIX LANCETS..... 207	ADDYI.....32	AERONEB GO NEBULIZER..... 14
ACCUTANE..... 64	<i>adefovir</i> 188	AEROTRACH PLUS..... 14
ACCUTREND GLUCOSE TEST STRIPS..... 101	ADEMPAS..... 44	AEROVENT PLUS..... 14
ACE AEROSOL CLOUD ENHANCER..... 13	ADHANSIA XR..... 34	AFINITOR..... 223
<i>acebutolol</i> 40	ADLYXIN..... 95	AFINITOR DISPERZ..... 222
<i>acetaminophen-caff-dihydrocod</i> 252, 253	ADMELOG SOLOSTAR U-100 INSULIN..... 131	AFIRMELLE..... 53
<i>acetaminophen-codeine</i> 251, 252	ADMELOG U-100 INSULIN LISPRO..... 131	AFLURIA QD 2020-21(3YR UP)(PF)..... 169
<i>acetazolamide</i> 151	ADULT ASPIRIN REGIMEN..... 162	AFLURIA QD 2020-21(6-35MO)(PF)..... 169
<i>acetic acid</i> 85, 137	ADULT LOW DOSE ASPIRIN..... 162	AFLURIA QUAD 2020-2021(6MO UP)..... 169
<i>acetylcysteine</i> 241	ADVAIR DISKUS..... 10	AFREZZA..... 131
ACIPHEX SPRINKLE..... 275	ADVAIR HFA..... 10	AFSTYLA..... 156
<i>acitretin</i> 91	ADVANCE PLUS INTERMITTENT 206	
ACTEMRA..... 194	ADVANCED GLUC METER TEST STRIP..... 101	
	ADVANCED TRAVEL LANCETS.. 207	
	ADVATE..... 156	
	ADVOCATE LANCET.....207	
	ADVOCATE PEN NEEDLE..... 234	
	ADVOCATE REDI-CODE..... 102	

AFTERA.....	53	ALOCRIAL.....	151	<i>amlodipine-valsartan-hcthiazyd</i>	38
AGAMATRIX AMP TEST STRIPS.....	102	<i>alogliptin</i>	96	<i>ammonium lactate</i>	84
AGAMATRIX PRESTO TEST STRIPS.....	102	<i>alogliptin-metformin</i>	94	AMNESTEEM.....	64
AIMOVIG AUTOINJECTOR.....	248	<i>alogliptin-pioglitazone</i>	95	<i>amoxapine</i>	23
AIRDUO DIGIHALER.....	10	ALOMIDE.....	151	<i>amoxicil-clarithromy-lansopraz</i>	274
AIRS DISPOSABLE NEBULIZER... ..	14	ALORA.....	166	<i>amoxicillin</i>	176
AJOVY AUTOINJECTOR.....	248	<i>alosetron</i>	202	<i>amoxicillin-pot clavulanate</i>	176
AJOVY SYRINGE.....	249	ALPHAGAN P.....	151	<i>amphetamine</i>	24
AKLIEF.....	67	ALPHANATE.....	156	<i>amphetamine sulfate</i>	24
AK-POLY-BAC.....	149	ALPHANINE SD.....	158	<i>ampicillin</i>	176
AKTEN (PF).....	149	<i>alprazolam</i>	25	<i>amyl nitrite</i>	51
AKYNZEO (NETUPITANT).....	6	ALPRAZOLAM INTENSOL.....	25	AMZEEQ.....	68
ALA-CORT.....	74	ALPROLIX.....	158	ANACAINE.....	89
ALA-QUIN.....	66	ALREX.....	147	ANADROL-50.....	164
ALA-SCALP.....	74	ALTABAX.....	72	<i>anagrelide</i>	162
<i>albendazole</i>	183	ALTACAINE.....	149	ANA-LEX KIT.....	200
<i>albuterol sulfate</i>	9	ALTAFLUOR BENOX.....	149	ANALPRAM-HC.....	88
ALCAINE.....	149	ALTAVERA (28).....	53	ANASCORP.....	231
<i>alclometasone</i>	74	ALTERA NEBULIZER.....	14	ANASTIA.....	89
ALCORTIN A.....	66	ALTERA NEBULIZER SYSTEM.....	14	<i>anastrozole</i>	222
ALDACTAZIDE.....	44	ALTERNATE SITE LANCET.....	207	ANDRODERM.....	164
ALECENSA.....	223	ALTOPREV.....	46	ANGELIQ.....	165
<i>alendronate</i>	141	ALTRENO.....	67	ANNOVERA.....	52
ALFERON N.....	171	ALUNBRIG.....	223	ANORO ELLIPTA.....	10
<i>alfuzosin</i>	277	ALVESCO.....	11	ANTARA.....	50
ALINIA.....	184	<i>alvimopan</i>	203	<i>anticoag citrate phos dextrose</i>	157
<i>aliskiren</i>	45	ALYACEN 1/35 (28).....	53	ANUCORT-HC.....	201
ALKINDI SPRINKLE.....	192	ALYACEN 7/7/7 (28).....	53	APADAZ.....	252
ALL FLOW 1000 KIT.....	206	ALYQ.....	44	APEXICON E.....	74
ALL FLOW 1000 PFT FILTER.....	206	ALZAIR.....	230	APIDRA SOLOSTAR U-100 INSULIN.....	131
ALL FLOW 3000 KIT.....	206	AMABELZ.....	166	APIDRA U-100 INSULIN.....	132
ALL FLOW 3000 PFT FILTER.....	206	<i>amantadine hcl</i>	253, 254	APLENZIN.....	19
ALL FLOW 4000 KIT.....	206	<i>ambisentan</i>	44	APLIGRAF.....	239
ALL FLOW 4000 PFT FILTER.....	206	<i>amcinonide</i>	74	APOGEE HC INTERMIT CATHETER.....	206
ALL FLOW 5000 KIT.....	206	AMELUZ.....	226	APOGEE IC INTERMIT CATHETER.....	206
ALL FLOW 5000 PFT FILTER.....	206	AMETHIA.....	53	APOKYN.....	254
ALL FLOW 6000 PFT FILTER.....	206	AMETHYST (28).....	53	<i>apraclonidine</i>	151
ALLEVYN.....	204	AMIELLE VAGINAL TRAINER.....	206	<i>aprepitant</i>	6
ALLEVYN ADHESIVE DRESSING.....	204	<i>amiloride</i>	44	APRI.....	53
ALLEVYN AG.....	204	<i>amiloride-hydrochlorothiazide</i>	44	APTIOM.....	257
ALLEVYN AG ADHESIVE.....	204	<i>aminocaproic acid</i>	155, 156	APTIVUS.....	185
ALLEVYN AG GENTLE DRESSING.....	204	<i>amidarone</i>	36	APTIVUS (WITH VITAMIN E).....	185
ALLEVYN HEEL.....	204	<i>amitriptyline</i>	23	AQUA CARE SODIUM CHLORIDE.....	85
ALLEVYN LIFE DRESSING.....	204	<i>amitriptyline-chlordiazepoxide</i>	23	AQUA CARE STERILE WATER.....	85
<i>allopurinol</i>	155	<i>amlodipine</i>	42	AQUA GLYCOLIC HC.....	74
ALLZITAL.....	241	<i>amlodipine-atorvastatin</i>	51	AQUORAL.....	239
<i>almotriptan malate</i>	249	<i>amlodipine-benazepril</i>	37		
		<i>amlodipine-olmesartan</i>	39		
		<i>amlodipine-valsartan</i>	39		

ARAKODA.....	183	ATRAPRO CP.....	84	<i>baclofen</i>	269
ARALAST NP.....	220	ATRAPRO DERMAL SPRAY.....	87	BAFIERTAM.....	227
ARANELLE (28).....	53	ATRAPRO HYDROGEL.....	84	BALCOLTRA.....	53
ARANESP (IN POLYSORBATE)...	159	ATROPEN.....	234	<i>balsalazide</i>	199
ARAZLO.....	68	<i>atropine</i>	154	<i>balsam peru-castor oil</i>	240
ARCALYST.....	191	ATROVENT HFA.....	8	BALVERSA.....	223
ARCAPTA NEOHALER.....	9	AUBAGIO.....	227	BALZIVA (28).....	54
ARESTIN.....	230	AUBRA.....	53	BANZEL.....	257
ARIKAYCE.....	181	AUBRA EQ.....	53	BAQSIMI.....	130
<i>aripiprazole</i>	27, 28	AUGMENTIN.....	176	BARACLUDE.....	188
<i>armodafinil</i>	32	AURA PORTANEB.....	14	BASADROX.....	67
ARMONAIR DIGIHALER.....	12	AUROVELA 1.5/30 (21).....	53	BASAGLAR KWIKPEN U-100	
ARMOUR THYROID.....	144	AUROVELA 1/20 (21).....	53	INSULIN.....	132
ARNUITY ELLIPTA.....	12	AUROVELA 24 FE.....	53	BAXDELA.....	176
ARTISS.....	240	AUROVELA FE 1.5/30 (28).....	53	B-COMPLEX INJECTION.....	283
ARYMO ER.....	243	AUROVELA FE 1-20 (28).....	53	<i>b-complex with vitamin c</i>	281
ASCOMP WITH CODEINE.....	251	AURUMHEEL.....	232	BD AUTOSHIELD DUO PEN	
<i>ascorbic acid (vitamin c)</i>	283	AURYXIA.....	137	NEEDLE.....	234
<i>asenapine maleate</i>	29	AUSTEDO.....	229	BD ECLIPSE LUER-LOK.....	212
ASHLYNA.....	53	AUVI-Q.....	220	BD INSULIN SYRINGE.....	212
ASMANEX HFA.....	12	AVANDIA.....	97	BD INSULIN SYRINGE HALF	
ASMANEX TWISTHALER.....	12	AVAR.....	72	UNIT.....	212
<i>aspirin</i>	162, 242	AVAR LS.....	72	BD INSULIN SYRINGE MICRO-	
ASPIRIN CHILDRENS.....	162	AVENOVA.....	151	FINE.....	212
ASPIRIN LOW DOSE.....	162	AVIANE.....	53	BD INSULIN SYRINGE SAFETY-	
<i>aspirin-dipyridamole</i>	162	AVIDOXY DK.....	177	LOK.....	212
<i>aspirin-omeprazole</i>	162	AVITA.....	67	BD INSULIN SYRINGE SLIP TIP..	212
ASPIR-TRIN.....	242	AVITENE.....	163	BD INSULIN SYRINGE U-500.....	212
ASSURE 4 STRIPS.....	103	AVITENE FLOUR.....	163	BD INSULIN SYRINGE ULTRA-	
ASSURE HAEMOLANCE PLUS... ..	207	AVO CREAM.....	84	FINE.....	212
ASSURE ID INSULIN SAFETY....	212	AVONEX.....	227	BD INSYTE AUTOGUARD.....	212
ASSURE ID PEN NEEDLE.....	234	AYUNA.....	53	BD LO-DOSE MICRO-FINE IV.....	212
ASSURE LANCE.....	207	AYVAKIT.....	223	BD LO-DOSE ULTRA-FINE.....	213
ASSURE LANCE PLUS.....	207	AZADROX.....	67	BD MICROTAINER LANCET.....	207
ASSURE PLATINUM TEST STRIP		AZASAN.....	172	BD NANO 2ND GEN PEN	
.....	103	AZASITE.....	149	NEEDLE.....	234
ASSURE PRISM MULTI STRIP....	103	<i>azathioprine</i>	172	BD POSIFLUSH NORMAL SALINE	
ASTAGRAF XL.....	172	<i>azelaic acid</i>	66	0.9.....	138
ASTERO.....	89	<i>azelaic acid-niacinamide</i>	64	BD PRE-FILLED NORMAL	
ASTHMAPACK CHILDREN'S.....	14	<i>azelastine</i>	5, 146	SALINE.....	138
ASTRINGYN.....	163	<i>azelastine-fluticasone</i>	5	BD PRE-FILLED SALINE BLUNT	
<i>atazanavir</i>	187	AZELEX.....	64	CAN.....	138
<i>atenolol</i>	40	<i>azithromycin</i>	174	BD SAFETYGLIDE INSULIN	
<i>atenolol-chlorthalidone</i>	41, 42	AZOPT.....	151	SYRINGE.....	213
<i>atomoxetine</i>	36	AZURETTE (28).....	53	BD SAFETYGLIDE SYRINGE.....	213
ATOPADERM.....	84	B COMPLEX 100.....	283	BD SAF-T-INTIMA.....	212
<i>atorvastatin</i>	46	<i>b complex-vitamin c-folic acid</i>	281	BD ULTRA FINE LANCETS.....	207
<i>atovaquone</i>	184	<i>bacitracin</i>	149	BD ULTRA-FINE II LANCETS.....	207
<i>atovaquone-proguanil</i>	183	<i>bacitracin-polymyxin b</i>	149		

BD ULTRA-FINE MICRO PEN NEEDLE	234	<i>bexarotene</i>	227	BRIELLYN	54
BD ULTRA-FINE MINI PEN NEEDLE	234	BEXSERO	168	BRILINTA	162
BD ULTRA-FINE NANO PEN NEEDLE	235	<i>bicalutamide</i>	221	<i>brimonidine</i>	151
BD ULTRA-FINE ORIG PEN NEEDLE	235	BIDIL	45	<i>brimonidine-dorzolamide (pf)</i>	152
BD ULTRA-FINE SHORT PEN NEEDLE	235	BIJUVA	165	BRIVIACT	258
BD VEO INSULIN SYR HALF UNIT	213	BIKTARVY	188	BROMFED DM	63
BD VEO INSULIN SYRINGE UF ..	213	<i>bimatoprost</i>	151	<i>bromfenac</i>	147
BEAU RX	87	BINOSTO	141	<i>bromocriptine</i>	254
BECONASE AQ	5	BIONECT	87	<i>brompheniramine-pseudoeph-dm</i>	63
BEKYREE (28)	54	BIONIME RIGHTEST TEST STRIPS	103	BROMSITE	147
BELBUCA	243	BIOSTEP	205	BRONCHITOL	231
<i>belladonna alkaloids-opium</i>	243	BIOSTEP AG	204	BROVANA	9
BELSOMRA	33	<i>bisoprolol fumarate</i>	40	BRUKINSA	223
<i>benazepril</i>	39	<i>bisoprolol-hydrochlorothiazide</i>	42	BRYHALI	75
<i>benazepril-hydrochlorothiazide</i>	37	BLEPH-10	149	<i>budesonide</i>	12, 192
BENEFIX	158	BLEPHAMIDE	149	BULLSEYE MINI SAFETY LANCETS	207
BENLYSTA	194	BLEPHAMIDE S.O.P.	149	<i>bumetanide</i>	43
BENSAL HP	85	BLISOVI 24 FE	54	BUNAVAIL	253
BENZEPRO	86	BLISOVI FE 1.5/30 (28)	54	BUPRENEX	243
BENZEPRO (MICROSPHERES) ..	86	BLISOVI FE 1/20 (28)	54	<i>buprenorphine</i>	243
<i>benzhydrocodone-acetaminophen</i> ..	252	BLOOD GLUCOSE TEST	103	<i>buprenorphine hcl</i>	243, 253
<i>benznidazole</i>	184	BOCASAL	239	<i>buprenorphine-naloxone</i>	253
BENZODOX 30	177	BONJESTA	7	<i>bupropion hcl</i>	19, 20
BENZODOX 60	177	BOOSTRIX TDAP	170	<i>bupropion hcl (smoking deter)</i>	271
<i>benzonatate</i>	62	<i>bosentan</i>	44	<i>bupirone</i>	26
<i>benzoyl per-clindamycin-niacin</i>	65	BOSULIF	223	BUTALBITAL COMPOUND W/CODEINE	251
<i>benzoyl peroxide</i>	86	BP 10-1	72	<i>butalbital-acetaminop-caf-cod</i>	251
<i>benzphetamine</i>	283	BPCO	240	<i>butalbital-acetaminophen</i>	241, 242
<i>benztropine</i>	253	BPO	86	<i>butalbital-acetaminophen-caff</i>	242
BEPREVE	146	BRAFTOVI	222	<i>butalbital-aspirin-caffeine</i>	242
BERINERT	192	BREATHERITE MDI SPACER	14	<i>butorphanol</i>	243
BESER KIT	74	BREATHERITE SPACER-MASK, NEO	14	BUTTERFLY TOUCH LANCET	207
BESIVANCE	149	BREATHERITE SPACER-MASK,ADULT	14	BYDUREON BCISE	95
BETADINE OPHTHALMIC PREP ..	85	BREATHERITE SPACER-MASK,CHILD	14	BYETTA	95
<i>betamethasone dipropionate</i>	74	BREATHERITE SPACER-MASK,INFANT	14	BYNFEZIA	240
<i>betamethasone valerate</i>	74, 75	BREATHERITE SPACER-MASK,S.CHLD	14	BYSTOLIC	40
<i>betamethasone, augmented</i>	75	BREATHERITE SPACER-MASK,VALVED MDI CHAMBER	14	<i>cabergoline</i>	144
BETASERON	227	BREATHERITE VALVED MDI SPACER	14	CABLIVI	155
<i>betaxolol</i>	40, 151	BREEZE 2 TEST STRIPS	104	CABOMETYX	223
<i>bethanechol chloride</i>	220	BREO ELLIPTA	11	CADIRA COMPLIANT BLOOD STAT	231
BETIMOL	151	BREZTRI AEROSPHERE	11	<i>caffeine citrate</i>	18
BETOPTIC S	151			<i>calcipotriene</i>	92
BEVESPI AEROSPHERE	10			<i>calcipotriene-betamethasone</i>	93
				<i>calcitonin (salmon)</i>	141
				<i>calcitriol</i>	92, 283
				<i>calcium acetate(phosphat bind)</i>	137

CALCIUM PNV	281	CAYA CONTOURED	61	CHOLESTYRAMINE LIGHT	49
CALQUENCE	224	CAYSTON	173	<i>choline, magnesium salicylate</i>	242
CAMBIA	249	CAZANT (28)	54	CICLODAN KIT	70
CAMILA	54	<i>cefactor</i>	173	<i>ciclopirox</i>	70
CAMRESE	54	<i>cefadroxil</i>	173	<i>ciclopirox-clobetasol</i>	69
CAMRESE LO	54	<i>cefdinir</i>	173	<i>ciclopirox-clobetasol-salicyl</i>	69
<i>candesartan</i>	39	<i>cefditoren pivoxil</i>	173, 174	<i>ciclopirox-salicylic acid</i>	70
<i>candesartan-hydrochlorothiazid</i>	38	<i>cefixime</i>	174	<i>ciclopirox-ure-camph-menth-euc</i>	70
CANTHARIS COMPOSITUM	232	<i>cefepodoxime</i>	174	<i>cilostazol</i>	162
<i>capecitabine</i>	221	<i>cefprozil</i>	173	CILOXAN	150
CAPEX	75	<i>cefuroxime axetil</i>	173	CIMDUO	185
CAPHOSOL	239	CELACYN	84	<i>cimetidine</i>	274
CAPLYTA	29	<i>celecoxib</i>	196	<i>cimetidine hcl</i>	274
CAPRELSA	224	CELONTIN	258	CIMZIA	191
CAPSFENAC PAK	82	CEM-UREA	86	CIMZIA POWDER FOR RECONST	
CAPSULE #1	239	CENTANY AT	69	.....	191
<i>captopril</i>	39	<i>cephalexin</i>	173	CIMZIA STARTER KIT	191
<i>captopril-hydrochlorothiazide</i>	37	CEQUA	150	<i>cinacalcet</i>	142
CARBAGLU	201	CERACADE	84	CINRYZE	192
<i>carbamazepine</i>	258	CERAMAX	84	CIPRO	176
CARBATROL	258	CERDELGA	232	CIPRO HC	137
<i>carbidopa</i>	256	CERVIDIL	62	CIPRO XR	176
<i>carbidopa-levodopa</i>	254	CESAMET	6	<i>ciprofloxacin</i>	177
<i>carbidopa-levodopa-entacapone</i> ..	254	CETACAINE	89	<i>ciprofloxacin hcl</i>	137, 150, 177
<i>carbinoxamine maleate</i>	4	CETACAINE ANESTHETIC	89	<i>ciprofloxacin-dexamethasone</i>	137
<i>cardioplegic soln</i>	231	<i>cetirizine</i>	4	<i>ciprofloxacin-fluocinolone</i>	137
CARDIZEM LA	42	<i>cevimeline</i>	220	<i>citalopram</i>	20
CARDURA XL	38	CHANTIX	271	CITRANATAL (DUAL-IRON)	281
CAREFINE PEN NEEDLE	235	CHANTIX CONTINUING MONTH		CITRANATAL 90 DHA (ALGAL	
CAREONE THIN LANCET	207	BOX	271	OIL)	281
CAREONE ULTRA THIN LANCET	207	CHANTIX STARTING MONTH		CITRANATAL ASSURE	281
CARESENS LANCETS	207	BOX	271	CITRANATAL DHA (ALGAL OIL) ..	281
CARESENS N TEST STRIPS	104	CHARLOTTE 24 FE	54	CITRANATAL HARMONY (IRON	
CARETOUCH INSULIN SYRINGE	213	CHATEAL (28)	54	FUM)	282
CARETOUCH PEN NEEDLE	235	CHATEAL EQ (28)	54	<i>citric acid (bulk)</i>	240
CARETOUCH SAFETY LANCETS	208	CHEMET	233	<i>citric acid anhydrous (bulk)</i>	240
CARETOUCH TEST STRIP	104	CHENODAL	202	CLARAVIS	64
CARETOUCH TWIST LANCET	208	CHILDREN'S ASPIRIN	162	CLARINEX-D 12 HOUR	3
<i>carisoprodol</i>	270	CHILDREN'S IRON	281	<i>clarithromycin</i>	174, 175
<i>carisoprodol-aspirin</i>	270	<i>chlordiazepoxide hcl</i>	26	CLEANSING WASH	72
<i>carisoprodol-aspirin-codeine</i>	253	<i>chlordiazepoxide-clidinium</i>	274	CLEARSHIELD SODIUM CHLOR	
CARNITOR (SUGAR-FREE)	233	<i>chlorhexidine gluconate</i>	230	FLUSH	139
CAROSPIR	44	<i>chloroquine phosphate</i>	183	<i>clemastine</i>	4
<i>carteolol</i>	152	<i>chlorpromazine</i>	31	CLENPIQ	202
CARTIA XT	42	<i>chlorthalidone</i>	45	CLEOCIN	279
<i>carvedilol</i>	38	<i>chlorzoxazone</i>	270	CLEVER CHEK LANCETS	208
<i>carvedilol phosphate</i>	38	CHOICEDM CLARUS	104	CLEVER CHOICE CHAMBER-	
CAVERJECT	139	CHOLBAM	202	LRG MASK	14
CAVERJECT IMPULSE	139	<i>cholestyramine (with sugar)</i>	49		

CLEVER CHOICE CHAMBER-MED MASK.....	14	<i>codeine-butalbital-asa-caff</i>	251	CORDRAN TAPE LARGE ROLL.....	76
CLEVER CHOICE CHAMBER-SM MASK.....	14	<i>colchicine</i>	155	COREMINO.....	177
CLEVER CHOICE MICRO TEST STRIP.....	104	<i>colesevelam</i>	49	CORIFACT.....	159
CLEVER CHOICE NEBULIZER.....	15	COLESTID FLAVORED.....	49	CORLANOR.....	51
CLEVER CHOICE PRO.....	105	<i>colestipol</i>	49	CORTANE-B.....	137
CLEVER CHOICE TALK TEST.....	105	COLLATYL.....	93	CORTIFOAM.....	201
CLEVER CHOICE TEST STRIPS.....	105	COLOR LANCETS.....	208	CORTISPORIN.....	74
CLEVER CHOICE VOICE+ TEST.....	105	COMBIGAN.....	152	CORTISPORIN-TC.....	137
CLEVER CHOICE WHISPER AIRE PED.....	15	COMBIPATCH.....	166	COSENTYX.....	91
CLICKFINE PEN NEEDLE.....	235	COMBIVENT RESPIMAT.....	10	COSENTYX (2 SYRINGES).....	91
CLIMARA PRO.....	166	COMETRIQ.....	224	COSENTYX PEN.....	91
CLINDACIN ETZ.....	69	COMFORT EZ INSULIN SYRINGE.....	213	COSENTYX PEN (2 PENS).....	91
CLINDACIN PAC.....	69	COMFORT EZ LANCETS.....	208	COTELLIC.....	222
<i>clindamycin hcl</i>	182	COMFORT EZ PEN NEEDLES.....	235	COTEMPLA XR-ODT.....	34
CLINDAMYCIN PEDIATRIC.....	182	COMFORT LANCETS.....	208	COVARYX.....	165
<i>clindamycin phosphate</i>	69, 279	COMFORT PAC.....	208	COVARYX H.S.....	165
<i>clindamycin-benzoyl peroxide</i>	65	COMFORT PAC-IBUPROFEN.....	195	CRALONIN.....	232
<i>clindamycin-tretinoin</i>	65	CYCLOBENZAPRINE.....	269	CREON.....	271
CLINDESSE.....	279	COMFORT PAC-MELOXICAM.....	195	CRESEMBA.....	181
CLINPRO 5000.....	280	COMFORT PAC-MELOXICAM.....	195	CRINONE.....	167
<i>clobazam</i>	256	COMFORT PAC-NAPROXEN.....	195	CRIVAN.....	187
<i>clobetasol</i>	75	COMFORT PAC-TIZANIDINE.....	269	<i>cromolyn</i>	13, 151
<i>clobetasol-calcipotriene</i>	93	COMFORT TOUCH PEN NEEDLE.....	235	CROTAN.....	71
<i>clobetasol-emollient</i>	75	COMPACT SPACE CHAMBER.....	15	CRYOSERV.....	231
<i>clobetasol-levocetirizine</i>	75	COMPACT SPACE CHAMBER PLUS.....	15	CRYSELLE (28).....	54
<i>clobetasol-niacinamide</i>	75	COMPACT SPACE CHAMBER-LRG MASK.....	15	CUPRIMINE.....	189
CLOBETAVIX.....	75	COMPACT SPACE CHAMBER-MED MASK.....	15	CURITY AMD.....	205
<i>clocortolone pivalate</i>	75	COMPACT SPACE CHAMBER-SM MASK.....	15	CURITY AMD (WITH POLYHEXAMETH).....	205
CLODAN KIT.....	75	COMP-AIR NEBULIZER.....	15	CURITY DRAINAGE BAG.....	206
CLOFENAX.....	82	COMPRESSOR.....	15	CURITY IODOFORM PACKING STRIP.....	205
<i>clomipramine</i>	23	COMPLERA.....	188	CUROSURF.....	241
<i>clonazepam</i>	256	COMPRO.....	7	CUTAQUIG.....	167
<i>clonidine</i>	40	CONCERTA.....	34	CUVITRU.....	167
<i>clonidine hcl</i>	34, 40	CONDYLOX.....	86	CUVPOSA.....	274
<i>clopidogrel</i>	162	CONJUPRI.....	42	<i>cyanocobalamin (vitamin b-12)</i>	283
<i>clorazepate dipotassium</i>	26	CONSENSI.....	231	CYCLAFEM 1/35 (28).....	54
<i>clotrimazole</i>	70, 181	CONSTULOSE.....	202	CYCLAFEM 7/7/7 (28).....	54
<i>clotrimazole-betamethasone</i>	69	CONTOUR NEXT TEST STRIPS.....	105	<i>cyclobenzaprine</i>	270
CLOVIQUE.....	233	CONTOUR TEST STRIPS.....	106	CYCLOMYDRIL.....	154
<i>clozapine</i>	29, 30	CONTRAVE.....	284	CYCLOPAK.....	269
COAGADEx.....	159	COOL GLUCOSE TEST STRIP.....	106	<i>cyclopentolate</i>	154
COAGUCHEK LANCETS.....	208	COPAXONE.....	227	<i>cyclophen-tropic-phenyleph-watr</i>	154
COARTEM.....	183	COPIKTRA.....	224	<i>cyclophen-tropic-phen-ketr-wat</i>	154
<i>cocaine</i>	230	CORDRAN.....	76	<i>cyclophosphamide</i>	221
<i>codeine sulfate</i>	243			<i>cycloserine</i>	182
				CYCLOSET.....	96
				<i>cyclosporine</i>	172

CYCLOSPORINE IN KLARITY	150	DERMAZENE	67	DEXERYL	84
<i>cyclosporine modified</i>	172	DERMAZYL KIT	89	DEXILANT	275
CYCLOTENS REFILL	270	DERMELLE	88	<i>dexmethylphenidate</i>	34, 35
CYCLOTENS STARTER	270	DERMULCERA	240	DEXONTO	193
<i>cyproheptadine</i>	4	DERPIXA	88	<i>dextroamphetamine</i>	24
CYRED	54	DESCOVY	185	<i>dextroamphetamine-amphetamine</i> ..	24
CYRED EQ	54	<i>desflurane</i>	232	DIACOMIT	259
CYSTADANE	233	<i>desipramine</i>	23	DIASTAT	256
CYSTADROPS	155	<i>desloratadine</i>	4, 5	DIASTAT ACUDIAL	256
CYSTAGON	277	<i>desmopressin</i>	140	DIATRUE PLUS TEST STRIP	106
CYSTARAN	155	<i>desog-e.estradiol/e.estradiol</i>	54	<i>diazepam</i>	26, 256
CYTOMEL	144	<i>desogestrel-ethinyl estradiol</i>	54	DIAZEPAM INTENSOL	26
<i>dalfampridine</i>	228	DESONATE	76	<i>diazoxide</i>	130
DALIRESP	13	<i>desonide</i>	76	DICLO GEL	82
<i>danazol</i>	144	<i>desoximetasone</i>	76, 77	DICLO GEL-XRYLIX SHEET	82
<i>dantrolene</i>	270	<i>desoximetasone-niacinamide</i>	77	<i>diclofenac epolamine</i>	82
<i>dapsone</i>	65, 182	<i>desvenlafaxine</i>	21	<i>diclofenac potassium</i>	196
<i>darifenacin</i>	278	<i>desvenlafaxine succinate</i>	21	<i>diclofenac sodium</i>	82, 88, 147, 196
DARIO BLOOD GLUCOSE TEST		DEVILBISS DISPOSABLE		<i>diclofenac submicronized</i>	196
STRIP	106	NEBULIZER	15	<i>diclofenac-hyaluronate-niacin</i>	82
DASETTA 1/35 (28)	54	DEVILBISS PULMO-AIDE		<i>diclofenac-misoprostol</i>	196
DASETTA 7/7/7 (28)	54	COMPRESSR	15	DICLOFONO	82
DAURISMO	222	DEVILBISS PULMOMATE		DICLOPAK	82
DAYSEE	54	COMPRESSOR	15	DICLOPR	82
DAYTRANA	34	DEVILBISS PULMONEB LT		DICLOTREX	82
DAYVIGO	33	COMP-NEB	15	DICLOVIX	88
DDAVP	140	DEVILBISS TRAVELER		DICLOVIX M	82
DEBACTEROL	231	COMPRESSOR	15	<i>dicloxacillin</i>	176
DEBLITANE	54	DEXABLISS	193	DICLOZOR	82
DECADRON	193	<i>dexamethasone</i>	193	<i>dicyclomine</i>	272
<i>deferasirox</i>	233, 234	DEXAMETHASONE INTENSOL ..	193	<i>didanosine</i>	186
<i>deferiprone</i>	234	<i>dexamethasone sodium phosphate</i>		<i>diethylpropion</i>	283
<i>deferoxamine</i>	234	.....	147	DIFFERIN	67
DELSTRIGO	188	<i>dexchlorpheniramine maleate</i>	4	DIFICID	175
DELUO	87	DEXCOM G4 RECEIVER	129	<i>diflorasone</i>	77
<i>demeclocycline</i>	177	DEXCOM G4 RECEIVER		<i>diflunisal</i>	242
DEMEROL (PF)	244	PEDIATRIC	129	DIGITEK	36
DEMSER	40	DEXCOM G4 RECEIVER-SHARE		DIGOX	37
DENAVIR	72	(PED)	129	<i>digoxin</i>	37
DENTA 5000 PLUS	280	DEXCOM G4 RECEIVER-SHARE		<i>dihydroergotamine</i>	249
DENTAGEL	280	KIT	129	DILANTIN	259
DEPAKOTE	258	DEXCOM G4 TRANSMITTER	129	DILANTIN EXTENDED	259
DEPAKOTE ER	258	DEXCOM G5 RECEIVER	129	DILANTIN INFATABS	259
DEPAKOTE SPRINKLES	258	DEXCOM G5 TRANSMITTER	129	DILANTIN-125	259
DEPO-SUBQ PROVERA 104	52	DEXCOM G5-G4 SENSOR	129	DILATRATE-SR	51
DERMACINRX PHN PAK	89	DEXCOM G6 RECEIVER	129	DILAUDID (PF)	244
DERMACINRX THERAZOLE PAK ..	69	DEXCOM G6 SENSOR	129	<i>diltiazem hcl</i>	42
DERMACINRX ZRM PAK	89	DEXCOM G6 TRANSMITTER	130	DILT-XR	43
DERMAGRAFT	239	DEXCOM RECEIVER	130	DIMENTHO	82

<i>dimethyl fumarate</i>	227	DROPLET MICRON PEN NEEDLE	235	EASY TOUCH INSULIN SYRINGE	214
DIPENTUM.....	200	DROPLET PEN NEEDLE	235	EASY TOUCH LANCETS.....	208
DIPHEN.....	4	DROPSAFE PEN NEEDLE	235	EASY TOUCH LUER LOCK	
<i>diphenoxylate-atropine</i>	202	<i>drosiprenone-e.estradiol-lm.fa</i>	55	INSULIN.....	214
<i>dipyridamole</i>	162	<i>drosiprenone-ethinyl estradiol</i>	55	EASY TOUCH PEN NEEDLE	236
<i>disopyramide phosphate</i>	36	DROXIA.....	162	EASY TOUCH SAFETY LANCETS	208
<i>disulfiram</i>	25	<i>droxidopa</i>	50	EASY TOUCH SAFETY PEN	
DITHOL.....	82	DRYSOL.....	83	NEEDLE.....	236
DIURIL.....	45	DRYSOL DAB-O-MATIC.....	83	EASY TOUCH SHEATHLOCK	
<i>divalproex</i>	259	DUAKLIR PRESSAIR.....	10	INSULIN.....	214
DIVIGEL.....	166	DUAVEE.....	165	EASY TOUCH TEST STRIP.....	107
DM2.....	98	DUEXIS.....	195	EASY TOUCH TWIST LANCETS.....	208
DMT SUIK.....	193	DULERA.....	11	EASY TOUCH UNI-SLIP.....	214
<i>dofetilide</i>	36	<i>duloxetine</i>	21	EASY TRAK GLUCOSE TEST.....	107
DOJOLVI.....	239	DUOBRII.....	92	EASY TRAK II TEST STRIP.....	108
DOLOTRANZ.....	89	DUODOTE.....	231	EASY TWIST AND CAP LANCETS	208
<i>donepezil</i>	19	DUOPA.....	254	EASYGLUCO PLUS.....	108
DONNATAL.....	272	DUPIXENT PEN.....	13	EASYGLUCO TEST.....	108
DOPTELET (10 TAB PACK).....	163	DUPIXENT SYRINGE.....	13	EASYMAX.....	108
DOPTELET (15 TAB PACK).....	163	DUREZOL.....	147	EASYMAX 15 TEST STRIPS.....	108
DOPTELET (30 TAB PACK).....	163	DURLAZA.....	162	EBASE CONTROLLER.....	15
DORYX MPC.....	177	<i>dutasteride</i>	277	EC-NAPROXEN.....	197
<i>dorzolamide</i>	152	<i>dutasteride-tamsulosin</i>	277	ECONASIL.....	70
<i>dorzolamide (pf)</i>	152	DUTOPROL.....	42	<i>econazole</i>	70
<i>dorzolamide-timolol</i>	152	DUZALLO.....	155	ECONTRA EZ.....	55
<i>dorzolamide-timolol (pf)</i>	152	DVORAH.....	253	ECONTRA ONE-STEP.....	55
DOTTI.....	166	DYANAVEL XR.....	24	ECOTRIN.....	242
DOVATO.....	184	E.E.S. 400.....	175	ECOZA.....	70
DOVER FOLEY CATHETER.....	206	EASIVENT HOLDING CHAMBER... ..	15	EDARBI.....	40
DOVER LATEX FOLEY		EASIVENT MASK LARGE.....	15	EDARBYCLOR.....	38
CATHETER.....	206	EASIVENT MASK MEDIUM.....	15	EDEX.....	139
DOVER RED RUBBER		EASIVENT MASK SMALL.....	15	EDLUAR.....	33
ROBINSON CATH.....	206	EASY COMFORT INSULIN		ED-SPAZ.....	272
DOVER UNIVERSAL.....	206	SYRINGE.....	214	EDURANT.....	186
<i>doxazosin</i>	38	EASY COMFORT LANCETS.....	208	EEMT.....	165
<i>doxepin</i>	23, 33, 83	EASY COMFORT PEN NEEDLES.....	235	EEMT HS.....	165
<i>doxercalciferol</i>	143	EASY GLIDE INSULIN SYRINGE.....	214	<i>efavirenz</i>	186
<i>doxycycline hyclate</i>	177, 178, 179, 230	EASY GLIDE PEN NEEDLE.....	235	<i>efavirenz-emtricitabin-tenofov</i>	188
<i>doxycycline monohydrate</i>	179	EASY GLUCO G2.....	106	<i>efavirenz-lamivu-tenofov disop</i>	188
<i>doxylamine-pyridoxine (vit b6)</i>	7	EASY PLUS II TEST.....	107	EFFACLAR ADAPALENE.....	67
D-PENAMINE.....	189	EASY STEP.....	107	EFFER-K.....	138
DRITHOCREME HP.....	92	EASY TALK GLUCOSE TEST.....	107	EGATEN.....	183
DRIZALMA SPRINKLE.....	21	EASY TOUCH.....	235	EGRIFTA SV.....	142
<i>dronabinol</i>	6	EASY TOUCH FLIPLOCK		ELEMENT COMPACT TEST	
DROPLET INSULIN SYR HALF		INSULIN.....	214	STRIPS.....	109
UNIT.....	213	EASY TOUCH INSULIN SAFETY		ELEMENT TEST STRIPS.....	109
DROPLET INSULIN SYRINGE.....	213	SYR.....	214		
DROPLET LANCETS.....	208				

ELESTRIN.....	166	<i>entacapone</i>	254	<i>estradiol-norethindrone acet</i>	166
<i>eletriptan</i>	249	<i>entecavir</i>	188	ESTRING.....	280
ELIGARD.....	140	ENTEREG.....	203	ESTROGEL.....	166
ELIGARD (3 MONTH).....	140	ENTRESTO.....	50	<i>estrogens-methyltestosterone</i>	165
ELIGARD (4 MONTH).....	140	ENULOSE.....	201	<i>eszopiclone</i>	33
ELIGARD (6 MONTH).....	140	ENVARBUS XR.....	172	<i>ethacrynic acid</i>	43
ELINEST.....	55	EPANED.....	39	<i>ethambutol</i>	182
ELIQUIS.....	158	EPCLUSA.....	188	<i>ethosuximide</i>	259
ELIQUIS DVT-PE TREAT 30D		EPICERAM.....	84	<i>ethyl chloride</i>	89
START.....	158	EPICYN.....	87	<i>ethynodiol diac-eth estradiol</i>	55
ELIXOPHYLLIN.....	18	EPIDIOLEX.....	256	<i>etidronate disodium</i>	141
ELLA.....	55	EPIDUO FORTE.....	65	<i>etodolac</i>	197
ELLZIA PAK.....	77	EPIFIX AMNIOTIC MEMBRANE... 239		<i>etonogestrel-ethinyl estradiol</i>	52
ELMIRON.....	278	EPIFOAM.....	88	<i>etoposide</i>	226
ELOCTATE.....	156	<i>epinastine</i>	146	EUCRISA.....	73
ELURYNG.....	52	<i>epinephrine</i>	36, 220	EURAX.....	71
EMBRACE BLOOD GLUCOSE		<i>epinephrine hcl</i>	63	EUTHYROX.....	144
SYSTEM.....	109	EPISIL.....	239	EVAMIST.....	166
EMBRACE EVO TEST STRIPS... 109		EPITOL.....	259	EVARREST.....	163
EMBRACE LANCETS.....	208	EPIVIR HBV.....	189	EVEKEO ODT.....	24, 25
EMBRACE PRO TEST STRIPS... 109		<i>eplerenone</i>	44	EVENCARE G2.....	110
EMBRACE TALK TEST STRIPS... 110		EPOGEN.....	159	EVENCARE G3 TEST.....	110
EMCYT.....	227	<i>eprosartan</i>	40	EVENCARE MINI GLUCOSE	
EMEND.....	7	EQUETRO.....	26	TEST STR.....	110
EMFLAZA.....	193	<i>ergocalciferol (vitamin d2)</i>	283	EVENCARE PROVIEW TEST	
EMGALITY PEN.....	249	<i>ergoloid</i>	52	STRIP.....	110
EMGALITY SYRINGE.....	249, 251	ERGOMAR.....	249	EVENCARE TEST.....	111
EMOQUETTE.....	55	<i>ergotamine-caffeine</i>	249	<i>everolimus (antineoplastic)</i>	223
EMSAM.....	32	ERIVEDGE.....	222	<i>everolimus (immunosuppressive)</i> .. 172	
<i>emtricitabine</i>	186	ERLEADA.....	221	EVERSENSE SMART	
<i>emtricitabine-tenofovir (tdf)</i>	185	<i>erlotinib</i>	224	TRANSMITTER.....	130
EMTRIVA.....	186	ERRIN.....	55	EVICEL.....	163
EMULSION SB.....	84	ERTACZO.....	70	EVOLUTION TEST STRIPS.....	111
EMVERM.....	183	ERY PADS.....	69	EVOTAZ.....	187
<i>enalapril maleate</i>	39	ERY-TAB.....	175	EVRYSDI.....	220
<i>enalapril-hydrochlorothiazide</i>	37	ERYTHROCIN (AS STEARATE)... 175		EXEL INSULIN.....	214
ENBREL.....	191	<i>erythromycin</i>	150, 175	EXELDERM.....	70
ENBREL MINI.....	191	<i>erythromycin ethylsuccinate</i>	175	<i>exemestane</i>	222
ENBREL SURECLICK.....	191	<i>erythromycin with ethanol</i>	69	EXODERM.....	70
ENDARI.....	163	<i>erythromycin-benzoyl peroxide</i>	69	EXTAVIA.....	227
ENDO AVITENE.....	163	ESBRIET.....	241	EXTRA-VIRT PLUS DHA.....	282
ENDOCET.....	252	<i>escitalopram oxalate</i>	20	EYE.....	232
ENGERIX-B (PF).....	170	ESKATA.....	83	EYSUVIS.....	147
ENLITE GLUCOSE SENSOR.....	130	ESOMEPE-EZS.....	275	E-Z JECT LANCETS.....	208
<i>enoxaparin</i>	160	<i>esomeprazole magnesium</i>	275	E-Z JECT THIN LANCETS.....	208
ENPRESSE.....	55	ESPEROCT.....	156	EZ SMART LANCETS.....	208
ENSKYCE.....	55	ESTARYLLA.....	55	EZ SMART PLUS TEST.....	111
ENSPRYNG.....	194	<i>estazolam</i>	32	EZ SMART TEST.....	111
ENSTILAR.....	94	<i>estradiol</i>	166, 280	EZALLOR SPRINKLE.....	46

<i>ezetimibe</i>	50	FINTEPLA.....	260	<i>fluorometholone</i>	147
<i>ezetimibe-simvastatin</i>	46	FIORICET.....	242	FLUOROPLEX.....	88
EZ-LETS.....	208	FIRDAPSE.....	228	<i>fluorouracil</i>	88
FABIOR.....	68	FIRMAGON.....	223	FLUOVIX.....	78
FACTIVE.....	177	FIRMAGON KIT W DILUENT		FLUOVIX PLUS.....	78
FALMINA (28).....	55	SYRINGE.....	223	<i>fluoxetine</i>	20
<i>famciclovir</i>	184	FIRVANQ.....	182	<i>fluphenazine hcl</i>	31
<i>famotidine</i>	274	FLAREX.....	147	<i>flurandrenolide</i>	78
FANAPT.....	30	<i>flavoxate</i>	278	<i>flurazepam</i>	33
FARXIGA.....	95	<i>flecainide</i>	36	<i>flurbiprofen</i>	197
FARYDAK.....	225	FLEXICHAMBER.....	15	<i>flurbiprofen sodium</i>	147
FASENRA PEN.....	13	FLEXICHAMBER-LG CHILD		<i>flutamide</i>	221
FAYOSIM.....	55	MASK.....	15	<i>fluticasone propionate</i>	5, 78
FC2 FEMALE CONDOM.....	231	FLEXICHAMBER-SM ADULT		<i>fluticasone propion-salmeterol</i>	11
<i>febuxostat</i>	155	MASK.....	15	<i>fluvastatin</i>	47
FEIBA NF.....	156	FLEXICHAMBER-SM CHILD		<i>fluvoxamine</i>	20
<i>felbamate</i>	259	MASK.....	15	FLUZONE HIGHDOSE QUAD 20-	
FELBATOL.....	259, 260	FLEXIPAK.....	195	21 PF.....	169
<i>felodipine</i>	43	FLOLIPID.....	46	FLUZONE QUAD 2020-2021.....	169
FEM PH.....	279	FLOVENT DISKUS.....	12	FLUZONE QUAD 2020-2021 (PF)	169
FEMALE CATHETER.....	206	FLOVENT HFA.....	12	FLYP NEBULIZER.....	15
FEMCAP.....	61	FLUAD 2020-2021 (65 YR UP)(PF)		FML FORTE.....	147
FEMRING.....	280	.....	169	FML S.O.P.....	148
FEMYNOR.....	55	FLUAD QUAD 2020-21(65Y		FOLET ONE.....	281
<i>fenofibrate</i>	50	UP)(PF).....	169	<i>folic acid</i>	281
<i>fenofibrate micronized</i>	50	FLUARIX QUAD 2020-2021 (PF)..	169	<i>fondaparinux</i>	160
<i>fenofibrate nanocrystallized</i>	50	FLUBLOK QUAD 2020-2021 (PF).	169	FORA 6 CONNECT GLUCOSE	
<i>fenofibric acid</i>	50	FLUCELVAX QUAD 2020-2021	169	STRIP.....	112
<i>fenofibric acid (choline)</i>	50	FLUCELVAX QUAD 2020-2021		FORA D15G STRIPS.....	112
<i>fenoprofen</i>	197	(PF).....	169	FORA D20.....	112
<i>fantanyl</i>	244	<i>fluconazole</i>	181	FORA D40-G31 TEST STRIPS.....	112
<i>fantanyl citrate</i>	244	<i>flucytosine</i>	181	FORA G20.....	112
FENTORA.....	244	<i>fludrocortisone</i>	195	FORA G30-PREMIUM V10 TEST	
FERRIPROX.....	234	FLULAVAL QUAD 2020-2021 (PF)	169	STRP.....	113
FERRIPROX (2 TIMES A DAY).....	234	FLUMIST QUAD 2020-2021.....	169	FORA GD50 TEST STRIPS.....	113
<i>ferrous sulfate</i>	281	<i>flunisolide</i>	5	FORA GTEL GLUCOSE TEST	
FETZIMA.....	21, 22	<i>fluocinolone</i>	77	STRIP.....	113
<i>flexofenadine-pseudoephedrine</i>	3	<i>fluocinolone acetonide oil</i>	137	FORA TEST STRIP.....	113
FIASP FLEXTOUCH U-100		<i>fluocinolone and shower cap</i>	77	FORA TN'G VOICE TEST STRIPS	
INSULIN.....	132	<i>fluocinolone-niacinamide</i>	77	.....	113
FIASP PENFILL U-100 INSULIN...	132	<i>fluocinonide</i>	77	FORA V10.....	114
FIASP U-100 INSULIN.....	132	FLUOCINONIDE-E.....	78	FORA V10-V12-D10-D20 STRIPS	114
FIFTY50 SAFETY SEAL		<i>fluocinonide-emollient</i>	78	FORA V12 GLUCOSE.....	114
LANCETS.....	208	FLUOPAR.....	78	FORA V20.....	114
FIFTY50 TEST STRIP.....	111	<i>fluorescein-proparacaine</i>	149	FORA V30A.....	114
FINACEA.....	66	<i>fluoride (sodium)</i>	280	FORACARE GD20.....	115
<i>finasteride</i>	277	FLUORIDEX DAILY DEFENSE.....	280	FORACARE GD40 TEST STRIPS	115
FINE 30 UNIVERSAL LANCETS...208		FLUORIDEX SENSITIVITY		FORACARE LANCETS.....	208
FINGERSTIX LANCETS.....	208	RELIEF.....	280	FORAXA.....	89

FORTEO	140	GAVILYTE-C	202	GLUCOCOM LANCETS	208
FORTISCARE GLUCOSE TEST STRIPS	115	GAVILYTE-G	202	<i>glutaraldehyde</i>	84
FOSAMAX PLUS D	141	GAVILYTE-N	202	<i>glyburide</i>	97
<i>fosamprenavir</i>	187	GAVRETO	224	<i>glyburide micronized</i>	97
<i>fosfomycin tromethamine</i>	174	GE100 BLOOD GLUCOSE TEST STRIP	115	<i>glyburide-metformin</i>	99
<i>fosinopril</i>	39	GELCLAIR	239	<i>glycine urologic solution</i>	182
<i>fosinopril-hydrochlorothiazide</i>	37	GELFILM	154, 240	<i>glycopyrrolate</i>	274
FOSRENOL	137	GELFOAM	163	GLYDO	199
FRAGMIN	160	GELFOAM JMI POWDER	163	GLYXAMBI	97
FREESTYLE INSULINX	115	GELFOAM SPONGE SIZE 200	163	GM100	117
FREESTYLE INSULINX TEST STRIPS	115	GELNIQUE	278	GOCOVRI	254
FREESTYLE LANCETS	208	GELX	239	GOJJI BLOOD GLUCOSE TEST STRIP	118
FREESTYLE LIBRE 14 DAY READER	130	<i>gemfibrozil</i>	50	GOJJI LANCETS	208
FREESTYLE LIBRE 14 DAY SENSOR	130	GEMMILY	55	GOLYTELY	202
FREESTYLE LIBRE 2 READER... ..	130	GEMTESA	277	GONITRO	51
FREESTYLE LIBRE 2 SENSOR... ..	130	GENADUR	88	GOODLIFE AC-302 TEST STRIP ..	118
FREESTYLE LITE STRIPS	115	GENERLAC	201	GRAFIX CORE	239
FREESTYLE NAVIGATOR GLUC SENS	130	GENGRAF	172	GRAFIX PRIME	240
FREESTYLE PRECISION	214	GENOTROPIN	142	GRALISE	230
FREESTYLE PRECISION NEO STRIPS	115	GENOTROPIN MINIQUICK	142	<i>granisetron hcl</i>	7
FREESTYLE TEST	115	GENSTRIP TEST STRIP	116	GRANIX	161
FREESTYLE UNISTIK 2	208	GENTAK	150	GRASTEK	3
FROTEK	82	<i>gentamicin</i>	69, 150	<i>griseofulvin microsize</i>	181
<i>frovatriptan</i>	249	GENULTIMATE TEST STRIP	116	<i>griseofulvin ultramicrosize</i>	181
FULPHILA	161	GENVOYA	188	<i>guaiacol</i>	84
<i>furosemide</i>	43	GIANVI (28)	55	<i>guanfacine</i>	34, 40
FUZEON	186	GILENYA	227	<i>guanidine</i>	220
FYAVOLV	166	GILOTRIF	224	GUARDIAN CONNECT TRANSMITTER	130
FYCOMPA	260, 261	GIMOTI	274	GUARDIAN LINK 3 TRANSMITTER	130
GABACAINE	261	<i>glatiramer</i>	227	GUARDIAN SENSOR 3	130
GABAPAL	261	GLATOPA	227	GVOKE HYPOPEN 1-PACK	130
<i>gabapentin</i>	261	GLEOSTINE	221	GVOKE HYPOPEN 2-PACK ..	130, 131
GABITRIL	261	<i>glimepiride</i>	96	GVOKE PFS 1-PACK SYRINGE ...	131
GALAFOLD	220	<i>glipizide</i>	96, 97	GVOKE PFS 2-PACK SYRINGE ...	131
<i>galantamine</i>	19	<i>glipizide-metformin</i>	99	GYNAZOLE-1	279
GALZIN	234	GLOPERBA	155	GYNOL II	52
GAMMAGARD LIQUID	167	GLUCAGEN HYPOKIT	130	HAEGARDA	192
GAMMAKED	167	GLUCAGON EMERGENCY KIT (HUMAN)	130	HAILEY	55
GAMUNEX-C	167	GLUCO NAVII TEST STRIP	116	HAILEY 24 FE	55
GARDASIL 9 (PF)	170	GLUCOCARD 01 SENSOR PLUS ..	116	HAILEY FE 1.5/30 (28)	55
<i>gatifloxacin</i>	150	GLUCOCARD EXPRESSION	116	HAILEY FE 1/20 (28)	55
GATTEX 30-VIAL	204	GLUCOCARD SHINE TEST STRIPS	117	<i>halcinonide</i>	78
GATTEX ONE-VIAL	204	GLUCOCARD VITAL SENSOR	117	<i>halobetasol propionate</i>	78
		GLUCOCARD VITAL TEST STRIPS	117	HALOG	79
		GLUCOCOM GLUCOSE	117	<i>haloperidol</i>	31
				<i>haloperidol lactate</i>	31

HARMONY GLUCOSE TEST STRIP	118	HUMALOG MIX 50-50 KWIKPEN. 133	HYDROFERA BLUE	205
HARVONI	188	HUMALOG MIX 75-25 KWIKPEN. 133	HYDROFERA BLUE READY	205
HAVRIX (PF)	170	HUMALOG MIX 75-25(U-100)INSULN	<i>hydromorphone</i>	244
HEALTHPRO TEST STRIPS	118	HUMALOG U-100 INSULIN	<i>hydroxocobalamin</i>	283
HEALTHWISE INSULIN SYRINGE	215	HUMATE-P	<i>hydroxychloroquine</i>	183
HEALTHWISE PEN NEEDLE	236	HUMATROPE	<i>hydroxypropyl cellulose</i>	240
HEALTHY ACCENTS UNIFINE PENTIP	236	HUMIRA	<i>hydroxyurea</i>	221
HEALTHY ACCENTS UNILET LANCET	208	HUMIRA PEN	<i>hydroxyzine hcl</i>	4
HEATHER	55	HUMIRA PEN CROHNS-UC-HS START	<i>hydroxyzine pamoate</i>	4
HELIDAC	274	HUMIRA PEN PSOR-UVEITS-ADOL HS	HYGEL	88
HEMADY	193	HUMIRA(CF)	HYLAGUARD	84
HEMANGEOL	41	HUMIRA(CF) PEDI CROHNS STARTER	HYLATOPIC	84
HEMLIBRA	159	HUMIRA(CF) PEN	HYLATOPICPLUS	84
HEMOFIL M HIGH	156	HUMIRA(CF) PEN CROHNS-UC-HS	HYOPHEN	174
HEMOFIL M LOW	156	HUMIRA(CF) PEN PSOR-UV-ADOL HS	<i>hyoscyamine sulfate</i>	272, 273
HEMOFIL M SUPER HIGH	156	HUMULIN 70/30 U-100 INSULIN. 133	HYOSYNE	273
HEP FLUSH-10 (PF)	160	HUMULIN 70/30 U-100 KWIKPEN 133	HYPER-SAL	232
<i>heparin (porcine)</i>	160	HUMULIN N NPH U-100 INSULIN 133	HYPERSONIQU NEBULIZER CARTRIDGE	206
<i>heparin (porcine) in 5 % dex</i>	160	HUMULIN R REGULAR U-100 INSULN	HYPOCYN	151
<i>heparin flush(porcine)-0.9nacl</i>	160	HUMULIN R U-500 (CONC) INSULIN	<i>hypromellose</i>	240
HEPARIN LOCK	161	HUMULIN R U-500 (CONC) KWIKPEN	HYQVIA	168
HEPARIN LOCK FLUSH	161	HYCAMTIN	HYQVIA IG COMPONENT	168
<i>heparin lock flush (porcine)</i>	160	HYCLODEX	HYSINGLA ER	244
HEPARIN LOCKFLUSH(PORCINE)(PF)	161	<i>hydralazine</i>	<i>ibandronate</i>	141
<i>heparin, porcine (pf)</i>	161	HYDRO 35	IBRANCE	224
HEPLISAV-B (PF)	170	<i>hydrochlorothiazide</i>	IBU	197
HETLIOZ	32	<i>hydrocodone bitartrate</i>	IBUPAK	197
HICON	226	<i>hydrocodone-acetaminophen</i>	<i>ibuprofen</i>	197
HIDEX	193	<i>hydrocodone-chlorpheniramine</i>	<i>ibuprofen-oxycodone</i>	243
HIZENTRA	168	<i>hydrocodone-homatropine</i>	<i>icatibant</i>	192
HOMATROPAIRE	154	<i>hydrocodone-ibuprofen</i>	ICLEVIA	55
HOME NEBULIZER PLUS SIDESTREAM	15	<i>hydrocortisone</i>	ICLUSIG	224
HORIZANT	229	<i>hydrocortisone acetate</i>	IDELVION	158
HPR	84	<i>hydrocortisone butyrate</i>	IDHIFA	226
HPR PLUS	84	<i>hydrocortisone valerate</i>	IFE-BIMIX 30/1	139
HPR PLUS HYDROGEL	84	<i>hydrocortisone-acetic acid</i>	IFE-PG20	139
HPR PLUS-MB HYDROGEL	84	<i>hydrocortisone-iodoquinol-aloe2</i>	IGLUCOSE TEST STRIP	118
HUMALOG JUNIOR KWIKPEN U-100	132	<i>hydrocortisone-iodoquinol</i>	ILEVRO	148
HUMALOG KWIKPEN INSULIN	132	<i>hydrocortisone-iodoquinol-aloe</i>	ILIDERM	89
HUMALOG MIX 50-50 INSULN U-100	132	<i>hydrocortisone-pramoxine</i>	<i>imatinib</i>	224
			IMBRUVICA	224
			IMCIVREE	284
			<i>imipramine hcl</i>	23
			<i>imipramine pamoate</i>	23
			<i>imiquimod</i>	171
			<i>imiquimod-levocetirizin-niacin</i>	171
			<i>imiquimod-tretinoin-levocetir</i>	171
			IMPAVIDO	184

IMPEKLO.....	80	INSPIRACHAMBER WITH MASK- SMALL.....	16	JANUVIA.....	96
IMPOYZ.....	80	INSPIRATION ELITE FILTER.....	206	JARDIANCE.....	96
IMVEXXY MAINTENANCE PACK.....	280	<i>insulin asp prt-insulin aspart</i>	133	JASMIEL (28).....	56
IMVEXXY STARTER PACK.....	280	<i>insulin aspart u-100</i>	134	JATENZO.....	164
INAVIX.....	195	<i>insulin syrlndl u100 half mark</i>	215	JELMYTO.....	221
INBRIJA.....	254	INSULIN SYRINGE.....	215	JENCYCLA.....	56
INCASSIA.....	56	INSULIN SYRINGE MICROFINE..	215	JENTADUETO.....	94
INCONTROL PEN NEEDLE.....	236	<i>insulin syringe needleless</i>	215	JENTADUETO XR.....	94
INCONTROL SUPER THIN LANCETS.....	208	<i>insulin syringe-needle u-100</i>	215	JINTELI.....	166
INCONTROL ULTRA THIN LANCETS.....	208	INSUPEN.....	236	JIVI.....	157
INCRELEX.....	143	INSYTE IV CATHETER.....	212	JOLESSA.....	56
INCRUSE ELLIPTA.....	8	INTELENCE.....	186	JORNAY PM.....	35
<i>indapamide</i>	45	INTRAROSA.....	164	JUBLIA.....	70
INDERAL XL.....	41	INTRON A.....	171	JULEBER.....	56
INDOCIN.....	197	INTROVALE.....	56	JULUCA.....	184
<i>indomethacin</i>	197	INVACARE LANCETS.....	208	JUNEL 1.5/30 (21).....	56
<i>indomethacin submicronized</i>	197	INVELTYS.....	148	JUNEL 1/20 (21).....	56
INFASURF.....	241	INVIRASE.....	187	JUNEL FE 1.5/30 (28).....	56
INFINITY TEST STRIPS.....	119	INVOKAMET.....	99	JUNEL FE 1/20 (28).....	56
INFINITY VOICE TEST STRIP.....	119	INVOKAMET XR.....	99	JUNEL FE 24.....	56
INFLAMMACIN.....	195	INVOKANA.....	95	JUXTAPID.....	48
INFLAMMA-K.....	82	IODOFLEX.....	67	JYNARQUE.....	278
INFLATHERM(DICLOFENAC- MENTHOL).....	196	IODOSORB.....	67	KAITLIB FE.....	56
INGREZZA.....	229	IOPIDINE.....	152	KALETRA.....	187
INGREZZA INITIATION PACK.....	229	<i>ipratropium bromide</i>	8, 230	KALLIGA.....	56
INJECT EASE LANCETS.....	208	<i>ipratropium-albuterol</i>	10	KALYDECO.....	241
INLYTA.....	224	<i>irbesartan</i>	40	KAMDOY.....	89
INNOPRAN XL.....	41	<i>irbesartan-hydrochlorothiazide</i>	38	KAPSPARGO SPRINKLE.....	41
INNOSPIRE DELUXE.....	15	IRESSA.....	224	KARBINAL ER.....	4
INNOSPIRE ELEGANCE.....	15	ISENTRESS.....	187	KARIVA (28).....	56
INNOSPIRE ESSENCE.....	15	ISENTRESS HD.....	187	KATERZIA.....	43
INNOSPIRE GO NEBULIZER.....	15	ISIBLOOM.....	56	KELARX.....	88
INNOSPIRE MINI.....	15	<i>isoflurane</i>	232	KELNOR 1/35 (28).....	56
INNOSPIRE REPLACEMENT FILTER.....	206	<i>isoniazid</i>	182	KELNOR 1-50 (28).....	56
INOVA.....	86	<i>isosorbide dinitrate</i>	51	KENGUARD FOLEY CATHETER.....	206
INOVA 4-1.....	86	<i>isosorbide mononitrate</i>	51	KEPPRA.....	261, 262
INOVA 8-2.....	86	<i>isotretinoin</i>	64	KEPPRA XR.....	262
INQOVI.....	221	<i>isoxsuprine</i>	52	KERAFOAM.....	86
INREBIC.....	224	<i>isradipine</i>	43	KERAGEL.....	205
INSPIRACHAMBER.....	15	ISTURISA.....	140	KERAGELT.....	205
INSPIRACHAMBER WITH MASK- LARGE.....	15	<i>itraconazole</i>	181	KERALYT SCALP COMPLETE.....	86
INSPIRACHAMBER WITH MASK- MED.....	16	<i>ivermectin</i>	71, 183	KERLIX AMD.....	205
		IXINITY.....	158	KERYDIN.....	70
		JAIMIESS.....	56	KESIMPTA PEN.....	227
		JAKAFI.....	222	<i>ketamine</i>	33
		JANTOVEN.....	155	<i>ketoconazole</i>	70, 181
		JANUMET.....	94	<i>ketoconazole-niacinamide</i>	70
		JANUMET XR.....	94	KETODAN.....	70
				KETODAN KIT.....	70

<i>ketoprofen</i>	197	LAMICTAL STARTER (BLUE) KIT	262	LEUKINE.....	161
<i>ketorolac</i>	148, 195, 197	LAMICTAL STARTER (GREEN)	KIT.....	<i>leuprolide</i>	140
KEVEYIS.....	269	LAMICTAL STARTER (ORANGE)	KIT.....	<i>levabuterol hcl</i>	9
KEVZARA.....	194, 195	LAMICTAL XR.....	262, 263	<i>levabuterol tartrate</i>	9
KINERET.....	191	LAMICTAL XR STARTER (BLUE)	263	LEVATOL.....	41
KIONEX (WITH SORBITOL).....	137	LAMICTAL XR STARTER (GREEN)	263	LEVEMIR FLEXTOUCH U-100	INSULN.....
KISQALI.....	224	LAMICTAL XR STARTER (ORANGE)	263	LEVEMIR U-100 INSULIN.....	134
KISQALI FEMARA CO-PACK.....	223	LAMIOFLUR.....	232	<i>levetiracetam</i>	264
KIVIK.....	84	<i>lamivudine</i>	186, 189	LEVICYN ANTIPRURITIC.....	83
KLARITY (CHONDROITIN) (PF)...	154	<i>lamivudine-zidovudine</i>	185	LEVICYN ANTIPRURITIC SG.....	84
KLARITY-A (AZITHRO-CHONDR)(PF).....	150	<i>lamotrigine</i>	263, 264	LEVICYN DERMAL.....	87
KLARITY-B (BETAMETH-CHOND)(PF).....	148	LAMPIT.....	184	<i>levobunolol</i>	152
KLARITY-L (LOTEPRED-CHOND)(PF).....	148	<i>lancets</i>	209	<i>levocarnitine</i>	233
KLISYRI.....	89	LANCETS, SUPER THIN.....	209	<i>levocarnitine (with sugar)</i>	233
KLONOPIN.....	256	LANCETS, THIN.....	209	<i>levocetirizine</i>	5
KLOR-CON M10.....	138	LANCETS, ULTRA THIN.....	209	<i>levofloxacin</i>	150, 177
KLOR-CON M15.....	138	LANOXIN.....	37	LEVONEST (28).....	57
KLOR-CON M20.....	138	<i>lansoprazole</i>	275	<i>levonorgestrel</i>	57
KOATE.....	157	<i>lanthanum</i>	137	<i>levonorgestrel-ethinyl estrad</i>	57
KOGENATE FS.....	157	LANTUS SOLOSTAR U-100	INSULIN.....	<i>levonorg-eth estrad triphasic</i>	57
KOMBIGLYZE XR.....	94	INSULIN.....	134	LEVORA-28.....	57
KORLYM.....	99	LANTUS U-100 INSULIN.....	134	<i>levorphanol tartrate</i>	245
KOSELUGO.....	222	<i>lapatinib</i>	224	LEVO-T.....	144
KOVALTRY.....	157	LARIN 1.5/30 (21).....	56	<i>levothyroxine</i>	144
K-PHOS NO 2.....	278	LARIN 1/20 (21).....	56	LEVOXYL.....	144
K-PHOS ORIGINAL.....	278	LARIN 24 FE.....	57	LEVULAN.....	226
KRINTAFEL.....	183	LARIN FE 1.5/30 (28).....	57	LEXETTE.....	80
KRISTALOSE.....	203	LARIN FE 1/20 (28).....	57	LEXIVA.....	187
KURVELO (28).....	56	LARISSIA.....	57	LEXIXRYL.....	82
KYLEENA.....	233	LASTACAPT.....	147	LIALDA.....	200
KYNMOBI.....	254	<i>latanoprost</i>	152	LICART.....	83
<i>l norgest/e.estradiol-e.estrad</i>	56	<i>latanoprost (pf)</i>	152	LIDO BDK.....	231
L.E.T.(LIDO-EPINEPH BIT-TETRA).....	89	LATUDA.....	30	<i>lidocaine</i>	89
<i>labetalol</i>	38	LAYOLIS FE.....	57	<i>lidocaine hcl</i>	89, 199
LACRISERT.....	154	LAZANDA.....	245	<i>lidocaine hcl-hydrocortison ac</i>	88, 200
<i>lactated ringers</i>	85	LC PLUS.....	16	LIDOCAINE VISCOUS.....	199
<i>lactulose</i>	203	LC PLUS NEBULIZER-PED MASK.....	16	<i>lidocaine-hydrocortisone-aloe</i>	200
LAMICTAL.....	262	LDO PLUS.....	89	<i>lidocaine-prilocaine</i>	90
LAMICTAL ODT.....	262	LEENA 28.....	57	<i>lidocaine-tetracaine</i>	90
LAMICTAL ODT STARTER (BLUE).....	262	<i>leflunomide</i>	192	LIDOMARK 1-5.....	199
LAMICTAL ODT STARTER (GREEN).....	262	LENNVIMA.....	224	LIDOMARK 2-5.....	199
LAMICTAL ODT STARTER (ORANGE).....	262	LESSINA.....	57	LIDOPAC.....	90
		<i>letrozole</i>	222	LIDOPIN.....	90
		<i>leucovorin calcium</i>	226	LIDOPURE PATCH.....	90
		LEUKERAN.....	221	LIDORX.....	90
				LIDORXKIT.....	90
				LIDOTIN.....	264
				LIDOTRANS 5 PAK.....	90

LIDOTREX.....	90	LOTEMAX.....	148	MAVENCLAD (6 TABLET PACK) ..	228
LIDOTREX (WITH VITAMIN E)	90	LOTEMAX SM.....	148	MAVENCLAD (7 TABLET PACK) ..	228
LIDOVEX.....	90	<i>loteprednol etabonate</i>	148	MAVENCLAD (8 TABLET PACK) ..	228
LIDOVIX.....	238	LOUTREX.....	83	MAVENCLAD (9 TABLET PACK) ..	228
LIDTOPIC MAX.....	90	<i>lovastatin</i>	47	MAVYRET.....	189
LILETTA.....	233	LOW-OGESTREL (28).....	57	MAXICOMFORT II PEN NEEDLE .	236
LILLOW (28).....	57	<i>loxapine succinate</i>	29	MAXICOMFORT INSULIN	
<i>lindane</i>	71	LOYON.....	84	SYRINGE.....	216
<i>linezolid</i>	175	LO-ZUMANDIMINE (28).....	57	MAXI-COMFORT INSULIN	
LINZESS.....	200	<i>lubiprostone</i>	203	SYRINGE.....	216
<i>liothyronine</i>	144	LUCEMYRA.....	253	MAXICOMFORT SAFETY PEN	
LIPRITIN.....	264	LUGOLS.....	67	NEEDLE.....	236
LIPRITIN II.....	264	<i>luliconazole</i>	71	MAXIDEX.....	148
<i>lisinopril</i>	39	LUMIGAN.....	152	MAYZENT.....	228
<i>lisinopril-hydrochlorothiazide</i>	38	LUPANETA PACK (1 MONTH).....	167	MAYZENT STARTER PACK.....	228
LITE COAT ASPIRIN.....	243	LUPANETA PACK (3 MONTH).....	167	MB HYDROGEL.....	84
LITE TOUCH INSULIN PEN		LUPKYNIS.....	172	MB HYDROGEL	
NEEDLES.....	236	LUTERA (28).....	57	(CYCLOMETHICONE).....	84
LITE TOUCH INSULIN SYRINGE .	216	LUXAMEND.....	84	<i>meclizine</i>	7
LITE TOUCH LANCETS.....	209	LYLEQ.....	57	<i>meclofenamate</i>	197
LITE TOUCH-MEDIUM MASK.....	16	LYLLANA.....	166	MEDIHONEY (CAL ALGINATE-	
LITEAIRE MDI CHAMBER.....	16	LYNPARZA.....	224	HONEY).....	205
LITETOUCH-LARGE MASK.....	16	LYRICA.....	264	MEDIHONEY (HONEY).....	91
LITETOUCH-SMALL MASK.....	16	LYRICA CR.....	229, 230	MEDISENSE THIN LANCETS.....	209
<i>lithium carbonate</i>	26	LYSODREN.....	226	MEDLANCE PLUS LANCETS.....	209
<i>lithium citrate</i>	26	LYUMJEV KWIKPEN U-100		MEDLANCE PLUS SPECIAL	
LITHOBID.....	26	INSULIN.....	135	BLADE.....	209
LITHOSTAT.....	201	LYUMJEV KWIKPEN U-200		MEDROL.....	193
LIVALO.....	47	INSULIN.....	135	<i>medroxyprogesterone</i>	52, 167
LMR PLUS.....	90	LYUMJEV U-100 INSULIN.....	135	<i>mefenamic acid</i>	197
LO LOESTRIN FE.....	57	LYZA.....	57	<i>mefloquine</i>	183
LO-DOSE ASPIRIN.....	162	MACRILEN.....	233	<i>megestrol</i>	227, 231
LOFRIC.....	206	<i>mafenide acetate</i>	72	MEKINIST.....	222
LOFRIC ORIGO.....	206	MAGELLAN INSULIN SAFETY		MEKTOVI.....	222
LOFRIC PRIMO NELATON		SYRNG.....	216	MELODETTA 24 FE.....	58
CATHETER.....	206	MAGELLAN SYRINGE.....	216	<i>meloxicam</i>	197
LOJAIMIESS.....	57	MAGIC3 INTERMITTENT		<i>meloxicam submicronized</i>	198
LOKELMA.....	137	CATHETER.....	206	<i>melphalan</i>	221
LOMAIRA.....	283	<i>malathion</i>	71	<i>memantine</i>	18
LONSURF.....	221	<i>maprotiline</i>	23	MENACTRA (PF).....	168
<i>loperamide</i>	202	MARLISSA (28).....	58	MENEST.....	166
<i>lopinavir-ritonavir</i>	187	MARPLAN.....	19	MENOSTAR.....	167
LOPROX KIT.....	70	MATRISTEM.....	240	MENTAX.....	71
<i>lorazepam</i>	26	MATRISTEM MICROMATRIX.....	240	MENTHO-CAINE.....	90
LORAZEPAM INTENSOL.....	26	MATULANE.....	226	MENVEO A-C-Y-W-135-DIP (PF) .	168
LORBRENA.....	224	MATZIM LA.....	43	<i>mepredine</i>	245
LORYNA (28).....	57	MAVENCLAD (10 TABLET PACK).....	227	<i>mepredine (pf)</i>	245
<i>losartan</i>	40	MAVENCLAD (4 TABLET PACK) ..	227	<i>meprobamate</i>	26
<i>losartan-hydrochlorothiazide</i>	38	MAVENCLAD (5 TABLET PACK) ..	227	<i>mercaptopurine</i>	221

MERZEE.....	58	MICRODOT BLOOD GLUCOSE SYSTEM.....	119	<i>modafinil</i>	32
<i>mesalamine</i>	199, 200	MICRODOT INSULIN PEN NEEDLE.....	236	<i>moexipril</i>	39
<i>mesalamine with cleansing wipe</i> ...	199	MICRODOT XTRA BLOOD GLUCOSE.....	119	<i>molindone</i>	31
MESNEX.....	226	MICROGESTIN 1.5/30 (21).....	58	<i>mometasone</i>	5, 80
METADATE ER.....	35	MICROGESTIN 1/20 (21).....	58	MONDOXYNE NL.....	180
<i>metaproterenol</i>	9	MICROGESTIN 24 FE.....	58	MONO-FLO DRAINAGE BAG.....	206
<i>metaxalone</i>	270	MICROGESTIN FE 1.5/30 (28).....	58	MONOJECT INSULIN SAFETY SYRING.....	216
<i>metformin</i>	98	MICROGESTIN FE 1/20 (28).....	58	MONOJECT INSULIN SYRINGE..	216
<i>methadone</i>	245	MICROLET LANCET.....	209	MONOJECT SYRINGE.....	216
METHADONE INTENSOL.....	245	MICROSPACER.....	16	MONOJECT ULTRA COMFORT INSULIN.....	216
METHADOSE.....	246	MICROVIX LP.....	90	MONOLET LANCETS.....	209
<i>methamphetamine</i>	25	<i>midazolam</i>	33	MONOLET THIN LANCETS.....	209
<i>methazolamide</i>	151	<i>midodrine</i>	50	MONO-LINYAH.....	58
<i>methenamine hippurate</i>	174	MIFEPREX.....	231	MONONINE.....	158
<i>methenamine mandelate</i>	174	<i>mifepristone</i>	231	<i>montelukast</i>	13
<i>methen-sod phos-meth blue-hyos</i> ..	174	<i>miglitol</i>	96	MORGIDOX 1X 50.....	180
<i>methimazole</i>	144	<i>miglustat</i>	232	MORGIDOX 1X100.....	180
METHITEST.....	164	MIGRANOW.....	249	MORGIDOX 2X100.....	180
<i>methocarbamol</i>	270	MILI.....	58	<i>morphine</i>	246
<i>methotrexate sodium</i>	221	MILLIPRED.....	193	<i>morphine (pf)</i>	246
<i>methotrexate sodium (pf)</i>	221	MILLIPRED DP.....	193	<i>morphine concentrate</i>	246
<i>methoxsalen</i>	91	MIMVEY.....	167	MOTEGRITY.....	275
<i>methscopolamine</i>	273	MINERIN CREME.....	84	MOTOFEN.....	202
<i>methyl salicylate</i>	85	MINI PLUS NEBULIZER.....	16	MOVANTIK.....	203
<i>methyl dopa</i>	40	MINI ULTRA-THIN II.....	236	MOXATAG.....	176
<i>methyl dopa-hydrochlorothiazide</i>	40	MINI WRIGHT PEAK FLOW METER.....	16	<i>moxifloxacin</i>	150, 177
<i>methyl ergonovine</i>	62	MINILINK REAL-TIME TRANSMITTER.....	130	MUCOSITISRX.....	239
<i>methylphenidate hcl</i>	35	MINIMED 630G GUARDIAN START KT.....	130	MUGARD.....	239
<i>methylprednisolone</i>	193	MINITRAN.....	51	MULPLETA.....	163
<i>methyltestosterone</i>	164	<i>minocycline</i>	179, 180	MULTAQ.....	36
<i>metipranolol</i>	152	MINOLIRA ER.....	180	<i>mupirocin</i>	69
<i>metoclopramide hcl</i>	274, 275	<i>minoxidil</i>	40	<i>mupirocin calcium</i>	69
<i>metolazone</i>	45	MIRCERA.....	159	<i>mupirocin-lidocaine</i>	69
<i>metoprolol succinate</i>	41	MIRENA.....	233	MURI-LUBE.....	240
<i>metoprolol ta-hydrochlorothiaz</i>	42	<i>mirtazapine</i>	19	MUSE.....	139
<i>metoprolol tartrate</i>	41	MIRVASO.....	66	MY CHOICE.....	58
<i>metronidazole</i>	66, 183, 279	<i>misoprostol</i>	274	MY MDI PORTABLE NEBULISER..	16
<i>metyrosine</i>	40	MISTASSIST.....	16	MY WAY.....	58
<i>mexiletine</i>	36	MISTASSIST KIT.....	16	MYALEPT.....	143
MIACALCIN.....	141	MITOSOL.....	154	MYCAPSSA.....	240
MIBELAS 24 FE.....	58	MKO (MIDAZOLAM-KETAMINE-ONDAN).....	33	<i>mycophenolate mofetil</i>	172
<i>miconazole nitrate-zinc ox-pet</i>	71	M-M-R II (PF).....	170	<i>mycophenolate sodium</i>	172
MICONAZOLE-3.....	279			MYDAYIS.....	25
MICRO BLOOD GLUCOSE.....	119			MYDRIATIC4(TROP-PROP-PE-KTRLC).....	154
MICRO THIN LANCETS.....	209			MYGLUCOHEALTH.....	120
MICROAIR MESH NEBULIZER.....	16			MYGLUCOHEALTH LANCETS.....	209
MICROCHAMBER.....	16				
MICROCYN.....	87				

MYLERAN	221	NEO-SYNALAR	74	NIVATOPIC PLUS	85
MYNATAL	282	NEO-SYNALAR KIT	74	NIVESTYM	161
MYNATAL ADVANCE	282	NERLYNX	224	<i>nizatidine</i>	274
MYNATAL PLUS	282	NEUAC	65	NOCDURNA (MEN)	140
MYNATAL-Z	282	NEUAC KIT	65	NOCDURNA (WOMEN)	140
MYNATE 90 PLUS	282	NEULASTA	161	NOCTIVA	140
MYORISAN	64	NEULASTA ONPRO	161	NOPIOID-LMC KIT	269
MYRBETRIQ	277	NEUPOGEN	161	NORA-BE	58
MYSOLINE	264	NEUPRO	254	NORDITROPIN FLEXPRO	142
MYTESI	201	NEURAPTINE	93	<i>noreth-ethinyl estradiol-iron</i>	58
<i>nabumetone</i>	198	NEURCAINE	90	<i>norethindrone (contraceptive)</i>	58
<i>nadolol</i>	41	NEURONTIN	264	<i>norethindrone acetate</i>	167
<i>nadolol-bendroflumethiazide</i>	42	NEUTEK 2TEK TEST STRIPS	120	<i>norethindrone ac-eth estradiol</i>	58, 167
<i>naftifine</i>	71	NEUTRASAL	239	<i>norethindrone-e.estradiol-iron</i>	59
NAFTIN	71	NEVANAC	148	<i>norgestimate-ethinyl estradiol</i>	59
<i>nalbuphine</i>	246	<i>nevirapine</i>	186	NORITATE	66
NALOCET	252	NEW DAY	58	NORLYDA	59
<i>naltrexone</i>	32	NEXA PLUS	282	NORMAL SALINE FLUSH	139
NAMENDA XR	18	NEXAVAR	224	NORMLGEL AG	67
NAMZARIC	18, 19	NEXAVIR	220	NORPACE CR	36
NAPRELAN CR	198	NEXIUM PACKET	276	NORTHERA	50
<i>naproxen</i>	198	NEXIVA	212	NORTREL 0.5/35 (28)	59
<i>naproxen sodium</i>	198	NEXLETOL	46	NORTREL 1/35 (21)	59
<i>naproxen-esomeprazole</i>	196	NEXLIZET	49	NORTREL 1/35 (28)	59
<i>naratriptan</i>	249	NEXPLANON	52	NORTREL 7/7/7 (28)	59
NARCAN	32	<i>niacin</i>	50	<i>nortriptyline</i>	23
NASCOBAL	283	NIACOR	50	NORVIR	187
NATACYN	150	<i>nicardipine</i>	43	NOSE CLIP	207
NATAZIA	58	<i>nicotine</i>	271	NOURIANZ	254
<i>nateglinide</i>	97	<i>nicotine (polacrilex)</i>	270	NOVA MAX GLUCOSE TEST	120
NATESTO	165	NICOTROL	271	NOVA SAFETY LANCETS	209
NATPARA	144	NICOTROL NS	271	NOVA SUREFLEX LANCETS	209
NAYZILAM	256	<i>nifedipine</i>	43	NOVACORT	88
<i>nebulizer and compressor</i>	16	NIKKI (28)	58	NOVOEIGHT	157
NEBUPENT	184	<i>nilutamide</i>	221	NOVOFINE 32	236
NEBUSAL	232	<i>nimodipine</i>	43	NOVOFINE AUTOCOVER	236
NECON 0.5/35 (28)	58	NINLARO	224	NOVOFINE PLUS	236
<i>nefazodone</i>	21	<i>nisoldipine</i>	43	NOVOLIN 70/30 U-100 INSULIN ...	135
<i>neomycin</i>	181	<i>nitazoxanide</i>	184	NOVOLIN 70-30 FLEXPEN U-100	135
<i>neomycin-bacitracin-poly-hc</i>	146	<i>nitisinone</i>	232	NOVOLIN N NPH U-100 INSULIN	135
<i>neomycin-bacitracin-polymyxin</i>	150	NITRO-BID	51	NOVOLIN R FLEXPEN	135
<i>neomycin-polymyxin b gu</i>	85	NITRO-DUR	52	NOVOLIN R REGULAR U-100	
<i>neomycin-polymyxin b-dexameth</i> ..	146	<i>nitrofurantoin</i>	175	INSULN	135
<i>neomycin-polymyxin-gramicidin</i>	150	<i>nitrofurantoin macrocrystal</i>	175	NOVOLOG FLEXPEN U-100	
<i>neomycin-polymyxin-hc</i>	137, 146	<i>nitrofurantoin monohyd/m-cryst</i>	175	INSULIN	135
NEO-POLYCIN	150	<i>nitroglycerin</i>	52	NOVOLOG MIX 70-30 U-100	
NEO-POLYCIN HC	146	NITROMIST	52	INSULN	135
NEORAL	172	NITRO-TIME	52	NOVOLOG MIX 70-30FLEXPEN	
NEOSALUS	84, 85	NITYR	232	U-100	136

NOVOSEVEN RT	157	OCELLA	59	ONZETRA XSAIL	249
NOVOTWIST	236	<i>octreotide acetate</i>	240	OPCICON ONE-STEP	59
NOXAFIL	181	ODACTRA	3	<i>opium tincture</i>	202
NOXIPAK	80	ODEFSEY	188	OPSUMIT	44
NP THYROID	144	ODOMZO	222	OPTICHAMBER ADULT MASK- LARGE	16
NUBEQA	221	OFEV	241	OPTICHAMBER DIAMOND LG MASK	16
NUCALA	13	<i>ofloxacin</i>	137, 150, 177	OPTICHAMBER DIAMOND VHC	16
NUCARACLINPAK	65	<i>olanzapine</i>	30	OPTICHAMBER DIAMOND-MED MSK	16
NUCARARXPAK	65	<i>olanzapine-fluoxetine</i>	34	OPTICHAMBER DIAMOND-SML MASK	16
NUCORT	80	<i>olmesartan</i>	40	OPTION-2	59
NUCYNTA	246	<i>olmesartan-amlodipin-hcthiazyd</i>	38	OPTIUM EZ	121
NUCYNTA ER	246	<i>olmesartan-hydrochlorothiazide</i>	38	OPTIUM TEST	121
NUDERMRXPAK	93	<i>olopatadine</i>	5, 147	OPTUMRX	122
NUDICLO SOLUPAK	83	OLUMIANT	195	ORACIT	278
NUDICLO TABPAK	196	OMBRA COMPRESSOR SYSTEM	16	ORALAIR	3
NUDROXIPAK	199	OMECLAMOX-PAK	274	ORALONE	230
NUDROXIPAK DSDR-50	196	<i>omega-3 acid ethyl esters</i>	50	ORAMAGICRX	239
NUDROXIPAK DSDR-75	196	<i>omeprazole</i>	276	ORAPEUTIC	239
NUDROXIPAK E-400	196	<i>omeprazole-sodium bicarbonate</i> ..	276	ORAQIX	199
NUDROXIPAK I-800	196	OMNARIS	5	ORAVIG	181
NUDROXIPAK N-500	196	OMNIPOD DASH 5 PACK POD	130	ORENCIA	192
NUEDEXTA	230	OMNIPOD DASH PDM KIT	130	ORENCIA CLICKJECT	192
NULYTELY LEMON-LIME	203	OMNIPOD INSULIN MANAGEMENT	130	ORENITRAM	45
NUMBONEX	90	OMNIPOD INSULIN REFILL	130	ORFADIN	232
NUMBRINO	230	OMNITROPE	143	ORGOVYX	223
NUMOISYN	239	ON CALL EXPRESS TEST STRIP	120	ORIAHNN	143
NUPLAZID	34	ON CALL LANCET	209	ORLISSA	143
NURTEC ODT	249	ON CALL PLUS LANCET	209	ORKAMBI	241
NUTRASEB	85	ON CALL PLUS TEST STRIP	120	ORLADEYO	199
NUTROPIN AQ NUSPIN	142	ON CALL VIVID TEST STRIP	121	<i>orphenadrine citrate</i>	270
NUVAIL	88	<i>ondansetron</i>	7	<i>orphenadrine-asa-caffeine</i>	270
NUVAKAAN	90	<i>ondansetron hcl</i>	7	ORPHENGESIC FORTE	270
NUVESSA	279	ONETOUCH DELICA LANCETS	209	ORSYTHIA	59
NUWIQ	157	ONETOUCH DELICA PLUS LANCET	209	ORTIKOS	194
NUZYRA	180	ONETOUCH SURESOFT LANCING DEV	130, 209	OSCIMIN	273
NYAMYC	71	ONETOUCH ULTRA BLUE TEST STRIP	121	OSCIMIN SL	273
NYLIA 7/7/7 (28)	59	ONETOUCH ULTRASOFT LANCETS	209	OSCIMIN SR	273
NYMALIZE	43	ONETOUCH VERIO TEST STRIPS	121	<i>oseltamivir</i>	184
NYMYO	59	ONEXTON	66	OSMOLEX ER	255
<i>nystatin</i>	71, 181	ONGENTYS	255	OSMOPREP	203
<i>nystatin-triamcinolone</i>	71	ONGLYZA	96	OSPHENA	143
NYSTOP	71	ON-THE-GO LANCETS	209	OTEZLA	192
NYVEPRIA	161	ONUREG	221	OTEZLA STARTER	192
OBIZUR	157			OTREXUP (PF)	189
OBREDON	63			OVACE PLUS	83
OBSTETRIX DHA	282				
OBSTETRIX EC	282				
OBSTETRIX ONE	281				
OCALIVA	202				

OVACE PLUS SHAMPOO	83	PARAGARD T 380A	233	PERFOROMIST	10
<i>oxandrolone</i>	165	PAREMYD	154	<i>perindopril erbumine</i>	39
<i>oxaprozin</i>	198	PARI BABY CONV KIT - SIZE 1 ...	207	PERIOGARD	230
OXAYDO	246	PARI BABY CONV KIT - SIZE 2 ...	207	<i>permethrin</i>	71
<i>oxazepam</i>	26	PARI BABY CONV KIT - SIZE 3 ...	207	<i>perphenazine</i>	31
OXBRYTA	163	PARI LC SPRINT NEBULIZER		<i>perphenazine-amitriptyline</i>	23
<i>oxcarbazepine</i>	264, 265	SET	16	PERTZYE	272
OXERVATE	151	PARI LC SPRINT SINUS	16	PEXEVA	20
<i>oxiconazole</i>	71	PARI SINUS AEROSOL SYSTEM..	16	PFLEX INSPIRATORY TRAINER...	17
OXISTAT	71	PARI TREK S COMBO PACK	16	PHARMACIST CHOICE	122
OXTELLAR XR	265	PARI TREK S COMPACT		<i>phenazopyridine</i>	278
<i>oxybutynin chloride</i>	278, 279	COMPRESSOR	16	<i>phendimetrazine tartrate</i>	283, 284
<i>oxycodone</i>	246, 247	PARI TREK S PORTABLE PWR		<i>phenelzine</i>	19
<i>oxycodone-acetaminophen</i>	252	KIT	207	<i>phenobarb-hyoscy-atropine-scop.</i> .	273
<i>oxycodone-aspirin</i>	253	<i>paricalcitol</i>	143	<i>phenobarbital</i>	31, 32
OXYCONTIN	247	PAROEX ORAL RINSE	230	PHENOHYTRO	273
<i>oxymorphone</i>	247	<i>paromomycin</i>	183	<i>phenoxybenzamine</i>	38
OXYTROL	279	<i>paroxetine hcl</i>	20	<i>phentermine</i>	284
OZEMPIC	95	<i>paroxetine mesylate(menop.sym)</i> ...	32	<i>phenylephrine hcl</i>	149
OZOBAX	270	PASER	182	<i>phenyleph-tropicamide in water</i>	154
PACERONE	36	PAXIL	20	PHENYTEK	265
PACNEX HP	86	PEDIA IRON	281	<i>phenytoin</i>	265
PACNEX LP	86	PEDIATRIC BEAR NEBULIZER	16	<i>phenytoin sodium extended</i>	265
PAIN EASE MEDIUM STREAM		PEDIATRIC COMP-AIR		PHEXXI	52
SPRAY	90	COMPRES NEB	16	PHILITH	59
PAIN EASE MIST SPRAY	90	PEDIATRIC DINOSAUR		PHLAG SPRAY	85
PAINGO KFT	90	NEBULIZER	16	PHOSLYRA	138
PALFORZIA (LEVEL 1)	3	PEDIATRIC DOG NEBULIZER	16	PHOSPHASAL	174
PALFORZIA (LEVEL 2)	3	PEDIATRIC FE-VITE	281	PHOSPHOLINE IODIDE	152
PALFORZIA (LEVEL 3)	3	PEDIATRIC FROG NEBULIZER	16	PHYSIOLYTE	85
PALFORZIA (LEVEL 4)	3	PEDIZOL PAK	71	PHYSIOSOL IRRIGATION	85
PALFORZIA (LEVEL 5)	3	<i>peg 3350-electrolytes</i>	203	<i>phytonadione (vitamin k1)</i>	164
PALFORZIA (LEVEL 6)	3	<i>peg3350-sod sul-nacl-kcl-asb-c</i>	203	PICATO	89
PALFORZIA (LEVEL 7)	3	PEGASYS	189	PIFELTRO	186
PALFORZIA (LEVEL 8)	3	<i>peg-electrolyte soln</i>	203	PILLOW MASK CHILD	207
PALFORZIA (LEVEL 9)	3	PEGINTRON	189	<i>pilocarpine hcl</i>	152, 220
PALFORZIA (LEVEL 10)	3	PEG-PREP	203	<i>pimecrolimus</i>	93
PALFORZIA (LEVEL 11 UP-		PEMAZYRE	224	<i>pimozide</i>	26
DOSE)	3	PEN NEEDLE	236	PIMTREA (28)	59
PALFORZIA INITIAL DOSE	4	<i>pen needle, diabetic</i>	236, 237	<i>pindolol</i>	41
PALFORZIA LEVEL 11		<i>penicillamine</i>	189	<i>pioglitazone</i>	97
MAINTENANCE	4	<i>penicillin v potassium</i>	176	<i>pioglitazone-glimepiride</i>	99
<i>paliperidone</i>	30	PENNSAID	83	<i>pioglitazone-metformin</i>	100
PALYNZIQ	220	<i>pentamidine</i>	184	PIP LANCET	209
PANCREAZE	272	PENTASA	200	PIQRAY	225
PANDEL	80	<i>pentazocine-naloxone</i>	247	PIRMELLA	59
PANRETIN	89	PENTICAN	265	<i>piroxicam</i>	198
<i>pantoprazole</i>	276	PENTIPS	237	PLANTAGO-HOMACCORD	232
<i>papaverine</i>	52	<i>pentoxifylline</i>	159	PLEGRIDY	228

PLENVU	203	<i>prednisolone acet-gatifloxacin</i>	146	PRIZOTRAL-II	90
PLEXION CLEANSING CLOTHS	72	<i>prednisolone sod ph-moxiflox</i>	146	PRO COMFORT INSULIN	
PNEUMOVAX-23	168, 169	<i>prednisolone sodium phosphate</i>		SYRINGE	216
PNV-DHA + DOCUSATE	282	.....	148, 194	PRO COMFORT LANCET	209
PNV-FERROUS FUMARATE-		<i>prednisolone-moxiflo-nepafenac</i>	145	PRO COMFORT PEN NEEDLE	237
DOCU-FA	282	<i>prednisolone-moxiflox hcl</i>	146	PRO COMFORT SPACER-ADULT	
POCKET CHAMBER	17	<i>prednisone</i>	194	MASK	17
PODOCON	86	PREDNISON INTENSOL	194	PRO COMFORT SPACER-CHILD	
<i>podofilox</i>	86	PREFEST	167	MASK	17
POLYCIN	150	<i>pregabalin</i>	265	PRO VOICE V8-V9 TEST STRIP ..	123
<i>polymyxin b sulf-trimethoprim</i>	150	PREMARIN	167, 280	PROAIR DIGIHALER	9
POMALYST	223	PREMIER TEST STRIP	123	PROAIR RESPICLICK	9
PONTOCAINE	90	PREMIUM V10	123	<i>probenecid</i>	155
POPULUS COMPOSITUM	232	PREMPHASE	167	<i>probenecid-colchicine</i>	155
PORTABLE NEBULIZER SYSTEM .	17	PRENATAL 19 (WITH		PROCARE COMPRESSOR	
PORTIA 28	59	DOCUSATE)	282	NEBULIZER	17
<i>posaconazole</i>	181	PREPIDIL	62	PROCARE PEDIATRIC	
POTABA	283	PREPLUS	282	NEBULIZER	17
<i>potassium chloride</i>	138	PRESERA	85	PROCARE SPACER WITH ADULT	
<i>potassium citrate</i>	278	PRESSURE ACTIVATED		MASK	17
PR BENZOYL PEROXIDE	86	LANCETS	209	PROCARE SPACER WITH CHILD	
PR CREAM	88	PRESTALIA	37	MASK	17
PRADAXA	163	<i>pretomanid</i>	182	PROCHAMBER	17
<i>pralidoxime</i>	231	PREVALITE	49	<i>prochlorperazine</i>	7
PRALUENT PEN	48	PREVENT DROPSAFE PEN		<i>prochlorperazine maleate</i>	7
<i>pramipexole</i>	255	NEEDLE	237	PROCORT	200
PRAMOSONE	88	PREVIDENT	281	PROCRIT	159
<i>prasugrel</i>	162	PREVIDENT 5000 DRY MOUTH ..	280	PROCTOFOAM HC	200
<i>pravastatin</i>	47	PREVIDENT 5000 ENAMEL		PROCTO-MED HC	80
<i>praziquantel</i>	183	PROTECT	281	PROCTOSOL HC	80
<i>prazosin</i>	38	PREVIDENT 5000 SENSITIVE	281	PROCTOZONE-HC	80
PRECISION PCX PLUS TEST	122	PREVIFEM	59	PROCYSBI	277
PRECISION PCX TEST	122	PREVYMIS	184	PRODIGY INSULIN SYRINGE	217
PRECISION POINT OF CARE		PREZCOBIX	185	PRODIGY LANCETS	209
TEST	122	PREZISTA	185	PRODIGY MINI-MIST NEBULIZER .	17
PRECISION Q-I-D TEST	123	PRIFTIN	182	PRODIGY NO CODING	123
PRECISION XTRA TEST	123	PRILO PATCH	90	PRODIGY TWIST TOP LANCET ..	209
PRED MILD	148	PRILO PATCH II	90	PROFILNINE	158
PRED-G	146	PRILOSEC	276	<i>progesterone</i>	167
PRED-G S.O.P.	146	<i>primaquine</i>	183	<i>progesterone micronized</i>	167
<i>prednicarbate</i>	80	PRIMEAIRE	17	PROGRAF	172
<i>prednisol ace-gatiflox-bromfen</i>	145	<i>primidone</i>	265	PROLASTIN-C	220
<i>prednisoln sp-gatiflox-bromfen</i>	145	PRIMLEV	252	PROLATE	252
<i>prednisoln sp-moxiflox-bromfen</i>	145	PRIMSOL	174	PROLENSA	148
<i>prednisolone</i>	194	PRIZOTRAL	90	PROMACTA	163
<i>prednisolone acetate</i>	148			<i>promethazine</i>	4, 7
<i>prednisolone acetate (pf)</i>	148			PROMETHAZINE VC	62
<i>prednisolone acetate-bromfenac</i> ..	148			PROMETHAZINE VC-CODEINE	62
<i>prednisolone acetate-nepafenac</i> ..	148			<i>promethazine-codeine</i>	63

<i>promethazine-dm</i>	63	<i>quinapril</i>	39	RELENZA DISKHALER.....	184
<i>promethazine-phenyleph-codeine</i> ...	62	<i>quinapril-hydrochlorothiazide</i>	38	RELIAMED LANCET.....	210
<i>promethazine-phenylephrine</i>	62	<i>quinidine gluconate</i>	36	RELIAMED SAFETY SEAL	
PROMETHEGAN.....	7	<i>quinidine sulfate</i>	36	LANCETS.....	210
PROMISEB.....	83	<i>quinine sulfate</i>	183	RELIAMED TWIST AND CAP	
PRONEB ULTRA II FILTER		QUINIXIL.....	80	LANCET.....	210
ASSEM.....	207	QUINJA.....	67	RELION CONFIRM-MICRO.....	124
<i>propafenone</i>	36	QUINTET AC.....	124	RELION NEEDLES.....	237
<i>proparacaine</i>	149	QUINTET GLUCOSE TEST		RELION PEN NEEDLES.....	237
<i>propranolol</i>	41	STRIPS.....	124	RELION PRIME TEST STRIPS.....	124
<i>propranolol-hydrochlorothiazid</i>	42	QUIT 2.....	271	RELION THIN LANCETS.....	210
<i>propylthiouracil</i>	144	QUIT 4.....	271	RELION ULTIMA.....	125
PROSILK GEL.....	88	QUTENZA.....	85	RELION ULTRA THIN PLUS	
PROSTIN E2.....	62	QVAR REDIHALER.....	13	LANCETS.....	210
PROTONIX.....	276	<i>rabeprazole</i>	276, 277	RELISTOR.....	203, 204
<i>protriptyline</i>	23	RADIAGEL.....	238	RELTONE.....	202
PROTYL AG.....	93	RADIAPLEXRX.....	88	RENACIDIN.....	278
PRUCLAIR.....	85	RADIOGARDASE.....	234	RENEEL.....	232
PRUMYX.....	85	RAGWITEK.....	4	<i>repaglinide</i>	97
PSORINOHEEL.....	232	<i>raloxifene</i>	141	<i>repaglinide-metformin</i>	99
PULMICORT FLEXHALER.....	12	<i>ramelteon</i>	32	REPATHA PUSHTRONEX.....	48
PULMO-AIDE COMPRESSOR.....	17	<i>ramipril</i>	39	REPATHA SURECLICK.....	49
PULMONEB LT COMPRESSOR		<i>ranolazine</i>	50	REPATHA SYRINGE.....	49
NEBUL.....	17	RAPAMUNE.....	172	RESPA-AR.....	62
PULMOZYME.....	241	<i>rasagiline</i>	255	RESTASIS.....	151
PURE COMFORT LANCETS.....	209	RASUVO (PF).....	189, 190	RESTASIS MULTIDOSE.....	151
PURE COMFORT PEN NEEDLE ..	237	RAVICTI.....	201	RESTORE.....	205
PURE COMFORT SAFETY		RAYALDEE.....	143	RESTORE CALCIUM ALGINATE ..	205
LANCETS.....	210	RAYOS.....	194	RESTORE CONTACT LAYER	
PURIXAN.....	222	READYLANCE SAFETY		SILVER.....	205
PUSH BUTTON SAFETY		LANCETS.....	210	RESTORE FOAM DRESSING	
LANCETS.....	210	REBIF (WITH ALBUMIN).....	228	SILVER.....	205
PYLERA.....	274	REBIF REBIDOSE.....	228	RETACRIT.....	159
<i>pyrazinamide</i>	182	REBIF TITRATION PACK.....	228	RETEVMO.....	225
<i>pyridostigmine bromide</i>	19	REBINYN.....	158	RETIN-A MICRO PUMP.....	68
<i>pyridoxine (vitamin b6)</i>	283	RECLIPSEN (28).....	59	REUSABLE NEBULIZER KIT.....	207
<i>pyrimethamine</i>	183	RECOMBINATE.....	157	REVCIVI.....	233
QBRELIS.....	39	RECOMBIVAX HB (PF).....	170	REVEAL TEST STRIP.....	125
QBREXZA.....	221	RECOTHROM.....	164	REVLIMID.....	223
QDOLO.....	247	RECOTHROM SPRAY KIT.....	164	REXULTI.....	29
QINLOCK.....	225	RECTIV.....	201	REYATAZ.....	187
QNASL.....	6	REDITREX (PF).....	190, 191	REYVOW.....	249
QSYMIA.....	284	REFUAH PLUS.....	124	RHOFADE.....	66
QTERN.....	97	REGENECARE.....	90	RHOPRESSA.....	152
<i>quazepam</i>	33	REGENECARE WITH ALOE.....	90	<i>ribavirin</i>	184, 189
QUDEXY XR.....	265, 266	REGIOCIT (EUA).....	158	RIDAURA.....	194
<i>quetiapine</i>	30	REGRANEX.....	130	<i>rifabutin</i>	182
QUILLICHEW ER.....	35, 36	RELAFEN DS.....	198	<i>rifampin</i>	182
QUILLIVANT XR.....	36	RELAGARD.....	279	RIGHTEST GL300 LANCETS.....	210

RIGHTEST GS250S TEST STRIPS.....	125	SAIZEN SAIZENPREP	143	SHAROBEL.....	60
RIGHTEST GS260 TEST STRIPS	125	<i>salicylic acid</i>	86	SHINGRIX (PF).....	170
RIGHTEST GS550 TEST STRIPS	125	<i>salicylic acid-ceramides no. 1</i>	86	SHINGRIX ADJUVANT COMPONENT-PF.....	240
<i>rimantadine</i>	184	<i>salicylic-cimetidine-lidocaine</i>	86	SHINGRIX GE ANTIGEN COMPONENT.....	171
<i>ringer's</i>	85	SALIVAMAX.....	239	SHOHL'S MODIFIED.....	278
RINVOQ.....	195	<i>salsalate</i>	243	SIDESTREAM.....	17
RIOMET ER.....	98	SALVAX.....	87	SIDESTREAM MASK.....	207
<i>risedronate</i>	141, 142	SALVAX DUO PLUS.....	87	SIDESTREAM NEBULIZER.....	17
<i>risperidone</i>	30	SAMI THE SEAL.....	17	SIDESTREAM PLUS.....	17
RITEFLO AEROCHAMBER.....	17	SAMI THE SEAL MASK.....	207	SIGNIFOR.....	240
<i>ritonavir</i>	187	SANADERMRX.....	81	SIKLOS.....	163
<i>rivastigmine</i>	19	SANCUSO.....	7	SILA III.....	81
<i>rivastigmine tartrate</i>	19	SANDIMMUNE.....	173	SILALITE PAK.....	81
RIVELSA.....	60	SANTYL.....	91	SILASTIC FOLEY CATHETER.....	206
RIXUBIS.....	159	<i>sapropterin</i>	220	SILAZONE-II.....	81
<i>rizatriptan</i>	249, 250	SAVAYSA.....	158	<i>sildenafil</i>	139
ROBINSON CLEAR VINYL CATHETER.....	206	SAVELLA.....	228, 229	<i>sildenafil (pulm.hypertension)</i>	44
ROCKLATAN.....	152	SAXENDA.....	284	SILICONE MASK.....	207
<i>ropinirole</i>	255	SCALACORT DK.....	81	SILICONE MASK - INFANT.....	17
ROSDAN.....	66	SCARCARE.....	88	SILIPAC.....	88
ROSANIL.....	72	SCARCIN GEL.....	88	SILIQ.....	91
ROSULA.....	73	SCARCIN ROLL-ON.....	88	<i>silodosin</i>	277
ROSULA CLEANSING CLOTHS.....	72	SCARSILK GEL.....	88	<i>silver nitrate</i>	67, 87
<i>rosuvastatin</i>	48	SCLEROSOL INTRAPLEURAL.....	226	<i>silver nitrate applicators</i>	87
ROTARIX.....	168	<i>scopolamine base</i>	7	<i>silver sulfadiazine</i>	73
ROTATEQ VACCINE.....	168	SEBUDERM.....	85	SILVRSTAT.....	67
ROWEEPRA.....	266	SECONAL SODIUM.....	32	SIMBRINZA.....	152
ROWEEPRA XR.....	266	SECUADO.....	31	SIMLIYA (28).....	60
ROZLYTREK.....	225	SECURESAFE PEN NEEDLE.....	237	SIMPESSE.....	60
RUBBER MOUTHPIECE.....	207	SEEBRI NEOHALER.....	8	SIMPONI.....	192
RUBRACA.....	225	SEGLUROMET.....	100	<i>simvastatin</i>	48
RUCONEST.....	192	<i>selegiline hcl</i>	255	SINGLE-LET.....	210
<i>rufinamide</i>	266	<i>selenium sulfide</i>	83	SINUSTAR AEROSOL.....	17
RUKOBIA.....	186	SELF-CATHETER, FEMALE.....	206	SINUSTAR NEBULIZER.....	17
RUZURGI.....	228	SELZENTRY.....	185, 186	<i>sirolimus</i>	173
RYBELSUS.....	95	SEMGLEE PEN U-100 INSULIN... ..	136	SIRTURO.....	182
RYDAPT.....	225	SEMGLEE U-100 INSULIN.....	136	SITAVIG.....	184
RYNODERM.....	86	SEREVENT DISKUS.....	10	SIVEXTRO.....	175
RYTARY.....	255	SERNIVO.....	81	SKLICE.....	72
SABAL-HOMACCORD.....	232	SEROSTIM.....	143	SKYLA.....	233
SABRIL.....	266	<i>sertraline</i>	20	SKYRIZI.....	91
SAFESNAP INSULIN SYRINGE... ..	217	SETLAKIN.....	60	SLYND.....	60
SAFETY LANCETS.....	210	<i>sevelamer carbonate</i>	138	SMART SENSE LANCETS.....	210
SAFETY PEN NEEDLE.....	237	<i>sevelamer hcl</i>	138	SMART SENSE TEST STRIPS.....	126
SAFETY SEAL LANCETS.....	210	SEVENFACT.....	157	SMARTEST LANCET.....	210
SAFETY-LET LANCETS.....	210	<i>sevoflurane</i>	232	SMARTEST TEST.....	126
SAIZEN.....	143	SEYSARA.....	180	<i>sodium chlor 0.9% bacteriostat</i>	139
		SF.....	281		
		SF 5000 PLUS.....	281		

<i>sodium chloride</i>	85, 91, 139, 232	<i>spironolacton-hydrochlorothiaz</i>	44	<i>sulfacetamide-sulfur-cleansr23</i>	73
<i>sodium chloride 0.45 %</i>	139	SPRAVATO.....	19	SULFACLEANSE 8-4.....	73
<i>sodium chloride 0.9 %</i>	139	SPRAY AND STRETCH.....	91	<i>sulfadiazine</i>	199
<i>sodium chloride 0.9 % (flush)</i>	139	SPRINTEC (28).....	60	<i>sulfamethoxazole-trimethoprim</i>	173
<i>sodium citrate</i>	158	SPRITAM.....	266	SULFAMYLON.....	73
SODIUM FLUORIDE 5000 PLUS..	281	SPRIX.....	195	<i>sulfasalazine</i>	200
<i>sodium fluoride-pot nitrate</i>	281	SPRYCEL.....	225	SULFATRIM.....	173
<i>sodium iodide-123</i>	226	SPS (WITH SORBITOL).....	138	<i>sulindac</i>	198
<i>sodium phenylbutyrate</i>	201	SRONYX.....	60	SUMADAN.....	73
SODIUM POLYSTYRENE (SORB FREE).....	138	SSD.....	73	<i>sumatriptan</i>	250
<i>sodium polystyrene sulfonate</i>	138	SSKI.....	144	<i>sumatriptan succinate</i>	250
SOFT TOUCH LANCETS.....	210	SSS 10-5.....	73	<i>sumatriptan-naproxen</i>	250
SOLARAVIX.....	89	ST JOSEPH ASPIRIN.....	162	SUMAXIN CP.....	73
<i>solifenacin</i>	278	ST. JOSEPH ASPIRIN.....	162	SUNOSI.....	32
SOLIQUA 100/33.....	98	<i>stavudine</i>	186	SUNRISE COMPRESSOR- NEBULIZER.....	17
SOLOSEC.....	183	STEGLATRO.....	96	SUPER THIN LANCETS.....	210
SOLOX GEL.....	67	STEGLUJAN.....	97	SUPRANE.....	232
SOLTAMOX.....	227	STELARA.....	195	SUPRAX.....	174
SOLUPAK.....	90	STENDRA.....	139	SUPREP BOWEL PREP KIT.....	203
SOLUS V2 LANCETS.....	210	STERILANCE TL.....	210	SURE COMFORT INS. SYR. U- 100.....	217
SOLUS V2 TEST STRIPS.....	126	STERILE HYDROGEL FOR JELMYTO.....	232	SURE COMFORT INSULIN SYRINGE.....	217
SOMAVERT.....	142	<i>sterile talc</i>	226	SURE COMFORT LANCETS.....	210
SONAFINE.....	85	STIOLTO RESPIMAT.....	10	SURE COMFORT PEN NEEDLE..	237
SOOLANTRA.....	66	STIVARGA.....	225	SURE-FINE PEN NEEDLES.....	237
SOOTHENEB COMPRESSOR NEBULIZER.....	17	STOP SMOKING AID.....	271	SURE-JECT INSULIN SYRINGE..	217
SOOTHENEB MESH NEBULIZER..	17	STRATAMARK.....	88	SURE-LANCE.....	210
<i>sorbitol</i>	85	STRATATRIZ.....	88	SURE-LANCE ULTRA THIN.....	210
<i>sorbitol-mannitol</i>	85	STRAVIX.....	240	SURE-TEST EASYPLUS MINI.....	126
SORILUX.....	93	STRENSIQ.....	233	SURE-TOUCH LANCET.....	210
SORINE.....	41	STRIBILD.....	188	SURVANTA.....	241
<i>sotalol</i>	41	STRIVERDI RESPIMAT.....	9	SUSTIVA.....	186
SOTALOL AF.....	41	STRONG IODINE.....	67, 144	SUTAB.....	203
SOTYLIZE.....	41	SUBSYS.....	247	SUTENT.....	225
SOVALDI.....	188	SUBVENITE.....	266	SUVICORT.....	91
SPACE CHAMBER.....	17	SUBVENITE STARTER (BLUE) KIT.....	266	SYEDA.....	60
SPACE CHAMBER PLUS.....	17	SUBVENITE STARTER (GREEN) KIT.....	266	SYMAX DUOTAB.....	274
SPACE CHAMBER WITH LARGE MASK.....	17	SUBVENITE STARTER (ORANGE) KIT.....	266	SYMBICORT.....	11
SPACE CHAMBER WITH MEDIUM MASK.....	17	SUCRAID.....	271	SYMDEKO.....	241
SPACE CHAMBER WITH SMALL MASK.....	17	<i>sucralfate</i>	274	SYMJEPI.....	220
SPEEDICATH (FEMALE).....	206	<i>sulconazole</i>	71	SYMLINPEN 120.....	96
<i>spinosad</i>	72	<i>sulfacetamide sodium</i>	84, 149	SYMLINPEN 60.....	96
SPIRIVA RESPIMAT.....	8	<i>sulfacetamide sodium (acne)</i>	66	SYMPAZAN.....	256
SPIRIVA WITH HANDIHALER.....	8	<i>sulfacetamide sodium-sulfur</i>	73	SYMPROIC.....	204
<i>spironolactone</i>	44	<i>sulfacetamide sod-sulfur-urea</i>	73	SYMTUZA.....	184
		<i>sulfacetamide-prednisolone</i>	149	SYNALAR CREAM KIT.....	81
				SYNALAR OINTMENT KIT.....	81

SYNALAR TS.....	81	TECHLITE INSULIN SYR HALF		<i>thiothixene</i>	31
SYNAREL.....	143	UNIT.....	217	THRESHOLD IMT TRAINER.....	17
SYNDROS.....	6	TECHLITE INSULIN SYRINGE.....	217	THRESHOLD PEP DEVICE.....	17
SYNERA.....	91	TECHLITE LANCETS.....	210	THROMBIN-JMI.....	164
SYNERDERM.....	85	TECHLITE PEN NEEDLE.....	237	THYQUIDITY.....	145
SYNJARDY.....	100	TEGRETOL.....	266	THYROLAR-1.....	145
SYNJARDY XR.....	100	TEGRETOL XR.....	266	THYROLAR-1/2.....	145
SYNRIBO.....	226	TEGSEDI.....	220	THYROLAR-1/4.....	145
SYNTHROID.....	145	TEKURNA HCT.....	45	THYROLAR-2.....	145
SYRINGE AVITENE.....	164	TELCARE LANCETS.....	210	THYROLAR-3.....	145
SYZYGIUM COMPOSITUM.....	233	TELCARE TEST STRIPS.....	127	TIADYLT ER.....	43
TABLOID.....	222	<i>telmisartan</i>	40	<i>tiagabine</i>	267
TABRECTA.....	225	<i>telmisartan-amlodipine</i>	39	TIBSOVO.....	226
TACHOSIL.....	164	<i>telmisartan-hydrochlorothiazid</i>	38	TICALAST.....	5
<i>tacrolimus</i>	93, 173	<i>temazepam</i>	33	TIGLUTIK.....	228
<i>tacrolimus-hyaluronate-niacin</i>	93	TEMIXYS.....	185	TILIA FE.....	60
<i>tacrolimus-niacinamide</i>	93	<i>temozolomide</i>	221	<i>timol-brimon-dorzo-latanop(pf)</i>	153
<i>tacrolimus-vehicle base no.238</i>	93	TENCON.....	242	<i>timolol maleate</i>	41, 153
<i>tadalafil</i>	139	TENIVAC (PF).....	170	<i>timolol maleate (pf)</i>	153
<i>tadalafil (pulm. hypertension)</i>	44	<i>tenofovir disoproxil fumarate</i>	187	<i>timolol-brimonidi-dorzolam(pf)</i>	153
TAFINLAR.....	222	TEPMETKO.....	225	<i>timolol-dorzolamid-latanop(pf)</i>	153
TAGRISO.....	225	<i>terazosin</i>	38	<i>timolol-latanoprost(pf)</i>	153
TAKE ACTION.....	60	<i>terbinafine hcl</i>	181	TIMOPTIC OCUDOSE (PF).....	153
TAKHZYRO.....	199	<i>terbutaline</i>	9	<i>tinidazole</i>	183
TALICIA.....	274	<i>terconazole</i>	279	TIROSINT.....	145
TALTZ AUTOINJECTOR.....	92	<i>teriparatide</i>	140	TIROSINT-SOL.....	145
TALTZ AUTOINJECTOR (2 PACK).....	92	TERRELL.....	232	TISSEEL VHSD (APROTININ,	
TALTZ AUTOINJECTOR (3 PACK).....	92	TERSIFOAM.....	84	SYN).....	240
TALTZ SYRINGE.....	92	TERUMO INSULIN SYRINGE.....	218	TIS-U-SOL PENTALYTE.....	85
TALZENNA.....	225	TEST N'GO TEST.....	127	TIVICAY.....	187
<i>tamoxifen</i>	227	<i>testosterone</i>	165	TIVICAY PD.....	187
<i>tamsulosin</i>	277	<i>testosterone cypionate</i>	165	TIVORBEX.....	198
TAPERDEX.....	194	<i>testosterone enanthate</i>	165	<i>tizanidine</i>	270
TARGRETIN.....	89	<i>tetrabenazine</i>	229	TOBI PODHALER.....	181
TARINA 24 FE.....	60	<i>tetracaine hcl</i>	149	TOBRADEX.....	146
TARINA FE 1/20 (28).....	60	<i>tetracaine hcl (pf)</i>	149	TOBRADEX ST.....	146
TARINA FE 1-20 EQ (28).....	60	<i>tetracycline</i>	180	<i>tobramycin</i>	150, 182
TARON-PREX PRENATAL-DHA..	281	TETRIX.....	88	<i>tobramycin in 0.225 % nacl</i>	181
TASIGNA.....	225	TEXACORT.....	81	<i>tobramycin with nebulizer</i>	182
TASOPROL.....	81	THALOMID.....	182	<i>tobramycin-dexamethasone</i>	146
<i>tavaborole</i>	71	THEO-24.....	18	TOBEX.....	150
TAVALISSE.....	163	THEOCHRON.....	18	TODAY CONTRACEPTIVE	
<i>tazarotene</i>	93	<i>theophylline</i>	18	SPONGE.....	52
TAZORAC.....	93	<i>thiamine hcl (vitamin b1)</i>	283	TOLAK.....	89
TAZTIA XT.....	43	THIN LANCETS.....	210	<i>tolcapone</i>	255
TAZVERIK.....	223	THINPRO INSULIN SYRINGE.....	218	<i>tolmetin</i>	198
TD GOLD TEST STRIP.....	126	THIOLA.....	277	TOLSURA.....	181
TDVAX.....	170	THIOLA EC.....	277	<i>tolterodine</i>	279
		<i>thioridazine</i>	31	<i>tolvaptan</i>	137

TOPAMAX.....	267	<i>triazolam</i>	33	TRUETEST TEST STRIPS.....	127
TOPCARE CLICKFINE.....	237	TRIDERM.....	81	TRUETRACK TEST.....	128
TOPCARE ULTRA COMFORT.....	218	<i>trientine</i>	234	TRULANCE.....	201
TOPCARE UNIVERSAL1 LANCET.....	210	TRI-ESTARYLLA.....	60	TRULICITY.....	95
<i>topiramate</i>	267	<i>trifluoperazine</i>	31	TRUMENBA.....	168
<i>toremifene</i>	227	<i>trifluridine</i>	149	TRUNEB NEBULIZER.....	17
<i>torseamide</i>	44	<i>trihexyphenidyl</i>	253	TRUSKIN.....	240
TOSYMRA.....	250	TRIJARDY XR.....	100	TRUVADA.....	185
TOUCH-TROL.....	206	TRIKAFTA.....	241	TRUZONE PEAK FLOW METER.....	17
TOUJEO MAX U-300 SOLOSTAR.....	136	TRI-LEGEST FE.....	60	TUDORZA PRESSAIR.....	8
TOUJEO SOLOSTAR U-300.....	136	TRILEPTAL.....	267	TUKYSA.....	225
INSULIN.....	136	TRI-LINYAH.....	60	TULANA.....	61
TOVET KIT.....	81	TRILOCICLO.....	70	TURALIO.....	225
TOVIAZ.....	279	TRI-LO-ESTARYLLA.....	60	TUSSICAPS.....	63
TPOXX (NATIONAL STOCKPILE).....	184	TRI-LO-MARZIA.....	60	TUXARIN ER.....	63
TRACLEER.....	44	TRI-LO-MILI.....	60	TUZISTRA XR.....	63
TRADJENTA.....	96	TRI-LO-SPRINTEC.....	60	TWINRIX (PF).....	171
<i>tramadol</i>	247, 248	TRILYTE WITH FLAVOR PACKETS.....	203	TWIRLA.....	61
<i>tramadol-acetaminophen</i>	252	<i>trimethobenzamide</i>	7	TWIST LANCETS.....	211
<i>trandolapril</i>	39	<i>trimethoprim</i>	174	TYBLUME.....	61
<i>trandolapril-verapamil</i>	37	TRI-MILI.....	60	TYBOST.....	188
<i>tranexamic acid</i>	156	<i>trimipramine</i>	23	TYDEMY.....	61
<i>tranylcypromine</i>	19	TRI-MIX (PAPAVRN-PHNTLMN-PGE1).....	139	TYMLOS.....	141
TRANZAREL.....	91	TRINTELLIX.....	23	TYVASO.....	45
<i>travoprost</i>	153	TRI-NYMYO.....	60	TYVASO INSTITUTIONAL START KIT.....	45
<i>trazodone</i>	21	TRI-PREVIFEM (28).....	61	TYVASO REFILL KIT.....	45
TRECTOR.....	182	TRI-SPRINTEC (28).....	61	TYVASO STARTER KIT.....	45
TRELEGY ELLIPTA.....	11	TRIUMEQ.....	188	TYZINE.....	63
TREMFYA.....	92	TRIVEEN-PRX RNF.....	282	UBRELVY.....	250
<i>treprostinil sodium</i>	45	TRIVORA (28).....	61	UCERIS.....	201
TRESIBA FLEXTOUCH U-100.....	136	TRI-VYLIBRA.....	61	UDENYCA.....	161
TRESIBA FLEXTOUCH U-200.....	136	TRI-VYLIBRA LO.....	61	UKONIQ.....	225
TRESIBA U-100 INSULIN.....	136	TRIXYLITRAL.....	88	ULESFIA.....	72
<i>tretinoin</i>	68	TROKENDI XR.....	268	ULTICARE.....	218
<i>tretinoin (antineoplastic)</i>	226	<i>tropicamide</i>	154	ULTICARE INSULIN SYR HALF UNIT.....	218
<i>tretinoin microspheres</i>	68	<i>tropic-proparacai-pe-ketor-wat</i>	154	ULTICARE INSULIN SYRINGE.....	218
<i>tretinoin-benzoyl-clinda-niac</i>	66	<i>tropium</i>	279	ULTICARE PEN NEEDLE.....	238
<i>tretinoin-clinda-spiro-niacin</i>	66	TRUE COMFORT INSULIN SYRINGE.....	218	ULTICARE SAFETY PEN NEEDLE.....	238
<i>tretinoin-hyaluronate-niacin</i>	66	TRUE COMFORT LANCET.....	210	ULTIGUARD SAFE PACK.....	238
TRETIN-X CREAM KIT.....	68	TRUE COMFORT PEN NEEDLE.....	237	ULTILET BASIC LANCETS.....	211
TRETTEN.....	159	TRUE METRIX GLUCOSE TEST STRIP.....	127	ULTILET CLASSIC LANCETS.....	211
TREXALL.....	222	TRUE METRIX PRO TEST STRIP.....	127	ULTILET INSULIN SYRINGE.....	219
TRI FEMYNOR.....	60	TRUEPLUS INSULIN.....	218	ULTILET LANCETS.....	211
<i>triamcinolone acetonide</i>	81, 230	TRUEPLUS LANCETS.....	210	ULTILET PEN NEEDLE.....	238
<i>triamcinolone-niacinamide</i>	81	TRUEPLUS PEN NEEDLE.....	238	ULTIMA TEST STRIPS.....	128
<i>triamterene</i>	44				
<i>triamterene-hydrochlorothiazid</i>	44				
TRIANEX.....	81				

ULTRA CMFT INS SYR HALF UNIT.....	219	UNISTIK CZT LANCET.....	211	VASHE WOUND THERAPY.....	85
ULTRA COMFORT INSULIN SYRINGE.....	219	UNISTIK PRO LANCET.....	211	VCF CONTRACEPTIVE FILM.....	53
ULTRA FINE LANCETS.....	211	UNISTIK SAFETY.....	211	VCF CONTRACEPTIVE GEL.....	53
ULTRA FLO INSULIN SYRINGE.....	219	UNISTIK TOUCH LANCETS.....	211	VECAMYL.....	40
ULTRA FLO PEN NEEDLE.....	238	UNISTRIP1 TEST STRIP.....	128	VELIVET TRIPHASIC REGIMEN (28).....	61
ULTRA THIN II LANCETS.....	211	UNITHROID.....	145	VELPHORO.....	138
ULTRA THIN LANCETS.....	211	UNIVERSAL 1 LANCETS.....	211	VELTASSA.....	138
ULTRA THIN PEN NEEDLE.....	238	UPNEEQ (PF).....	149	VELLIDY.....	189
ULTRA THIN PLUS LANCETS.....	211	UPTRAVI.....	45	VENA-BAL DHA.....	282
ULTRA TLC LANCETS.....	211	URAMAXIN.....	87	VENCLEXTA.....	226
ULTRACARE INSULIN SYRINGE.....	219	URAMAXIN GT.....	87	VENCLEXTA STARTING PACK...	226
ULTRA-CARE LANCETS.....	211	<i>urea</i>	87	VENELEX.....	241
ULTRACARE PEN NEEDLE.....	238	UREA NAIL STICK.....	87	<i>venlafaxine</i>	22
ULTRAFOAM.....	164	URETRON D-S.....	174	VENNGEL ONE.....	83
ULTRALANCE LANCETS.....	211	UREVAZ.....	87	VENTAVIS.....	45
ULTRASAL-ER.....	87	URIMAR-T.....	174	<i>verapamil</i>	43
ULTRA-THIN II (SHORT) INS SYR.....	219	URIN DS.....	174	VERASENS TEST STRIP.....	129
ULTRA-THIN II (SHORT) PEN ND.....	238	URO-458.....	174	VERDESO.....	82
ULTRA-THIN II INS PEN NEEDLES.....	238	UROGESIC-BLUE.....	174	VEREGEN.....	72
ULTRA-THIN II INSULIN SYRINGE.....	219	URO-MP.....	174	VERIFINE PEN NEEDLE.....	238
ULTRA-THIN II LANCETS.....	211	UROQID-ACID NO.2.....	278	VERQUVO.....	51
ULTRATRAK.....	128	<i>ursodiol</i>	202	VERSACLOZ.....	31
ULTRATRAK ULTIMATE.....	128	USTELL.....	174	VERTIGOHEEL.....	233
ULTRAVATE.....	82	UTIBRON NEOHALER.....	10	VERZENIO.....	225
UMECTA.....	87	VAGINAL CONTRACEPTIVE FILM.....	52	VESICARE LS.....	278
UNIFINE PENTIPS.....	238	VAGINAL CONTRACEPTIVE FOAM.....	52	VEXASYN.....	91
UNIFINE PENTIPS MAXFLOW.....	238	<i>valacyclovir</i>	184	VIBERZI.....	200
UNIFINE PENTIPS PLUS.....	238	VALCHLOR.....	89	VIBRAMYCIN.....	180
UNIFINE PENTIPS PLUS MAXFLOW.....	238	<i>valganciclovir</i>	185	VICODIN HP.....	252
UNILET COMFORTOUCH LANCET.....	211	<i>valproic acid</i>	268	VICTOZA 2-PAK.....	95
UNILET EXCELITE II LANCET.....	211	<i>valproic acid (as sodium salt)</i>	268	VICTOZA 3-PAK.....	95
UNILET EXCELITE LANCET.....	211	<i>valsartan</i>	40	VIEKIRA PAK.....	189
UNILET GP LANCET.....	211	<i>valsartan-hydrochlorothiazide</i>	39	VIENVA.....	61
UNILET LANCET.....	211	VALTOCO.....	256	<i>vigabatrin</i>	268
UNILET LANCETS.....	211	VANATOL LQ.....	242	VIGADRONE.....	268
UNILET SUPER THIN LANCETS.....	211	VANATOL S.....	242	VIIBRYD.....	22
UNISTIK 3 COMFORT LANCET.....	211	<i>vancomycin</i>	183	VIMPAT.....	268
UNISTIK 3 EXTRA LANCET.....	211	VANDAZOLE.....	279	VINATE GT.....	282
UNISTIK 3 GENTLE.....	211	VANISHPOINT INSULIN SYRINGE.....	219	VINATE II.....	282
UNISTIK 3 LANCETS.....	211	VANISHPOINT SYRINGE.....	219	VINATE ULTRA.....	282
UNISTIK 3 NORMAL LANCET.....	211	VANOXIDE-HC.....	66	VIOKACE.....	272
		VAQTA (PF).....	171	VIORELE (28).....	61
		<i>vardenafil</i>	139, 140	VIOS AEROSOL DELIVERY SYSTEM.....	18
		VARIVAX (PF).....	171	VIRACEPT.....	187
		VAROPHEN (DICLOFENAC).....	83	VIREAD.....	187
		VARUBI.....	7	VISTASEAL-FIBRIN SEALANT.....	164
		VASCEPA.....	50	VISTOGARD.....	226

VITAFOL FE+ (WITH DOCUSATE)	WIDE-SEAL DIAPHRAGM 70	62	XOLEGEL	71
..... 283	WIDE-SEAL DIAPHRAGM 75	62	XOSPATA	225
VITAMIN D2	WIDE-SEAL DIAPHRAGM 80	62	XPOVIO	226
..... 283	WIDE-SEAL DIAPHRAGM 85	62	XRYLIDERM	91
VITAMIN K	WIDE-SEAL DIAPHRAGM 90	62	XRYLIX (DICLOFENAC-KINES	
..... 164	WIDE-SEAL DIAPHRAGM 95	62	TAPE)	83
VITAMIN K1	WILATE	157	XTAMPZA ER	248
..... 164	WILLIS THE WHALE		XTANDI	221
VITRAKVI	COMPRESSR NEB	18	XULANE	61
..... 225	WILZIN	234	XULTOPHY 100/3.6	99
VIVA DHA	WINLEVI	66	XURIDEN	155
..... 283	WPR PLUS	91	XYLON 10	243
VIVAGUARD INO TEST STRIP ...	WYMZYA FE	61	XYNTHA	157
..... 129	WYNZORA	94	XYNTHA SOLOFUSE	157
VIVAGUARD LANCET	XADAGO	255	XYOSTED	165
..... 211	XALIX	87	XYREM	26
VIVLODEX	XALKORI	225	XYWAV	26
..... 198	XARELTO	158	YONSA	221
VIVOTIF	XARELTO DVT-PE TREAT 30D		YOSPRALA	162
..... 168	START	158	YUPELRI	9
VIXONE NEBULIZER	XATMEP	222	YUVAFEM	280
..... 18	XCLAIR	85	<i>zafirlukast</i>	13
VIXONE NEBULIZER-ADULT	XCOPRI	268, 269	<i>zaleplon</i>	33
MASK	XCOPRI MAINTENANCE PACK	268	ZARAH	61
..... 18	XCOPRI TITRATION PACK	269	ZARONTIN	269
VIXONE NEBULIZER-PEDIATRIC	XELJANZ	195	ZARXIO	161
MSK	XELJANZ XR	195	ZCORT	194
..... 18	XELPROS	153	ZEBUTAL	242
VIZIMPRO	XEMBIFY	168	ZEJULA	225
..... 225	XENAFLAMM	196	ZELAPAR	256
VOCABRIA	XENICAL	284	ZELBORAF	222
..... 187	XENLETA	176	ZELNORM	202
VOLNEA (28)	XEPI	69	ZEMAIRA	220
..... 61	XERESE	72	ZEMBRACE SYMTOUCH	250
VONVENDI	XERMELO	201	ZENATANE	64
..... 157	XEROFORM	205	ZENPEP	272
<i>voriconazole</i>	XEROFORM NON-OCCLUSIVE	205	ZENZEDI	25
..... 181	XEROFORM PETROLATUM		ZEPATIER	189
VORTEX HOLDING CHAMBER	DRESSING	205	ZEPOSIA	228
..... 18	XEROFORM PETROLATUM		ZEPOSIA STARTER KIT	228
VORTEX VHC FROG MASK-	OVERWRAP	205	ZEPOSIA STARTER PACK	228
CHILD	XEROSTOMIA RELIEF	239	ZERVIAE	147
..... 18	XHANCE	6	ZETONNA	6
VORTEX VHC LADYBUG MASK-	XIFAXAN	182	ZEYOCAINE	91
TODDLR	XIGDUO XR	100	<i>zidovudine</i>	186
..... 18	XIIDRA	151	ZIEXTENZO	161
VOSEVI	XILAPAK	82	ZILACAINE PATCH	91
..... 188	XIMINO	181	<i>zileuton</i>	8
VOTRIENT	XOFLUZA	185	ZILXI	69
..... 225				
VP-CH PLUS				
..... 283				
VP-CH-PNV				
..... 283				
VRAYLAR				
..... 27				
VTOL LQ				
..... 242				
VUMERITY				
..... 228				
VYFEMLA (28)				
..... 61				
VYLEESI				
..... 32				
VYLIBRA				
..... 61				
VYNDAMAX				
..... 51				
VYENDAQEL				
..... 51				
VYVANSE				
..... 25				
VYZULTA				
..... 153				
WAKIX				
..... 32				
<i>warfarin</i>				
..... 155				
<i>water for irrigation, sterile</i>				
..... 85				
WAVESENSE JAZZ				
..... 129				
WAVESENSE PRESTO				
..... 129				
WERA (28)				
..... 61				
WESTHROID				
..... 145				
WIDE-SEAL DIAPHRAGM 60				
..... 62				
WIDE-SEAL DIAPHRAGM 65				
..... 62				

<i>zinc stearate</i>	239
<i>zinc sulfate</i>	283
ZIOPTAN (PF)	154
<i>ziprasidone hcl</i>	31
ZIPSOR	198
ZIRGAN	149
ZITHRANOL	93
ZOHYDRO ER	248
ZOKINVY	221
ZOLINZA	225
<i>zolmitriptan</i>	251
ZOLPAK	71
<i>zolpidem</i>	33
ZOLPIMIST	33
ZOMACTON	143
ZONEGRAN	269
<i>zonisamide</i>	269
ZONTIVITY	162
ZORBTIVE	143
ZORTRESS	173
ZORVOLEX	199
ZOSTAVAX (PF)	171
ZOVIA 1/35E (28)	61
ZOVIA 1-35 (28)	61
ZTLIDO	91
ZUBSOLV	253
ZUMANDIMINE (28)	61
ZUPLENZ	7, 8
ZYCLARA	171, 172
ZYDELIG	225
ZYFLO	8
ZYKADIA	225
ZYLET	146
ZYPITAMAG	48
ZYPRAM	200
ZYTIGA	221