

Denver Health Medical Plan

Elevate Formulary

Administered by MedImpact

Effective October 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: Generic medications (formulary agents)
- Tier 2: Preferred brand medications (formulary agents)
- Tier 3: Non-preferred brand/Preferred specialty medications (non-formulary agents when formulary exception is approved by plan)

- 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.....	37
Cardiovascular Disease - Cardiac Stimulant.....	37
Cardiovascular Disease - Hypertension.....	38
Cardiovascular Disease - Lipid Irregularity.....	46
Cardiovascular Disease - Miscellaneous Agents.....	51
Cardiovascular Disease - Vasodilation.....	52
Contraception/Oxytocics.....	53
Cough And Cold.....	63
Dermatology - Acne.....	64
Dermatology - Antiinfective.....	69
Dermatology - Antiinflammatory.....	74
Dermatology - Antipruritic Drugs.....	84
Dermatology - Miscellaneous.....	85
Dermatology - Psoriasis/Eczema.....	93
Diabetes.....	95
Ear - General Disorders.....	139
Electrolyte Regulation.....	140
Endocrine Disorder - Fertility.....	142
Endocrine Disorder - Other.....	142
Endocrine Disorder - Thyroid.....	146
Eye - General Disorders.....	148
Eye - Glaucoma.....	155
Eye - Miscellaneous.....	158
Fluid Replacement.....	158
Gout And Related Diseases.....	158
Hematological Disorders.....	159
Hormonal Deficiency.....	168
Immunization.....	171
Immunosuppression/Modulation.....	174
Infectious Disease - Bacterial.....	176
Infectious Disease - Fungal.....	184
Infectious Disease - Miscellaneous.....	184
Infectious Disease - Parasitic.....	186
Infectious Disease - Viral.....	187
Inflammatory Disease.....	192
Local Anesthesia.....	202
Lower Gastrointestinal Disorders - Bowel Inflammat.....	203

Lower Gastrointestinal Disorders - Other	204
Medical Supplies	207
Miscellaneous Agents	223
Neoplastic Disease	225
Neurological Disease - Miscellaneous	231
Oral/Pharyngeal Disorders	236
Other Drugs	236
Other Respiratory Disorders	246
Pain Management - Analgesics	247
Parkinsons Disease	260
Seizure Disorder	262
Skeletal Muscle Disorder	272
Smoking Cessation	274
Upper Gastrointestinal Disorders - Digestive	275
Upper Gastrointestinal Disorders - Spastic Disease	275
Upper Gastrointestinal Disorders - Ulcer Disease	277
Urinary Tract - Functional Disorders	280
Vaginal Disorders	282
Vitamin And/Or Mineral Deficiency	283
Weight Reduction	287

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 syrup 0.5 mg/5 ml</i>	Tier 1	
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i> (Ryclora)	Tier 1	QL (236 ML per 1 FILL)
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	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> (Clarinex)	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		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	Tier 1	ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)
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)
ANTIVERT ORAL TABLET 50 MG	Tier 3	QL (2 EA per 1 day)
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	Tier 1	QL (2 EA per 21 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	Tier 1	QL (3 EA per 21 days)
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG	Tier 3	QL (60 EA per 30 days)

Drug	Status	Notes
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 1	
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (drlec) 10-10 mg</i> (Diclegis)	Tier 1	QL (120 EA per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	Tier 2	QL (3 EA per 21 days)
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (8 EA per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	Tier 1	
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	Tier 1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 24 mg, 8 mg</i>	Tier 1	
<i>ondansetron hcl oral tablet 4 mg</i> (Zofran)	Tier 1	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 3	ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (1 EA per 7 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	Tier 1	
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	
VARUBI ORAL TABLET 90 MG	Tier 3	QL (2 EA per 14 days)
ZUPLENZ ORAL FILM 4 MG	Tier 3	ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (2 EA per 3 days)
ZUPLENZ ORAL FILM 8 MG	Tier 3	ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (1 EA per 3 days)

Drug	Status	Notes
Asthma And Copd		
5-Lipoxygenase Inhibitors		
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	Tier 1	ST: Requires prior prescription for Montelukast Sodium and Zafirlukast within the past 365 days; QL (2 EA per 1 day)
ZYFLO ORAL TABLET 600 MG	Tier 3	ST: Requires prior prescription for Montelukast Sodium and Zafirlukast within the past 365 days; QL (4 EA per 1 day)
Anticholinergic, Orally Inhaled Short Acting		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 2	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
Anticholinergics, Orally Inhaled Long Acting		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for Spiriva Respimat or Spiriva within the past 120 days; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	Tier 2	QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for Spiriva Respimat or Spiriva within the past 120 days; QL (1 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	Tier 3	ST: Requires prior prescription for Lonhala Magnair within the past 120 days; QL (90 ML per 30 days)
Beta-Adrenergic Agents		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	

Drug	Status	Notes
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	ST: Requires prior prescription for generic Albuterol Sulfate 90mcg HFA inhaler within the past 120 days
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for generic Albuterol Sulfate 90mcg HFA inhaler within the past 120 days
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled, Long Acting		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> (Brovana)	Tier 1	ST: Requires prior prescription for Perforomist, Serevent Diskus, or Striverdi Respimat within the past 120 days; QL (120 ML per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i> (Perforomist)	Tier 1	QL (120 ML per 30 days)
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)

Drug	Status	Notes
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 2	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic And Glucocorticoid Combinations		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	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)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	Tier 2	QL (60 EA per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for Advair HFA, Breo Ellipta, Budesonide/Formoterol Fumarate, or Fluticasone Propionate/Salmeterol within the past 120 days; QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for Advair HFA, Breo Ellipta, Budesonide/Formoterol Fumarate, or Fluticasone Propionate/Salmeterol within the past 120 days; QL (13 GM per 30 days)

Drug	Status	Notes
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i> (AirDuo RespiClick)	Tier 3	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, 80-4.5 MCG/ACTUATION	Tier 2	QL (30.6 GM per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	Tier 2	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	Tier 2	QL (2 EA per 1 day)
Glucocorticoids, Orally Inhaled		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, or Flovent HFA within the past 365 days; QL (12.2 GM per 30 days)
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, or Flovent HFA within the past 365 days; QL (1 EA per 30 days)
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)

Drug	Status	Notes
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)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, or Flovent HFA within the past 365 days; QL (21.2 GM per 30 days)
Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 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

Drug	Status	Notes
Leukotriene Receptor Antagonists		
montelukast oral granules in packet 4 mg (Singulair)	Tier 1	
montelukast oral tablet 10 mg (Singulair)	Tier 1	
montelukast oral tablet, chewable 4 mg, 5 mg (Singulair)	Tier 1	
zafirlukast oral tablet 10 mg, 20 mg (Accolate)	Tier 1	
Mast Cell Stabilizers		
cromolyn oral concentrate 100 mg/5 ml (Gastrocrom)	Tier 1	
Mast Cell Stabilizers, Orally Inhaled		
cromolyn inhalation solution for nebulization 20 mg/2 ml	Tier 1	
Monoclonal Antibodies To Immunoglobulin E(Ige)		
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 4	PA
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	
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	

Drug	Status	Notes
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	
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	

Drug	Status	Notes
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	
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	

Drug	Status	Notes
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	
<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	
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	

Drug	Status	Notes
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 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	
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 COMPRESSOR NEBULIZER DEVICE	Tier 3	

Drug	Status	Notes
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	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)
<i>memantine oral solution 2 mg/ml</i>	Tier 1	QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	Tier 1	QL (60 EA per 30 days)
<i>memantine oral tablets,dose pack 5-10 mg</i> (Namenda Titration Pak)	Tier 1	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	Tier 2	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (28 EA per 28 days)
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)
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	

Drug	Status	Notes
donepezil oral tablet, disintegrating 10 mg, 5 mg	Tier 1	
galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg (Razadyne ER)	Tier 1	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml	Tier 1	QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	Tier 1	QL (60 EA per 30 days)
pyridostigmine bromide oral syrup 60 mg/5 ml (Mestinon)	Tier 1	
pyridostigmine bromide oral tablet 30 mg	Tier 1	
pyridostigmine bromide oral tablet 60 mg (Mestinon)	Tier 1	
pyridostigmine bromide oral tablet extended release 180 mg (Mestinon Timespan)	Tier 1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour (Exelon Patch)	Tier 1	QL (30 EA per 30 days)
Behavioral Health - Antidepressants		
Alpha-2 Receptor Antagonist		
Antidepressants		
mirtazapine oral tablet 15 mg, 30 mg (Remeron)	Tier 1	
mirtazapine oral tablet 45 mg, 7.5 mg	Tier 1	
mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg (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
Maois - Non-Selective & Irreversible		
MARPLAN ORAL TABLET 10 MG	Tier 3	
phenelzine oral tablet 15 mg (Nardil)	Tier 1	
tranylcypromine oral tablet 10 mg (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)
bupropion hcl oral tablet 100 mg, 75 mg	Tier 1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg (Wellbutrin XL)	Tier 1	
bupropion hcl oral tablet extended release 24 hr 450 mg (Forfivo XL)	Tier 1	ST: Requires prior prescription for Bupropion HCL within the past 120 days; QL (1 EA per 1 day)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg (Wellbutrin SR)	Tier 1	

Drug	Status	Notes
Selective Serotonin Reuptake Inhibitor (Ssris)		
<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	
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	

Drug	Status	Notes
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL within the past 365 days; QL (1 EA per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	Tier 1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG	Tier 3	ST: Requires prior prescription for generic Duloxetine within the past 120 days; QL (1 EA per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 60 MG	Tier 3	ST: Requires prior prescription for generic Duloxetine within the past 120 days; QL (2 EA per 1 day)
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	Tier 1	
<i>duloxetine oral capsule, delayed release(drlec) 40 mg</i>	Tier 1	ST: Requires prior prescription for 2-20mg Duloxetine capsules within the past 120 days; QL (1 EA per 1 day)
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 15 mg</i> (Zenedi)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5mg OR 10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
<i>dextroamphetamine oral tablet 20 mg, 30 mg</i> (Zenedi)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5mg OR 10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
<i>dextroamphetamine oral tablet 5 mg</i> (Zenzedi)	Tier 1	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	Tier 1	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Tier 3	ST: Requires prior prescription for Dextroamphetamine/amphetamine within the past 120 days; QL (240 ML per 30 days)
EVEKEO ODT ORAL TABLET,DISINTEGRATING 10 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine/amphetamine within the past 120 days; QL (4 EA per 1 day)
EVEKEO ODT ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine/amphetamine within the past 120 days; QL (2 EA per 1 day)
EVEKEO ODT ORAL TABLET,DISINTEGRATING 5 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine/amphetamine within the past 120 days; QL (8 EA per 1 day)
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	Tier 1	QL (150 EA per 30 days)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 2	QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 2	QL (1 EA per 1 day)
ZENZEDI ORAL TABLET 10 MG	Tier 1	QL (180 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5mg OR 10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)

Drug	Status	Notes
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5mg OR 10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
ZENZEDI ORAL TABLET 20 MG, 30 MG	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5mg OR 10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
ZENZEDI ORAL TABLET 5 MG	Tier 1	QL (90 EA per 30 days)
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 mg, 2 mg</i> (Xanax)	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	Tier 1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	Tier 1	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	Tier 1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	

Drug	Status	Notes
Anti-Anxiety Drugs		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	
Anti-Mania Drugs		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 3	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	Tier 1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	Tier 1	
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	
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 MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	Tier 4	PA
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	Tier 4	PA

Drug	Status	Notes
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 4	PA
<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, 20 mg, 30 mg, 5 mg</i> (Abilify)	Tier 1	QL (1 EA per 1 day)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, Ziprasidone HCL within the past 365 days; QL (3 EA per 1 day)

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

Drug	Status	Notes
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)
<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)

Drug	Status	Notes
<i>paliperidone oral tablet extended release</i> (Invega) 24hr 1.5 mg, 3 mg, 9 mg	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release</i> (Invega) 24hr 6 mg	Tier 1	QL (2 EA per 1 day)
<i>quetiapine oral tablet 100 mg, 200 mg,</i> (Seroquel) <i>25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>quetiapine oral tablet extended release</i> (Seroquel XR) 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	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</i> (Risperdal) <i>mg, 3 mg, 4 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>risperidone oral tablet, disintegrating 0.25</i> <i>mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Tier 3	ST: At least 2 prior prescriptions for Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (1 EA per 1 day)
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)
<i>ziprasidone hcl oral capsule 20 mg, 40</i> (Geodon) <i>mg, 60 mg, 80 mg</i>	Tier 1	QL (2 EA per 1 day)
Antipsychotics, Dopamine Antagonists, Thioxanthenes		
<i>thiothixene oral capsule 1 mg, 10 mg, 2</i> <i>mg, 5 mg</i>	Tier 1	
Antipsychotics, Dopamine Antagonists, Butyrophenones		
<i>haloperidol lactate oral concentrate 2</i> <i>mg/ml</i>	Tier 1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10</i> <i>mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	
Antipsychotics, Dopamine Antagonist, Dihydroindolones		
<i>molindone oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>molindone oral tablet 5 mg</i>	Tier 1	
Anti-Psychotics, Phenothiazines		
<i>chlorpromazine oral concentrate 100</i> <i>mg/ml, 30 mg/ml</i>	Tier 1	

Drug	Status	Notes
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Barbiturates		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
SECONAL SODIUM ORAL CAPSULE 100 MG	Tier 3	
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 LQ ORAL SUSPENSION 4 MG/ML	Tier 4	PA
HETLIOZ ORAL CAPSULE 20 MG	Tier 4	PA
<i>ramelteon oral tablet 8 mg</i> (Rozerem)	Tier 1	ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day)
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)

Drug	Status	Notes
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		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	Tier 2	QL (4 EA per 30 days)
<i>naltrexone oral tablet 50 mg</i>	Tier 1	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	Tier 2	QL (4 EA per 30 days)
Sedative-Hypnotics - Benzodiazepines		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 1	
<i>quazepam oral tablet 15 mg</i> (Doral)	Tier 1	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)

Drug	Status	Notes
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)
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)

Drug	Status	Notes
AZSTARYS ORAL CAPSULE 26.1 MG-5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG-10.4 MG	Tier 3	ST: Requires prior prescription for Methylphenidate 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)
<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)

Drug	Status	Notes
<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)
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)

Drug	Status	Notes
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Tier 3	ST: At least 2 prior prescriptions for Atomoxetine HCL, Clonidine HCL, or Guanfacine HCL within the past 365 days; QL (1 EA per 1 day); Age (Min 6 Years and Max 17 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 200 MG	Tier 3	ST: At least 2 prior prescriptions for Atomoxetine HCL, Clonidine HCL, or Guanfacine HCL within the past 365 days; QL (2 EA per 1 day); Age (Min 6 Years and Max 17 Years)
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	
DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 1	

Drug	Status	Notes
<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, 2-180 mg, 4-240 mg</i>	Tier 1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-240 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	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	Tier 1	

Drug	Status	Notes
<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	
<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	

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

Drug	Status	Notes
<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		
VECAMYL 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	
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)

Drug	Status	Notes
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</i> (Toprol XL) <i>extended release 24 hr 100 mg, 200 mg,</i> <i>25 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 50</i> (Lopressor) <i>mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 25 mg,</i> <i>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</i> (Inderal LA) <i>release 24 hr 120 mg, 160 mg, 60 mg,</i> <i>80 mg</i>	Tier 1	
<i>propranolol oral solution 20 mg/5 ml (4</i> <i>mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>propranolol oral tablet 10 mg, 20 mg, 40</i> <i>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</i> (Sorine) <i>mg, 80 mg</i>	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,</i> <i>5 mg</i>	Tier 1	
Beta-Adrenergic Blocking Agents/Thiazide & Related		
<i>atenolol-chlorthalidone oral tablet 100-25</i> (Tenoretic 100) <i>mg</i>	Tier 1	
<i>atenolol-chlorthalidone oral tablet 50-25</i> (Tenoretic 50) <i>mg</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i> (Ziac) <i>10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR 100-12.5 MG	Tier 3	QL (2 EA per 1 day)

Drug	Status	Notes
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</i> 100-25 mg, 100-50 mg	Tier 1	
<i>metoprolol ta-hydrochlorothiaz oral tablet</i> (Lopressor HCT) 50-25 mg	Tier 1	
<i>nadolol-bendroflumethiazide oral tablet</i> 80-5 mg	Tier 1	
<i>propranolol-hydrochlorothiazid oral tablet</i> 40-25 mg, 80-25 mg	Tier 1	
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</i> (DILT-XR) <i>degradable 120 mg, 180 mg, 240 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended</i> <i>release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended</i> (Taztia XT) <i>release 24 hr 120 mg, 180 mg, 240 mg,</i> <i>300 mg, 360 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended</i> (Tiadylt ER) <i>release 24 hr 420 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended</i> (Cartia XT) <i>release 24hr 120 mg, 180 mg, 240 mg,</i> <i>300 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended</i> (Cardizem CD) <i>release 24hr 360 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg,</i> (Cardizem) <i>60 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet 90 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet extended release</i> (Matzim LA) <i>24 hr 180 mg, 240 mg, 300 mg, 360 mg,</i> <i>420 mg</i>	Tier 1	
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

Drug	Status	Notes
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	
<i>nifedipine oral capsule 20 mg, 30 mg</i>	Tier 1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	Tier 1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> (Adalat CC)	Tier 1	
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i> (Sular)	Tier 1	
<i>nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg</i>	Tier 1	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	Tier 4	PA
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 100 mg, 200 mg, 300 mg</i> (Verelan PM)	Tier 1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i> (Verelan)	Tier 1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> (Calan SR)	Tier 1	
Loop Diuretics		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)	Tier 1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	Tier 1	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	
Potassium Sparing Diuretics		
<i>amiloride oral tablet 5 mg</i>	Tier 1	

Drug	Status	Notes
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	
KERENDIA ORAL TABLET 10 MG, 20 MG	Tier 3	PA
<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
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

Drug	Status	Notes
<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		
TEKTRNA 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	
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)

Drug	Status	Notes
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	Tier 1	PA; QL (1 EA per 1 day)
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	Tier 3	ST: Requires prior prescriptions for Atorvastatin Calcium and Rosuvastatin Calcium 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, 20 mg, 40 mg, 80 mg</i>	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i> (Crestor)	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i> (Crestor)	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
simvastatin oral tablet 10 mg, 20 mg, 40 mg (Zocor)	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin oral tablet 5 mg	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin oral tablet 80 mg (Zocor)	Tier 1	PA; QL (1 EA per 1 day)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	Tier 3	ST: Requires prior prescription for Livalo within the past 120 days; QL (1 EA per 1 day)
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
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

Drug	Status	Notes
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>cholestyramine-aspartame oral powder in packet 4 gram</i> (Cholestyramine Light)	Tier 1	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	Tier 1	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	Tier 1	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM	Tier 3	
<i>colestipol oral granules 5 gram</i> (Colestid)	Tier 1	
<i>colestipol oral packet 5 gram</i> (Colestid)	Tier 1	
<i>colestipol oral tablet 1 gram</i> (Colestid)	Tier 1	
PREVALITE ORAL POWDER 4 GRAM	Tier 1	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	Tier 1	
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)

Drug	Status	Notes
<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> (Fibrivor)	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 1	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM	Tier 1	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	
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)
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)

Drug	Status	Notes
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
VYNDAQEL ORAL CAPSULE 20 MG	Tier 4	PA
Soluble Guanylate Cyclase (Sgc) Stimulator		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	PA
Cardiovascular Disease - Vasodilation Vasodilators, Coronary		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	Tier 3	ST: At least 2 prior prescriptions for generic sublingual Nitroglycerin products within the past 365 days
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	Tier 1	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Minitran)	Tier 1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	Tier 1	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY	Tier 3	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	Tier 1	

Drug	Status	Notes
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 (EluRyng) 0.12-0.015 mg/24 hr</i>	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 (Depo-Provera)</i>	PREV	QL (1 ML per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml (Depo-Provera)</i>	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	
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	
AFTER PILL ORAL TABLET 1.5 MG	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	

Drug	Status	Notes
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)
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	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)

Drug	Status	Notes
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	PREV	QL (91 EA per 84 days)
CAZIENT (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.estradiolle.estradiol oral tablet (Azurette (28))</i> 0.15-0.02 mgx21 10.01 mg x 5	PREV	
<i>desogestrel-ethinyl estradiol oral tablet (Apri)</i> 0.15-0.03 mg	PREV	
DOLISHALE ORAL TABLET 90-20 MCG (28)	PREV	
<i>drospirenone-e.estradiol-lm.fa oral tablet (Beyaz)</i> 3-0.02-0.451 mg (24) (4)	PREV	
<i>drospirenone-e.estradiol-lm.fa oral tablet (Tydemy)</i> 3-0.03-0.451 mg (21) (7)	PREV	
<i>drospirenone-ethinyl estradiol oral tablet (Jasmiel (28))</i> 3-0.02 mg	PREV	
<i>drospirenone-ethinyl estradiol oral tablet (Ocella)</i> 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	

Drug	Status	Notes
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	
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)
INCASSIA ORAL TABLET 0.35 MG	PREV	
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	

Drug	Status	Notes
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.estrad oral</i> (Camrese Lo) <i>tablets,dose pack,3 month 0.10 mg-20</i> <i>mcg (84)/10 mcg (7)</i>	PREV	QL (91 EA per 84 days)
<i>l norgest/e.estradiol-e.estrad oral</i> (Rivelsa) <i>tablets,dose pack,3 month 0.15 mg-20</i> <i>mcg/ 0.15 mg-25 mcg</i>	PREV	
<i>l norgest/e.estradiol-e.estrad oral</i> (Amethia) <i>tablets,dose pack,3 month 0.15 mg-30</i> <i>mcg (84)/10 mcg (7)</i>	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	
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> (After Pill)	PREV	

Drug	Status	Notes
<i>levonorgestrel-ethinyl estrad oral tablet</i> (Afirmelle) 0.1-20 mg-mcg	PREV	
<i>levonorgestrel-ethinyl estrad oral tablet</i> (Altavera (28)) 0.15-0.03 mg	PREV	
<i>levonorgestrel-ethinyl estrad oral tablet</i> (Amethyst (28)) 90-20 mcg (28)	PREV	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg</i> (Iclevia) (91)	PREV	QL (91 EA per 84 days)
<i>levonorg-eth estrad triphasic oral tablet</i> (Enpresse) 50-30 (6)/75-40 (5)/125-30(10)	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	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	PREV	
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	PREV	
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	

Drug	Status	Notes
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	
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)	PREV	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG	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	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (Gemmyly)	PREV	
<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	

Drug	Status	Notes
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	
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	

Drug	Status	Notes
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	
TAYSOFY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	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	
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,CHEWABLE 0.1 MG- 20 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	
VESTURA (28) ORAL TABLET 3-0.02 MG	PREV	

Drug	Status	Notes
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)
ZAFEMY 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	
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	

Drug	Status	Notes
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	
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</i> (Promethazine VC) <i>6.25-5 mg/5 ml</i>	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)
<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)

Drug	Status	Notes
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	
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	

Drug	Status	Notes
<i>isotretinoin oral capsule 25 mg, 35 mg</i> (Absorica)	Tier 1	ST: Requires prior prescription for generic Isotretinoin within the past 120 days
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	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)
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
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i> (Neuac)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i> (Benzaclin)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i> (Acanya)	Tier 1	ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i> (Benzaclin Pump)	Tier 1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i> (Veltin)	Tier 1	ST: Requires prior prescription for Clindamycin gel or Tretinoin gel 0.025% within the past 120 days
CLINDAVIX TOPICAL KIT 1-1.8-2 %	Tier 3	
<i>dapsone topical gel 5 %</i> (Aczone)	Tier 1	

Drug	Status	Notes
<i>dapsone topical gel with pump 7.5 %</i> (Aczone)	Tier 1	ST: Requires prior prescription for Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, or Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin within the past 120 days
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	
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	
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	

Drug	Status	Notes
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	
ROSDAN TOPICAL CREAM 0.75 %	Tier 1	
ROSDAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	Tier 3	
ROSDAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %	Tier 3	
SOOLANTRA TOPICAL CREAM 1 %	Tier 1	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	
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-aloe2 topical gel 2-1-1 %</i> (Alocortin A)	Tier 1	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i> (Corti-Sav)	Tier 1	
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i> (Vytone)	Tier 1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	Tier 3	
IODOSORB TOPICAL GEL 0.9 %	Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 %	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)

Drug	Status	Notes
<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)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	Tier 3	ST: Requires prior prescriptions for generic Tretinoin Microspheres 0.04% and 0.10% within the past 365 days; Age (Max 25 Years)
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)	Tier 1	Age (Max 25 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i> (Retin-A Micro Pump)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical cream 0.025 %</i> (Avita)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel 0.025 %</i> (Avita)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel 0.05 %</i> (Atralin)	Tier 1	Age (Max 25 Years)
Vitamin A Derivatives, Topical Acne Agents		
ARAZLO TOPICAL LOTION 0.045 %	Tier 3	ST: Requires prior prescription for Adapalene, Differin, Tazarotene, or Tretinoin within the past 120 days; Age (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)

Drug	Status	Notes
<i>tazarotene topical foam 0.1 %</i> (Fabior)	Tier 1	ST: Requires prior prescription for Adapalene, Differin, Tazarotene, or Tretinoin within the past 120 days; Age (Min 12 Years)
Dermatology - Antiinfective		
Topical Antibiotics		
AMZEEQ TOPICAL FOAM 4 %	Tier 3	ST: At least 2 prior prescriptions for Adapalene, Adapalene/benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin within the past 365 days; Age (Min 9 Years)
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	QL (90 GM per 1 FILL)
<i>mupirocin calcium topical cream 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i> (Centany)	Tier 1	QL (90 GM per 1 FILL)

Drug	Status	Notes
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, Steriod Agent		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 %	Tier 3	
TRIAMAZOLE TOPICAL COMBO PACK, OINTMENT AND CREAM 1-0.1 %	Tier 3	
TRILOCICLO TOPICAL KIT, OINTMENT AND LIQUID 8-0.1 %	Tier 3	
Topical Antifungals		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	Tier 3	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	Tier 1	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel 0.77 %</i>	Tier 1	
<i>ciclopirox topical shampoo 1 %</i> (Loprox)	Tier 1	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	Tier 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	Tier 1	QL (180 ML per 1 FILL)
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> (Ciclodan Kit)	Tier 1	QL (19.8 ML per 1 FILL)
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	Tier 1	
<i>clotrimazole topical solution 1 %</i>	Tier 1	
<i>econazole topical cream 1 %</i>	Tier 1	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 %	Tier 3	
ERTACZO TOPICAL CREAM 2 %	Tier 3	
EXELDERM TOPICAL CREAM 1 %	Tier 2	
EXELDERM TOPICAL SOLUTION 1 %	Tier 2	
EXODERM TOPICAL LOTION 25-1 %	Tier 1	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %	Tier 3	
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	Tier 3	PA
<i>ketoconazole topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)

Drug	Status	Notes
<i>ketoconazole topical foam 2 %</i> (Ketodan)	Tier 1	ST: Requires prior prescription for Ketoconazole 2% cream or shampoo within the past 120 days
<i>ketoconazole topical shampoo 2 %</i>	Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 %	Tier 3	
KETODAN TOPICAL FOAM 2 %	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	
<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	QL (90 GM per 1 FILL)
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	Tier 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	QL (180 GM per 1 FILL)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	Tier 1	
<i>oxiconazole topical cream 1 %</i> (Oxistat)	Tier 1	QL (180 GM per 1 FILL)
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	

Drug	Status	Notes
<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	
<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	

Drug	Status	Notes
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	
CLENIA PLUS TOPICAL SUSPENSION 9-4.25 %	Tier 3	
<i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)	Tier 1	
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	Tier 3	
ROSANIL TOPICAL CLEANSER 10-5 % (W/W)	Tier 3	QL (1419 GM per 1 FILL)
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 %	Tier 1	
ROSULA TOPICAL CLEANSER 10-4.5 %	Tier 3	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	Tier 1	
SSD TOPICAL CREAM 1 %	Tier 1	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W)	Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 %	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Rosanil)	Tier 1	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i> (Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i> (Sumaxin)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4.5 %</i> (Sumadan)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i> (SSS 10-5)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 9.8-4.8 %</i> (Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %</i> (Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i> (Sumaxin)	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %</i> (Plexion Cleansing Cloths)	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i> (SulfaCleanse 8-4)	Tier 1	

Drug	Status	Notes
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	QL (1419 ML per 1 FILL)
<i>sulfacetamide-sulfur-cleansr23 topical kit (Sumadan) 9-4.5 %</i>	Tier 1	
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 %	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 3	
SULFAMYLON TOPICAL PACKET 50 GRAM	Tier 3	
SUMADAN TOPICAL KIT 9-4.5 %	Tier 3	
SUMAXIN CP TOPICAL KIT 10-4 %	Tier 3	
Dermatology - Antiinflammatory		
Top. Anti-Inflam., Phosphodiesterase-4 (Pde4) Inhib		
EUCRISA TOPICAL OINTMENT 2 %	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
Topical Antibiotics/Antiinflammatory, Steroidal		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: At least 2 prior prescriptions for Bacitracin Zinc, Bacitracin, Capex Shampoo, Fluocinolone Acetonide, Iluvien, Retisert, or Yutiq within the past 365 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: At least 2 prior prescriptions for Bacitracin Zinc, Bacitracin, Capex Shampoo, Fluocinolone Acetonide, Iluvien, Retisert, or Yutiq within the past 365 days
Topical Anti-Inflammatory Steroidal		
ALA-CORT TOPICAL CREAM 1 %	Tier 1	
ALA-SCALP TOPICAL LOTION 2 %	Tier 1	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	

Drug	Status	Notes
<i>amcinonide topical cream 0.1 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% (ointment, cream) within the past 120 days
<i>amcinonide topical lotion 0.1 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% (ointment, cream) within the past 120 days
APEXICON E TOPICAL CREAM 0.05 %	Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days; QL (180 GM per 30 days)
AQUA GLYCOLIC HC TOPICAL COMBO PACK 2 %	Tier 3	
BESER KIT TOPICAL KIT, LOTION AND CREAM, EMOLLIENT 0.05 %	Tier 3	
<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 (Luxiq) 0.12 %</i>	Tier 1	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1	

Drug	Status	Notes
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	Tier 1	
BRYHALI TOPICAL LOTION 0.01 %	Tier 3	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (400 GM per 1 FILL)
CAPEX TOPICAL SHAMPOO 0.01 %	Tier 3	
<i>clobetasol scalp solution 0.05 %</i>	Tier 1	
<i>clobetasol topical cream 0.05 %</i> (Temovate)	Tier 1	
<i>clobetasol topical foam 0.05 %</i> (Olux)	Tier 1	
<i>clobetasol topical gel 0.05 %</i>	Tier 1	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	Tier 1	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	Tier 1	
CLOBETAVIX TOPICAL KIT 0.05 %- 4" X 4"	Tier 3	
CLOBETEX KIT 0.05 %- 5 MG	Tier 3	
<i>clocortolone pivalate topical cream 0.1 %</i> (Cloderm)	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %	Tier 3	

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
DESRX TOPICAL GEL 0.05 %	Tier 3	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>diflorasone topical cream 0.05 %</i> (Psorcon)	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days; QL (180 GM per 30 days)
<i>diflorasone topical ointment 0.05 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (180 GM per 30 days)
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	

Drug	Status	Notes
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	Tier 1	
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	Tier 1	
<i>fluocinonide topical cream 0.05 %</i>	Tier 1	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	Tier 1	
<i>fluocinonide topical gel 0.05 %</i>	Tier 1	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	Tier 1	
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	Tier 1	
FLUOPAR TOPICAL KIT 0.1-5 %	Tier 3	
FLUOVIX PLUS TOPICAL KIT 0.1 %	Tier 3	
FLUOVIX TOPICAL KIT 0.1 %	Tier 3	
<i>flurandrenolide topical cream 0.05 %</i> (Cordran)	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>flurandrenolide topical lotion 0.05 %</i> (Cordran)	Tier 1	
<i>flurandrenolide topical ointment 0.05 %</i> (Cordran)	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days; QL (180 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i> (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	

Drug	Status	Notes
<i>halobetasol propionate topical foam 0.05 %</i> (Lexette)	Tier 1	ST: Requires prior prescription for Clobetasol Propionate, Clobetasol Propionate/emoll, or Halobetasol Propionate within the past 120 days; QL (100 GM per 1 FILL)
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 1	
HALOG TOPICAL 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; QL (236 ML per 30 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

Drug	Status	Notes
<i>hydrocortisone butyrate topical solution</i> 0.1 %	Tier 1	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	Tier 1	
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	Tier 1	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	Tier 1	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	
<i>hydrocortisone valerate topical cream</i> 0.2 %	Tier 1	
<i>hydrocortisone valerate topical ointment</i> 0.2 %	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
IMPEKLO TOPICAL LOTION IN METERED-DOSE PUMP 0.05 %	Tier 3	ST: Requires prior prescription for Betamethasone (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) within the past 120 days
IMPOYZ TOPICAL CREAM 0.025 %	Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days; QL (200 GM per 30 days)
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 0.1 %</i>	Tier 1	
<i>mometasone topical ointment 0.1 %</i>	Tier 1	
<i>mometasone topical solution 0.1 %</i>	Tier 1	
NOXIPAK TOPICAL KIT 0.01-20 %	Tier 3	
NUCORT TOPICAL LOTION 2 %	Tier 3	

Drug	Status	Notes
PANDEL TOPICAL CREAM 0.1 %	Tier 3	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (160 GM per 30 days)
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	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	
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 Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
SILA III TOPICAL KIT 0.1 %- 4" X 4"	Tier 3	
SILALITE PAK TOPICAL KIT, OINTMENT AND SHEET 0.1 %	Tier 3	
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	Tier 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM 0.025 %	Tier 3	QL (375 GM per 30 days)
SYNALAR TS TOPICAL KIT 0.01 %	Tier 3	
TASOPROL TOPICAL KIT 0.05 %- 4" X 4"	Tier 3	

Drug	Status	Notes
TEXACORT TOPICAL SOLUTION 2.5 %	Tier 2	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
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 %	Tier 1	
<i>triamcinolone acetonide topical cream</i> (Triderm) 0.5 %	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i> 0.025 %, 0.1 %	Tier 1	
<i>triamcinolone acetonide topical ointment</i> 0.025 %, 0.1 %, 0.5 %	Tier 1	
<i>triamcinolone acetonide topical ointment</i> (Trianex) 0.05 %	Tier 1	QL (430 GM per 30 days)
TRIANEX TOPICAL OINTMENT 0.05 %	Tier 1	QL (430 GM per 30 days)
TRIDERM TOPICAL CREAM 0.1 %	Tier 1	
TRIDERM TOPICAL CREAM 0.5 %	Tier 1	QL (454 GM per 30 days)
ULTRAVATE TOPICAL LOTION 0.05 %	Tier 3	ST: Requires prior prescription for Betamethasone (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (120 ML per 30 days)
VERDESO TOPICAL FOAM 0.05 %	Tier 3	ST: Requires prior prescription for Fluocinolone Acetonide 0.01% body oil within the past 120 days
XILAPAK TOPICAL KIT 0.01 %	Tier 3	
Topical Anti-Inflammatory, Nsaids		
CAPSFENAC PAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Tier 3	
CLOFENAX TOPICAL KIT 1.5 %	Tier 3	
DICLO GEL TOPICAL KIT 1 %	Tier 3	
DICLO GEL-XRYLIX SHEET TOPICAL KIT 1 %	Tier 3	
<i>diclofenac epolamine transdermal patch</i> (Flector) 12 hour 1.3 %	Tier 1	
<i>diclofenac sodium topical drops</i> 1.5 %	Tier 1	

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

Drug	Status	Notes
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		
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 % (SelRx)</i>	Tier 1	
<i>sulfacetamide sodium topical cleanser 10 % (Ovace)</i>	Tier 1	
<i>sulfacetamide sodium topical cleanser, gel 10 % (Ovace Plus Wash)</i>	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 %	Tier 3	
Antiseptics, Miscellaneous		
<i>guaiacol liquid</i>	Tier 3	
Emollients		
<i>ammonium lactate topical cream 12 %</i>	Tier 1	
<i>ammonium lactate topical lotion 12 % (Skin Treatment)</i>	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	

Drug	Status	Notes
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	
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	
THERAPEUTIC MOISTURIZING CREAM TOPICAL CREAM	Tier 1	
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	

Drug	Status	Notes
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	
<i>ringer's irrigation solution</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i> (Aqua Care Sodium Chloride)	Tier 1	
<i>sorbitol irrigation solution 3 %</i>	Tier 1	
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	Tier 1	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20- 8.75- 6.25 MG/100 ML	Tier 3	
VASHE WOUND THERAPY IRRIGATION IRRIGATION SOLUTION 0.033 %	Tier 3	
<i>water for irrigation, sterile irrigation solution</i> (Aqua Care Sterile Water)	Tier 1	
Irritants/Counter-Irritants		
<i>methyl salicylate oil</i> (Wintergreen Oil)	Tier 1	
<i>methyl salicylate topical liquid</i>	Tier 1	
QUTENZA TOPICAL KIT 8 %	Tier 3	PA
Keratolytics		
BENSAL HP TOPICAL OINTMENT 3 %	Tier 3	
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	Tier 1	
BENZEPRO TOPICAL TOWELETTE 6 %	Tier 1	
<i>benzoyl peroxide topical cleanser 7 %</i> (BP Wash)	Tier 1	
<i>benzoyl peroxide topical foam 9.8 %</i> (BenzePrO)	Tier 1	
BPO TOPICAL GEL 8 %	Tier 1	
CEM-UREA TOPICAL GEL 45 %	Tier 1	
CONDYLOX TOPICAL GEL 0.5 %	Tier 3	ST: Requires prior prescription for Podofilox within the past 120 days
GEAMETDRAY TOPICAL GEL 17 %-2 %- 5 %	Tier 3	
HYDRO 35 TOPICAL FOAM 35 %	Tier 3	
INOVA 4-1 TOPICAL COMBO PACK 1- 4-5 %	Tier 3	
INOVA 8-2 TOPICAL COMBO PACK 2- 8-5 %	Tier 3	
INOVA TOPICAL COMBO PACK 4-5 %, 8-5 %	Tier 3	
KERALYT SCALP COMPLETE TOPICAL KIT,SHAMPOO AND GEL 6-6 %	Tier 3	
PACNEX HP TOPICAL PADS, MEDICATED 7 %	Tier 3	

Drug	Status	Notes
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	
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	

Drug	Status	Notes
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	
DERMELLE TOPICAL GEL	Tier 3	
DERPIXA TOPICAL GEL	Tier 3	
GENADUR TOPICAL LIQUID	Tier 3	
HYGEL TOPICAL GEL 2.5 %	Tier 3	
KELARX TOPICAL GEL	Tier 3	
NUVAIL TOPICAL NAIL FILM SOLUTION 16 %	Tier 3	
PR CREAM TOPICAL CREAM	Tier 1	
PROSILK GEL TOPICAL GEL	Tier 3	
RADIAPLEXRX TOPICAL GEL	Tier 3	
SCARCARE TOPICAL KIT 2 X 5.5 "	Tier 3	
SCARCIN GEL TOPICAL GEL	Tier 3	
SCARCIN ROLL-ON TOPICAL LIQUID ROLL-ON	Tier 3	
SCARSILK GEL TOPICAL GEL	Tier 3	
SILIPAC TOPICAL KIT	Tier 3	
STRATAMARK TOPICAL GEL	Tier 3	
STRATATRIZ TOPICAL GEL	Tier 3	
TETRIX TOPICAL CREAM	Tier 3	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %	Tier 3	
Topical Anti-Inflammatory Nsaid-Local Anesthetic		
DICLOVIX TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-2.5-4-2 %	Tier 3	
TRIXYLITRAL TOPICAL KIT, CREAM AND SOLUTION 1.5-3.88 %	Tier 3	

Drug	Status	Notes
Topical Anti-Inflammatory Steroid-Local Anesthetic		
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Tier 2	
EPIFOAM TOPICAL FOAM 1-1 %	Tier 3	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
<i>hydrocortisone-pramoxine topical cream</i> 2.35-1 %	Tier 1	
<i>hydrocortisone-pramoxine topical cream</i> (Pramosone) 2.5-1 %	Tier 1	
<i>lidocaine hcl-hydrocortison ac topical cream</i> 3-0.5 % (Lidocort)	Tier 1	
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 %	Tier 3	
PRAMOSONE TOPICAL CREAM 1-1 %	Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 %	Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL OINTMENT 2.5-1 %	Tier 2	
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	PA
<i>fluorouracil topical cream</i> 0.5 % (Carac)	Tier 1	PA
<i>fluorouracil topical cream</i> 5 % (Efudex)	Tier 1	
<i>fluorouracil topical solution</i> 2 %, 5 %	Tier 1	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	Tier 3	PA
PANRETIN TOPICAL GEL 0.1 %	Tier 4	QL (60 GM per 28 days)
PICATO TOPICAL GEL 0.015 %, 0.05 %	Tier 3	PA
SOLARAVIX TOPICAL KIT 3 %- 1.59" X 59"	Tier 3	
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	

Drug	Status	Notes
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	
DERMALID TOPICAL COMBO PACK 5 %	Tier 1	
DERMAZYL KIT TOPICAL KIT, PATCH, MEDICATED, CREAM 5-5 %	Tier 3	
DOLOTRANZ TOPICAL KIT, CREAM AND GEL 4-2.5-2.5 %	Tier 3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %	Tier 3	
<i>ethyl chloride topical aerosol, spray 100 %</i>	Tier 1	
FORAXA TOPICAL GEL 2 %-1 %-1.2 %	Tier 3	
ILIDERM TOPICAL SPRAY, NON-AEROSOL	Tier 3	
KAMDOY TOPICAL SPRAY, NON-AEROSOL	Tier 3	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %	Tier 3	
LDO PLUS TOPICAL GEL WITH PUMP 4 %	Tier 3	
<i>lidocaine hcl laryngotracheal solution 4 %</i> (LTA Pre-Attached)	Tier 1	
<i>lidocaine hcl topical cream 3 %</i> (Lidopin)	Tier 1	
<i>lidocaine hcl topical cream 3.88 %</i> (Lidotral)	Tier 1	
<i>lidocaine hcl topical lotion 3 %</i> (Lido-K)	Tier 1	
<i>lidocaine topical adhesive patch, medicated 5 %</i> (Lidoderm)	Tier 1	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	
<i>lidocaine-tetracaine topical cream 7-7 %</i> (Pliaglis)	Tier 1	
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	

Drug	Status	Notes
LIDORXKIT TOPICAL COMBO PACK,OINTMENT AND CREAM 5 %	Tier 3	
LIDOTRANS 5 PAK TOPICAL KIT 5 %- 6 CM X 7 CM	Tier 3	
LIDOTREX (WITH VITAMIN E) TOPICAL GEL 2 %	Tier 3	
LIDOTREX TOPICAL GEL 2 %-1 % -1.2 %	Tier 3	
LIDOVEX TOPICAL CREAM 3.75 %	Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
LMR PLUS TOPICAL KIT 5-6 %	Tier 3	
MENTHO-CAINE TOPICAL KIT,OINTMENT AND SPRAY 5-8 %	Tier 3	
NEURCAINE TOPICAL KIT, PATCH, MEDICATED, CREAM 5 %	Tier 3	
NUMBONEX TOPICAL LOTION 2.75 %	Tier 3	
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-II TOPICAL CREAM 2.5- 2.5-3.88 %	Tier 3	
REGENECARE TOPICAL GEL 2 %	Tier 3	
REGENECARE WITH ALOE TOPICAL GEL 2 %	Tier 3	
SOLUPAK TOPICAL KIT,OINTMENT AND SPRAY 5-10-3 %	Tier 3	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY	Tier 3	
SUVICORT TOPICAL GEL 2 %-1 % -1 %	Tier 3	
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING 70-70 MG	Tier 3	
TRANZAREL TOPICAL GEL 4 %	Tier 3	
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	

Drug	Status	Notes
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, 75 MG/0.5 ML	Tier 3	PA
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	Tier 1	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	Tier 4	PA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 3	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	Tier 3	PA
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	Tier 3	PA
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 4	PA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 4	PA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 4	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	Tier 4	PA

Drug	Status	Notes
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 3	PA
TREMFYA 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)
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	

Drug	Status	Notes
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	
Topical Vit D Analog/Anti-inflammatory, Steroidal		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i> (Taclonex)	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> (Taclonex)	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Tier 3	ST: Requires prior prescription for Calcipotriene/Betamethasone within the past 120 days
WYNZORA TOPICAL CREAM 0.005-0.064 %	Tier 3	ST: Requires prior prescription for Calcipotriene/Betamethasone within the past 120 days
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)

Drug	Status	Notes
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)
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, Victoza, or Wegovy 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)

Drug	Status	Notes
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	Tier 2	QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 2	QL (1.2 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	Tier 2	QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)	Tier 2	QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 2	QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	Tier 2	QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 2	QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 2	QL (9 ML per 30 days)
Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib		
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 3	ST: Requires prior prescription for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 3	ST: Requires prior prescription for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	ST: Requires prior prescription for Glipizide/Metformin HCL, Glyburide/Metformin HCL, Metformin HCL, or Riomet ER within the past 180 days

Drug	Status	Notes
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	Tier 1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
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	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> (Glucotrol XL)	Tier 1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	Tier 1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	Tier 1	

Drug	Status	Notes
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 3	ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (1 EA per 1 day)
QTERN ORAL TABLET 10-5 MG, 5-5 MG	Tier 3	ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (1 EA per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Tier 3	ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (1 EA per 1 day)
Antihyperglycemic, Biguanide Type(Non-Sulfonylurea)		
DM2 COMBO PACK, TABLET AND STRIP 500 MG	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	Tier 1	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	Tier 1	ST: Requires prior prescription for Metformin HCL within the past 120 days
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg</i> (Glumetza)	Tier 1	ST: Requires prior prescription for Metformin HCL within the past 120 days

Drug	Status	Notes
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, Victoza, or Wegovy within the past 120 days; QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 2	ST: Requires prior 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, Victoza, or Wegovy within the past 120 days; QL (15 ML per 28 days)
Antihyperglycemic,Insulin-Rel Stim.& Biguanide Cmb		
<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

Drug	Status	Notes
Antihyperglycemic-Sglt2 Inhibitor & Biguanide Comb		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 3	ST: Requires prior prescription for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (2 EA per 1 day)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 3	ST: Requires prior prescription for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (2 EA per 1 day)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	Tier 3	ST: Requires prior prescription for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (2 EA per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 2	QL (2 EA per 1 day)
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 (Actoplus MET) mg, 15-850 mg</i>	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days

Drug	Status	Notes
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)
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)

Drug	Status	Notes
ACCUTREND 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)
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)

Drug	Status	Notes
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)
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)

Drug	Status	Notes
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)
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)

Drug	Status	Notes
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)
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)

Drug	Status	Notes
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)
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)

Drug	Status	Notes
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)
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)

Drug	Status	Notes
EASY TOUCH BLU LINK 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 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)
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)

Drug	Status	Notes
EASYGLUCO TEST STRIP	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; 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)
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)

Drug	Status	Notes
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; 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)
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)

Drug	Status	Notes
EVENCARE G3 TEST STRIP	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; 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	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EVENCARE TEST STRIP	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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)

Drug	Status	Notes
EZ SMART PLUS TEST STRIP	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; 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)
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)

Drug	Status	Notes
FORA D20 STRIP	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; 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)
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)

Drug	Status	Notes
FORA GTEL GLUCOSE TEST STRIP STRIP	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; 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 ADVAN 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)
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)
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)

Drug	Status	Notes
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)
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)

Drug	Status	Notes
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 G1 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)
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
GE333 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)
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)

Drug	Status	Notes
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)
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)

Drug	Status	Notes
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)
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)

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

Drug	Status	Notes
MICRODOT XTRA BLOOD GLUCOSE STRIP	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
MYGLUCOHEALTH STRIP	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; 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)

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

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

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

Drug	Status	Notes
PRODIGY NO CODING STRIP	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
QUINTET AC STRIP	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; 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)

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

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

Drug	Status	Notes
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)
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)

Drug	Status	Notes
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)
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)

Drug	Status	Notes
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)
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)

Drug	Status	Notes
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
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

Drug	Status	Notes
FREESTYLE NAVIGATOR GLUC SENS DEVICE	Tier 3	
GUARDIAN CONNECT TRANSMITTER DEVICE	Tier 3	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE	Tier 3	
GUARDIAN SENSOR 3 DEVICE	Tier 3	PA
OMNIPOD DASH 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	
V-GO 20 DEVICE	Tier 2	PA
V-GO 30 DEVICE	Tier 2	PA
V-GO 40 DEVICE	Tier 2	PA
Diabetic Ulcer Preparations, Topical		
REGRANEX TOPICAL GEL 0.01 %	Tier 2	
Durable Medical Equipment, Misc (Group 1)		
UNISTIK NORMAL LANCETS 23 GAUGE	Tier 2	
Hyperglycemics		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Tier 2	QL (4 EA per 1 FILL)
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	Tier 1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	Tier 1	QL (4 EA per 1 FILL)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2	QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)

Drug	Status	Notes
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	Tier 2	QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	Tier 2	QL (2.4 ML per 1 FILL)
Insulins		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	ST: Requires prior prescription for 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 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 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 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 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 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 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)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 2	QL (30 ML per 28 days)

Drug	Status	Notes	
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 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 Insulin)	Tier 3	ST: Requires prior prescription for Humalog Mix 75-25 or Insulin Lispro Protamin/Lispro within the past 120 days; QL (40 ML per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	(Novolog PenFill U-100 Insulin)	Tier 3	ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog, 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
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i> (Novolog Flexpen U-100 Insulin)	Tier 3	ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog, 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 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 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (12 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)

Drug	Status	Notes
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 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 Insulin Lispro Protamin/Lispro within the past 120 days; QL (40 ML per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 3	ST: Requires prior prescription for Humalog Mix 75-25 or Insulin Lispro Protamin/Lispro within the past 120 days; QL (30 ML per 28 days)

Drug	Status	Notes
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)
Ear - General Disorders		
Ear Preparations Anti-Inflammatory		
<i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil) <i>drops 0.01 %</i>	Tier 1	
Ear Preparations, Misc. Anti-Infectives		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	

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

Drug	Status	Notes
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 3	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Tier 2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	Tier 3	PA
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 15 meq</i> (Klor-Con M15)	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	Tier 1	
Sodium/Saline Preparations		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE	Tier 1	
BD PRE-FILLED NORMAL SALINE INJECTION SYRINGE	Tier 1	
BD PRE-FILLED SALINE BLUNT CAN INJECTION SYRINGE	Tier 1	
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE	Tier 1	
NORMAL SALINE FLUSH INJECTION SYRINGE	Tier 1	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 1	
<i>sodium chloride 0.45 % 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	

Drug	Status	Notes
<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, 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>vardenafil oral tablet 10 mg, 2.5 mg, 20 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>	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

Drug	Status	Notes
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 (620MCG/2.48ML)	Tier 3	PA; QL (2.4 ML per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i> (Forteo)	Tier 4	PA; QL (2.4 ML per 28 days)
Bone Formation Stimulating Agts - Pth Rel Peptides		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 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	

Drug	Status	Notes
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) injection solution 200 unit/ml</i> (Miacalcin)	Tier 1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 1	
<i>etidronate disodium oral tablet 200 mg</i>	Tier 1	
<i>ibandronate oral tablet 150 mg</i> (Boniva)	Tier 1	
<i>raloxifene oral tablet 60 mg</i> (Evista)	Tier 1	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>risedronate oral tablet 150 mg</i> (Actonel)	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet 35 mg</i> (Actonel)	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)
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	

Drug	Status	Notes
Growth Hormone Releasing Hormone (Ghrh) & Analogs		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 4	PA
Growth Hormones		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	Tier 4	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Tier 4	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	Tier 4	PA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	Tier 4	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 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
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	

Drug	Status	Notes
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		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 2	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 2	PA
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
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)
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	

Drug	Status	Notes
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	PA
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	Tier 1	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	Tier 1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 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	
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	PA

Drug	Status	Notes
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Tier 3	PA
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 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	
Eye Antibiotic-Corticoid Combinations		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1% (Neo-Polycin HC)</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 % (Maxitrol)</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 % (Maxitrol)</i>	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	

Drug	Status	Notes
<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	QL (12 ML per 30 days)
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i> (Bepreve)	Tier 1	ST: At least 2 prior prescriptions for Azelastine HCL, Epinastine HCL, or Olopatadine HCL within the past 120 days; QL (10 ML per 30 days)
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	Tier 3	ST: At least 2 prior prescriptions for Azelastine HCL, Epinastine HCL, or Olopatadine HCL within the past 120 days; QL (10 ML per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (10 ML per 30 days)
LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 %	Tier 3	ST: At least 2 prior prescriptions for Azelastine HCL, Epinastine HCL, or Olopatadine HCL within the past 120 days; QL (6 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	Tier 1	QL (3 ML per 30 days)
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	Tier 3	QL (60 EA per 30 days)

Drug	Status	Notes
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	ST: At least 2 prior prescriptions for Azelastine HCL, Epinastine HCL, or Olopatadine HCL within the past 120 days; QL (10 ML per 14 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	ST: Requires prior prescription for 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	QL (15 ML per 14 days)
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (10 ML per 14 days)
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	PA
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 2	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (15 ML per 14 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	Tier 1	QL (10 ML per 14 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	

Drug	Status	Notes
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 2	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	Tier 2	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (3.5 GM per 14 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 2	QL (3.4 ML per 16 days)
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 3	ST: Requires prior prescriptions for Lotemax and Loteprednol Etabonate within the past 365 days; QL (5.6 ML per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	Tier 1	QL (20 ML per 30 days)
KLARITY-B (BETAMETH-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 3	
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.2-0.25 %, 0.5-0.25 %	Tier 3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 2	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)	Tier 1	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)	Tier 1	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	ST: At least 2 prior prescriptions for DiclofenacSodium, Ilevro, KetorolacTromethamine, or Prolensa within the past 365 days; QL (9 ML per 16 days)

Drug	Status	Notes
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 2	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (20 ML per 14 days)
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	QL (20 ML per 14 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	Tier 1	QL (20 ML per 14 days)
<i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>	Tier 1	
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	QL (20 ML per 14 days)
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	Tier 2	QL (3 ML per 16 days)
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	
ALTACAIN OPHTHALMIC (EYE) DROPS 0.5 %	Tier 1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	Tier 1	
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 1	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 1	
<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	

Drug	Status	Notes
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	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> (Ciloxan)	Tier 1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> (Zymaxid)	Tier 1	
GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)	Tier 1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 %	Tier 3	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i> (Moxeza)	Tier 1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1	

Drug	Status	Notes
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT- UNIT/G	Tier 1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	Tier 1	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (Polytrim) (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i> (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	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	Tier 2	QL (60 EA per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 2	QL (60 EA per 30 days)
Ophthalmic Human Nerve Growth Factor (Hngf)		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 4	PA
Ophthalmic Mast Cell Stabilizers		
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	Tier 2	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (20 ML per 30 days)
ALOMIDOPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (40 ML per 30 days)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	QL (50 ML per 30 days)
Ophthalmic Preparations, Miscellaneous		
ACUICYN TOPICAL SPRAY, NON- AEROSOL 0.01 %	Tier 3	

Drug	Status	Notes
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 1	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	Tier 3	
BETOPTIC S OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	Tier 3	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 1	QL (1 ML per 12 days)
<i>brimonidine ophthalmic (eye) drops 0.15 %</i> (Alphagan P)	Tier 1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 1	
<i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>	Tier 1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	Tier 2	
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i> (Trusopt)	Tier 1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> (Cosopt (PF))	Tier 1	ST: Requires prior prescription for Dorzolamide HCL/Timolol Maleate within the past 120 days; QL (2 EA per 1 day)
<i>dorzolamide-timolol (pf) ophthalmic (eye) drops 2-0.5 %</i>	Tier 1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	Tier 1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 3	

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

Drug	Status	Notes
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	Tier 3	ST: Requires prior prescription for Timolol Maleate within the past 120 days; QL (2 EA per 1 day)
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	Tier 1	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, 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)
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	

Drug	Status	Notes
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydracil)	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	
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</i> (Zyloprim)	Tier 1	
<i>allopurinol oral tablet 300 mg</i>	Tier 1	
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	Tier 1	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)
Uricosuric Agents		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	

Drug	Status	Notes
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	
<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	

Drug	Status	Notes
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	
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	

Drug	Status	Notes
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		
ACD-A SOLUTION , 2.45-2.2 GRAM-730 MG/100 ML	Tier 3	
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 1	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L	Tier 3	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 1	
Complement (C3) Inhibitors		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 4	PA
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 2	QL (74 EA per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Tier 3	ST: Requires prior prescriptions for Eliquis and Xarelto within the past 365 days; QL (30 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 2	QL (2 EA per 1 day)
Factor Ix Complex (Pcc) Preparations		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	

Drug	Status	Notes
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	
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	
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 4	
Hematinics, Other		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	Tier 4	PA
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 4	PA

Drug	Status	Notes
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Tier 4	PA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 4	PA
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 3	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	
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)

Drug	Status	Notes
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	
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>	(Heparin LockFlush(Porcine)(PF)) Tier 1	
<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 4	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 4	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 3	PA

Drug	Status	Notes
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 4	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 4	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 3	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 3	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 3	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
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	

Drug	Status	Notes
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> (Agraylin)	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	
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

Drug	Status	Notes
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	
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	

Drug	Status	Notes
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		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	Tier 3	PA
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Tier 3	PA
METHITEST ORAL TABLET 10 MG	Tier 3	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	PA
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/actuation (1.5 ml)</i>	Tier 1	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 3	PA

Drug	Status	Notes
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</i> (Covaryx H.S.) 0.625-1.25 mg	Tier 1	
<i>estrogens-methyltestosterone oral tablet</i> (Covaryx) 1.25-2.5 mg	Tier 1	
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)

Drug	Status	Notes
<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 SEMI-WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 1	QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	Tier 2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	Tier 3	QL (1 EA per 7 days)
MIMVEY ORAL TABLET 1-0.5 MG	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	Tier 1	
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15)	Tier 3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 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, 2.5 mg, 5 mg</i> (Provera)	Tier 1	
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	

Drug	Status	Notes
<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
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	

Drug	Status	Notes
Gram Negative Cocci Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	PREV	QL (1 ML per 365 days); Age (Min 10 Years and Max 25 Years)
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	PREV	QL (0.5 ML per 365 days); Age (Min 11 Years and Max 23 Years)
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	PREV	QL (0.5 ML per 365 days); Age (Min 11 Years and Max 23 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	PREV	QL (1 EA per 365 days); Age (Min 11 Years and Max 23 Years)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	PREV	QL (1.5 ML per 365 days); Age (Min 10 Years and Max 25 Years)
Gram Positive Cocci Vaccines		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	Tier 3	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days); Age (Min 2 Years)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	Tier 3	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days); Age (Min 2 Years)
Influenza Virus Vaccines		
AFLURIA QD 2021-22(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	FL: 1 IN 180 DAYS; QL (0.5 ML per 180 days)
AFLURIA QD 2021-22(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	PREV	FL: 1 IN 180 DAYS; QL (0.25 ML per 180 days)
AFLURIA QUAD 2021-2022(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PREV	FL: 1 IN 180 DAYS; QL (0.5 ML per 180 days)
FLUAD QUAD 2021-22(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	FL: 1 IN 180 DAYS; QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUARIX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	FL: 1 IN 180 DAYS; QL (0.5 ML per 180 days)
FLUBLOK QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	PREV	FL: 1 IN 180 DAYS; QL (0.5 ML per 180 days); Age (Min 18 Years)
FLUCELVAX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	FL: 1 IN 180 DAYS; QL (0.5 ML per 180 days)
FLUCELVAX QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PREV	FL: 1 IN 180 DAYS; QL (0.5 ML per 180 days)

Drug	Status	Notes
FLULAVAL QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	FL: 1 IN 180 DAYS; QL (0.5 ML per 180 days)
FLUMIST QUAD 2021-2022 NASAL NASAL SPRAY SYRINGE 10EXP6.5- 7.5 FF UNIT/0.2 ML	PREV	FL: 1 IN 180 DAYS; QL (1 EA per 180 days)
FLUZONE HIGHDOSE QUAD 21-22 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	PREV	FL: 1 IN 180 DAYS; QL (0.7 ML per 180 days); Age (Min 65 Years)
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PREV	FL: 1 IN 180 DAYS; QL (0.5 ML per 180 days)
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	FL: 1 IN 180 DAYS; QL (0.5 ML per 180 days)
FLUZONE QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PREV	FL: 1 IN 180 DAYS; QL (0.5 ML per 180 days)
FLUZONE QUAD SOUTH HEM2021(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 2	FL: 1 IN 180 DAYS
FLUZONE QUAD SOUTHERN HEM 2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 2	FL: 1 IN 180 DAYS
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)

Drug	Status	Notes
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	PREV	QL (3 ML per 365 days); Age (Min 18 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	Tier 3	\$0 COPAY IF AGE 9-26 YEARS; QL (1.5 ML per 365 days); Age (Min 9 Years and Max 44 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 3	\$0 COPAY IF AGE 9-26 YEARS; QL (1.5 ML per 365 days); Age (Min 9 Years and Max 44 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	PREV	QL (2 ML per 365 days); Age (Min 18 Years)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	PREV	QL (1 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	PREV	QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	PREV	QL (3 ML per 365 days); Age (Min 18 Years)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	PREV	QL (2 EA per 365 days); Age (Min 50 Years)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	PREV	QL (2 EA per 365 days); Age (Min 50 Years)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	PREV	QL (4 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	PREV	QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	PREV	QL (2 ML per 365 days); Age (Min 18 Years)
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	PA
<i>imiquimod topical cream in packet 3.75 %</i> (Zyclara)	Tier 1	PA
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	Tier 1	QL (24 EA per 30 days)

Drug	Status	Notes
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	Tier 3	PA
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	Tier 3	PA
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %	Tier 3	PA
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	
ENVARBUS 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	

Drug	Status	Notes
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 4	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Tier 4	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Tier 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	
Rho Kinase Inhibitor		
REZUROCK ORAL TABLET 200 MG	Tier 3	PA
Infectious Disease - Bacterial		
Absorbable Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	Tier 1	
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	

Drug	Status	Notes
Cephalosporins - 3Rd Generation		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefditoren pivoxil oral tablet 200 mg</i>	Tier 1	
<i>cefditoren pivoxil oral tablet 400 mg</i> (Spectracef)	Tier 1	
<i>cefixime oral capsule 400 mg</i> (Suprax)	Tier 1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Suprax)	Tier 1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 1	
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> (Urogesic-Blue)	Tier 1	
PHOSPHASAL ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 2	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
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
<i>doxycycline hyclate oral tablet 150 mg</i> (Acticlate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	Tier 1	ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day)
<i>doxycycline hyclate oral tablet 75 mg</i> (Acticlate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg</i>	Tier 1	ST: Requires prior prescription for Doxycycline Monohydrate or Hyclate 100mg tablets or capsules within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 150 mg</i>	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg</i> (Doryx)	Tier 1	ST: Requires prior prescription for Doxycycline Monohydrate or Hyclate 100mg tablets or capsules within the past 120 days; QL (1 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 50 mg</i> (Doryx)	Tier 1	ST: Requires prior prescription for Doxycycline Hyclate 50mg tablets or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 75 mg</i>	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)

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	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	Tier 1	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	Tier 1	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	Tier 1	
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	Tier 1	
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	Tier 3	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 3	
<i>posaconazole oral tablet, delayed release (drlec) 100 mg</i> (Noxafil)	Tier 1	PA
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
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		
BREXAFEMME ORAL TABLET 150 MG	Tier 3	PA
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
Infectious Disease - Miscellaneous		
Aminoglycosides		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 4	PA
<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> (Humatin)	Tier 1	
Anaerobic Antiprotozoal-Antibacterial Agents		
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	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	
Antiparasitics		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 3	QL (50 ML per 1 day)

Drug	Status	Notes
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	Tier 1	QL (2 EA per 1 day)
Antiprotozoal Drugs,Miscellaneous		
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	Tier 1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 3	PA
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 3	
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 Nrti Comb.		
JULUCA ORAL TABLET 50-25 MG	Tier 2	QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
DOVATO ORAL TABLET 50-300 MG	Tier 2	QL (1 EA per 1 day)
Antiretroviral-Nucleoside,Nucleotide,Protease Inh.		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 2	QL (1 EA per 1 day)
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	ST: Requires prior prescription for generic Acyclovir (tablets/capsules/suspension), Famciclovir tablets, or Valacyclovir tablets within the past 120 days; QL (4 EA per 365 days)

Drug	Status	Notes
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG	Tier 3	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	Tier 1	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	Tier 1	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	Tier 1	
XOFLUZA ORAL TABLET 20 MG, 40 MG	Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG	Tier 2	QL (2 EA per 180 days)
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib		
APTIVUS ORAL CAPSULE 250 MG	Tier 2	QL (4 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 2	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 2	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 600 MG	Tier 2	QL (2 EA per 1 day)
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)

Drug	Status	Notes
SELZENTRY ORAL TABLET 150 MG, 75 MG	Tier 2	QL (2 EA per 1 day)
SELZENTRY ORAL TABLET 25 MG, 300 MG	Tier 2	QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 2	PA
Antivirals, Hiv-Specific, Fusion Inhibitors		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 2	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
EDURANT ORAL TABLET 25 MG	Tier 2	QL (1 EA per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i> (Sustiva)	Tier 1	
<i>efavirenz oral tablet 600 mg</i> (Sustiva)	Tier 1	
<i>etravirine oral tablet 100 mg</i> (Intelence)	Tier 1	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i> (Intelence)	Tier 1	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	Tier 2	QL (4 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)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	Tier 1	QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	Tier 1	QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitors		
<i>atazanavir oral capsule 150 mg, 200 mg</i> (Reyataz)	Tier 1	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	Tier 1	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	Tier 2	QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	Tier 1	QL (4 EA per 1 day)
INVIRASE ORAL TABLET 500 MG	Tier 2	QL (4 EA per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 2	QL (1800 ML per 30 days)
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)

Drug	Status	Notes
VOCABRIA ORAL TABLET 30 MG	Tier 2	QL (1 EA per 1 day); Age (Min 18 Years)
Artv 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-tenofof oral tablet 600-200-300 mg</i> (Atripla)	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-lamivuv-tenofof disop oral tablet 400-300-300 mg</i> (Symfi Lo)	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-lamivuv-tenofof disop oral tablet 600-300-300 mg</i> (Symfi)	Tier 1	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	QL (1 EA per 1 day)
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)

Drug	Status	Notes
BARACLUDE 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)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	Tier 2	QL (720 ML per 30 days)
<i>lamivudine oral tablet 100 mg</i> (EpiVir HBV)	Tier 1	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	Tier 4	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
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
Hepatitis C Virus - Ns5a, Ns3/4A, Ns5b Inhib Cmb.		
VIEKIRA PAK ORAL TABLETS, DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	Tier 4	PA
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb		
MAVYRET ORAL TABLET 100-40 MG	Tier 4	PA
ZEPATIER ORAL TABLET 50-100 MG	Tier 4	PA
Inflammatory Disease		
Anti-Arthritic And Chelating Agents		
CUPRIMINE ORAL CAPSULE 250 MG	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 PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 3	PA

Drug	Status	Notes
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 3	PA
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> (Sajazir)	Tier 3	PA
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	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

Drug	Status	Notes
<i>budesonide oral capsule, delayed, extend. release 3 mg</i> (Entocort EC)	Tier 1	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i> (Uceris)	Tier 1	ST: Requires prior prescription for Balsalazide Disodium within the past 120 days
DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG	Tier 1	
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	

Drug	Status	Notes
<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	
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	
PREDNISONO 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

Drug	Status	Notes
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 4	PA
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 4	PA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 4	PA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 4	PA
Janus Kinase (Jak) Inhibitors		
OLUMIANT ORAL TABLET 1 MG, 2 MG	Tier 4	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	Tier 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 mg/spray</i> (Sprix)	Tier 1	ST: Requires prior prescription for a generic Nonsteroidal Anti-Inflammatory Drug (NSAID) within the past 120 days; QL (5 EA per 30 days)
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	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.		
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i> (Duexis)	Tier 1	ST: Requires prior prescription for generic prescription strength Ibuprofen (400, 600, or 800mg) within the past 120 days; QL (3 EA per 1 day)

Drug	Status	Notes
Nsaid & Topical Irritant Counter-Irritant Comb.		
COMFORT PAC-IBUPROFEN KIT 800 MG	Tier 3	
COMFORT PAC-MELOXICAM KIT 15 MG	Tier 3	
COMFORT PAC-NAPROXEN KIT 500 MG	Tier 3	
FLEXIPAK KIT 75 MG- 0.025 %	Tier 3	
INAVIX KIT 75 MG- 0.025 %	Tier 3	
INFLAMMACIN KIT 75 MG- 0.025 %	Tier 3	
INFLATHERM(DICLOFENAC-MENTHOL) KIT, GEL AND TABLET DELAY REL 75 MG-3 %- 3 %	Tier 3	
NUDICLO TABPAK KIT 75 MG- 0.025 %	Tier 3	
NUDROXIPAK DSDR-50 KIT, LIQUID AND TABLET DEL REL 50 MG-0.025 %- 25 %-6 %	Tier 3	
NUDROXIPAK DSDR-75 KIT, LIQUID AND TABLET DEL REL 75 MG-0.025 %- 25 %-6 %	Tier 3	
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	

Drug	Status	Notes
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet, delayed release (drlec) 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)
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	

Drug	Status	Notes
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	Tier 1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 1	
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)	Tier 1	
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i> (Vivlodex)	Tier 1	ST: At least 2 prior prescriptions for Diclofenac Potassium, Diclofenac Sodium, or Meloxicam within the past 365 days; QL (1 EA per 1 day)
<i>nabumetone oral tablet 500 mg, 750 mg</i> (Relafen)	Tier 1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	Tier 3	
<i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	Tier 1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	Tier 1	
<i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i> (EC-Naproxen)	Tier 1	
<i>naproxen sodium oral tablet 275 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	Tier 1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg</i> (Naprelan CR)	Tier 1	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	Tier 1	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	Tier 1	
RELAFEN DS ORAL TABLET 1,000 MG	Tier 3	ST: Requires prior prescription for generic Nabumetone tablets within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
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 400 mg</i>	Tier 1	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	Tier 1	

Drug	Status	Notes
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)
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 2 %</i> (Lidocaine Viscous)	Tier 1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	Tier 1	
LIDOMARK 1-5 KIT 10 MG/ML (1 %)	Tier 3	
LIDOMARK 2-5 KIT 20 MG/ML (2 %)	Tier 3	

Drug	Status	Notes
Periodontal Anesthetics		
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %	Tier 3	
Lower Gastrointestinal Disorders - Bowel Inflammation		
Chronic Inflammation of the Colon, 5-Aminosalicylates, Rectal Treatment		
<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 Treatment of Chronic Inflammation of the Colon, 5-Aminosalicylates		
<i>balsalazide oral capsule 750 mg</i> (Colazal)	Tier 1	
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 delayed release 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 Preparation, Anti-Inflammation Steroid/Local Anesthetic		
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-hydrocortisone ac rectal cream 3-0.5 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortisone ac rectal gel 3 %-2.5 % (7 gram)</i>	Tier 1	
<i>lidocaine hcl-hydrocortisone ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	Tier 1	

Drug	Status	Notes
<i>lidocaine-hydrocortisone-aloe rectal kit</i> 3-2.5 % (7 gram)	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 Recept 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)
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> (Hemmorex-HC)	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	

Drug	Status	Notes
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
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 200 mg, 400 mg</i> (Reltone)	Tier 1	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
Ileal Bile Acid Transporter (Ibat) Inhibitor		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Tier 4	PA
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	Tier 4	PA

Drug	Status	Notes
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	FL: 2 IN 365 DAYS; \$0 COPAY IF AGE 45-75 YEARS
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 1	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	Tier 1	FL: 2 IN 365 DAYS; \$0 COPAY IF AGE 45-75 YEARS
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	Tier 1	FL: 2 IN 365 DAYS; \$0 COPAY IF AGE 45-75 YEARS
GAVILYTE-N ORAL RECON SOLN 420 GRAM	Tier 1	FL: 2 IN 365 DAYS; \$0 COPAY IF AGE 45-75 YEARS
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	FL: 2 IN 365 DAYS; \$0 COPAY IF AGE 45-75 YEARS
OSMOPREP ORAL TABLET 1.5 GRAM	Tier 3	FL: 2 IN 365 DAYS; \$0 COPAY IF AGE 45-75 YEARS

Drug	Status	Notes
<i>peg 3350-electrolytes oral recon soln</i> (GaviLyte-G) 236-22.74-6.74 -5.86 gram	Tier 1	FL: 2 IN 365 DAYS; \$0 COPAY IF AGE 45-75 YEARS
<i>peg3350-sod sul-nacl-kcl-asb-c oral</i> (MoviPrep) <i>powder in packet 100-7.5-2.691 gram</i>	Tier 1	FL: 2 IN 365 DAYS; \$0 COPAY IF AGE 45-75 YEARS
<i>peg-electrolyte soln oral recon soln 420</i> (GaviLyte-N) <i>gram</i>	Tier 1	FL: 2 IN 365 DAYS; \$0 COPAY IF AGE 45-75 YEARS
PEG-PREP ORAL KIT 5-210 MG-GRAM	Tier 1	FL: 2 IN 365 DAYS; \$0 COPAY IF AGE 45-75 YEARS
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	Tier 3	FL: 2 IN 365 DAYS; \$0 COPAY IF AGE 45-75 YEARS
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	Tier 2	FL: 2 IN 365 DAYS; \$0 COPAY IF AGE 45-75 YEARS
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	Tier 2	FL: 2 IN 365 DAYS; \$0 COPAY IF AGE 45-75 YEARS
TRILYTE WITH FLAVOR PACKETS ORAL RECON SOLN 420 GRAM	Tier 1	FL: 2 IN 365 DAYS; \$0 COPAY IF AGE 45-75 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)
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	

Drug	Status	Notes
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 5 X 5 ", 8 X 16 "	Tier 3	
ACTICOAT FLEX 3 DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "	Tier 3	
ACTICOAT FLEX 7 DRESSING TOPICAL BANDAGE 1 X 24 ", 16 X 16 ", 2 X 2 ", 4 X 5 ", 6 X 6 ", 8 X 16 "	Tier 3	
ACTICOAT SURGICAL DRESSING TOPICAL BANDAGE 4 X 10 ", 4 X 13 3/4 ", 4 X 4 3/4 ", 4 X 8 "	Tier 3	
ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 3 X 3 ", 5 X 5 ", 7 X 7 ", 9 X 9 "	Tier 3	
ALLEVYN AG ADHESIVE TOPICAL BANDAGE 5 %- 3" X 3", 5 %- 5" X 5", 5 %- 7" X 7"	Tier 3	
ALLEVYN AG GENTLE DRESSING TOPICAL BANDAGE 5 %- 2" X 2", 5 %- 4" X 4", 5 %- 6" X 6", 5 %- 8" X 8"	Tier 3	
ALLEVYN AG TOPICAL BANDAGE 5 %- 2" X 2", 5 %- 4" X 4", 5 %- 6" X 6", 5 %- 8" X 8"	Tier 3	
ALLEVYN HEEL TOPICAL BANDAGE 4 1/2 X 5 1/2 "	Tier 3	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 "	Tier 3	
ALLEVYN TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 6 X 6 ", 8 X 8 "	Tier 3	
BIOSTEP AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 "	Tier 3	
BIOSTEP TOPICAL BANDAGE 2 X 2 ", 4 X 4 "	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET	Tier 3	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 "	Tier 3	
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD	Tier 3	
KERAGEL TOPICAL GEL	Tier 3	
KERAGELT TOPICAL GEL	Tier 3	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD	Tier 3	

Drug	Status	Notes
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75"	Tier 3	
MEDIHONEY (CAL ALGINATE-HONEY) TOPICAL BANDAGE 2 X 2 ", 3/4 X 12 ", 4 X 5 "	Tier 3	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 "	Tier 3	
RESTORE CONTACT LAYER SILVER TOPICAL BANDAGE 4 X 5 ", 6 X 8 "	Tier 3	
RESTORE FOAM DRESSING SILVER TOPICAL BANDAGE 4 X 4 ", 6 X 8 "	Tier 3	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 "	Tier 3	
XEROFORM NON-OCCLUSIVE TOPICAL BANDAGE 4 X 3 "-YARD	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 1 X 8 ", 2 X 2 ", 4 X 3 "-YARD, 4 X 4 ", 5 X 9 "	Tier 3	
XEROFORM PETROLATUM OVERWRAP TOPICAL BANDAGE 1 X 8 ", 5 X 9 "	Tier 3	
XEROFORM TOPICAL BANDAGE 5 X 9 "	Tier 3	
Catheters And Related Devices		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 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	
BARDEX I.C. FOLEY CATHETER 24 FR	Tier 3	
CURITY DRAINAGE BAG 2,000 ML	Tier 3	
DOVER FOLEY CATHETER 24 FR	Tier 3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR	Tier 3	
DOVER RED RUBBER ROBINSON CATH 8 FR	Tier 3	
DOVER UNIVERSAL TRAY	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	

Drug	Status	Notes
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	
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	

Drug	Status	Notes
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	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE	Tier 2	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
CLEVER CHEK LANCETS 30 GAUGE	Tier 2	
COAGUCHEK LANCETS	Tier 2	
COLOR LANCETS 21 GAUGE	Tier 2	
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE	Tier 2	
COMFORT LANCETS	Tier 2	
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE	Tier 2	
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	Tier 2	
DROPLET LANCETS 30 GAUGE	Tier 2	
EASY COMFORT LANCETS 30 GAUGE	Tier 2	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 2	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 2	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 2	
EASY TWIST AND CAP LANCETS 28 GAUGE	Tier 2	

Drug	Status	Notes
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	
<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	

Drug	Status	Notes
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	
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	

Drug	Status	Notes
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 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
TWIST LANCETS 30 GAUGE, 32 GAUGE	Tier 2	
ULTILET BASIC LANCETS 30 GAUGE	Tier 2	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
ULTILET SAFETY LANCETS 23 GAUGE	Tier 2	
ULTRA FINE LANCETS 30 GAUGE	Tier 2	
ULTRA THIN II LANCETS 30 GAUGE	Tier 2	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE	Tier 2	
ULTRA THIN PLUS LANCETS 33 GAUGE	Tier 2	
ULTRA TLC LANCETS	Tier 2	
ULTRA-CARE LANCETS 30 GAUGE	Tier 2	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	Tier 2	
ULTRA-THIN II LANCETS 28 GAUGE	Tier 2	
UNILET COMFORTOUCH LANCET , 26 GAUGE	Tier 2	
UNILET EXCELITE II LANCET	Tier 2	
UNILET EXCELITE LANCET	Tier 2	

Drug	Status	Notes
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	
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	

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

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

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

Drug	Status	Notes
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 5/16</i>	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 30</i>	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 1/2"</i>	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 1/4", 1 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 1/4"</i>	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 15/64", 1 ml 31 gauge x 15/64", 1/2 ml 31 gauge x 15/64"</i>	Tier 2	
<i>insulin syringe-needle u-100 syringe 1 ml 27 gauge x 1/2", 1 ml 28 gauge x 1/2"</i>	Tier 2	
<i>insulin syringe-needle u-100 syringe 1 ml 28 gauge, 1 ml 30 gauge x 7/16", 1/2 ml 28 gauge, 1/2 ml 29 , 1/2 ml 30 gauge</i>	Tier 2	
<i>insulin syringe-needle u-100 syringe 1 ml 29 gauge x 7/16"</i>	Tier 2	
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 1/2"</i>	Tier 2	
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"</i>	Tier 2	
<i>insulin syringe-needle u-100 syringe 1/2 ml 27 gauge x 1/2"</i>	Tier 2	
<i>insulin syringe-needle u-100 syringe 1/2 ml 28 gauge x 1/2"</i>	Tier 2	
LITE TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 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	

Drug	Status	Notes
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	
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	

Drug	Status	Notes
<p>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"</p>	Tier 2	
<p>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"</p>	Tier 2	
<p>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"</p>	Tier 2	
<p>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"</p>	Tier 2	
<p>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"</p>	Tier 2	
<p>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"</p>	Tier 2	

Drug	Status	Notes
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	Tier 2	
TRUE COMFORT PRO INS SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Tier 2	
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	Tier 2	
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4"	Tier 2	
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	Tier 2	
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16"	Tier 2	
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29	Tier 2	

Drug	Status	Notes
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	Tier 2	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	Tier 2	
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	Tier 2	
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2"	Tier 2	
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"	Tier 2	
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	
Miscellaneous Agents		
Amyloidosis Agents-Transthyretin (1tr) Suppression		
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	Tier 4	PA

Drug	Status	Notes
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>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	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA
Topical Anticholinergic Hyperhidrosis Tx Agents		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 2	PA

Drug	Status	Notes
Neoplastic Disease		
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 3	
<i>cyclophosphamide oral tablet 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
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 3	PA
YONSA ORAL TABLET 125 MG	Tier 4	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
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	

Drug	Status	Notes
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 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	Tier 1	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>letrozole oral tablet 2.5 mg</i> (Femara)	Tier 1	
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 - Kras Protein Inhibitor		
LUMAKRAS ORAL TABLET 120 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
AFINITOR ORAL TABLET 10 MG	Tier 3	PA
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor)	Tier 3	PA

Drug	Status	Notes
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, 25 MG, 300 MG, 50 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
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)

Drug	Status	Notes
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
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	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)
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	Tier 3	PA
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
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	Tier 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
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

Drug	Status	Notes
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 3	PA
ZOLINZA ORAL CAPSULE 100 MG	Tier 3	
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-Hypoxia Inducible Factor (Hif) Inh		
WELIREG ORAL TABLET 40 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	
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Tier 4	PA
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 (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	Tier 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	

Drug	Status	Notes
<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	
Selective Estrogen Receptor Modulators (Serm)		
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 2	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 1	\$0 COPAY IF 35 YEARS OF AGE OR OLDER
<i>toremifene oral tablet 60 mg</i> (Fareston)	Tier 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 30 MCG/0.5 ML	Tier 3	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 3	PA
AVONEX INTRAMUSCULAR SYRINGE 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

Drug	Status	Notes
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
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 INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	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
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	Tier 4	PA
PONVORY ORAL TABLET 20 MG	Tier 4	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 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

Drug	Status	Notes
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		
EXSERVAN ORAL FILM 50 MG	Tier 4	PA
<i>riluzole oral tablet 50 mg</i> (Rilutek)	Tier 1	
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	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 2	
Metabolic Disease Enzyme Replacement, Moccd		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Tier 4	PA
Movement Disorders(Drug Therapy)		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 4	PA
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)

Drug	Status	Notes
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 4	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 4	PA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	Tier 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)
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)

Drug	Status	Notes
<p><i>pregabalin oral tablet extended release</i> (Lyrica CR) 24 hr 165 mg, 82.5 mg</p>	Tier 1	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)
<p><i>pregabalin oral tablet extended release</i> (Lyrica CR) 24 hr 330 mg</p>	Tier 1	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 immediate release within the past 120 days; QL (3 EA per 1 day)
GRALISE ORAL TABLET, EXT REL 24HR DOSE PACK 300 MG (9)- 600 MG (24)	Tier 3	ST: Requires prior prescription for Gabapentin immediate release within the past 120 days; QL (33 EA per 15 days)
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists		
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA

Drug	Status	Notes
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Pareox Oral Rinse)	Tier 1	
ORALONE DENTAL PASTE 0.1 %	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
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	

Drug	Status	Notes
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</i> (Plegisol) <i>meq/l (= k+)</i>	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</i> <i>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	ST: Requires prior prescription for inhaled 7% Sodium Chloride solution within the past 120 days; QL (20 EA per 1 day); Age (Min 18 Years)
Diluent Solutions		
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION	Tier 3	
Drugs To Treat Hereditary Tyrosinemia		
<i>nitisinone oral capsule 10 mg, 2 mg, 5</i> (Orfadin) <i>mg</i>	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
Environment Allergens And Irritants, Other		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED	Tier 3	
General Anesthetics,Inhalant		
<i>desflurane inhalation liquid 100 %</i> (Suprane)	Tier 1	

Drug	Status	Notes
<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	
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	

Drug	Status	Notes
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</i> (Carnitor) 100 mg/ml	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.		
REVCOSI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 4	PA
Metabolic Function Diagnostics		
MACRILEN ORAL RECON SOLN 0.5 MG/ML	Tier 4	
Metallic Poison, Agents To Treat		
CHEMET ORAL CAPSULE 100 MG	Tier 3	
<i>deferasirox oral granules in packet 180</i> (Jadenu Sprinkle) <i>mg, 360 mg, 90 mg</i>	Tier 3	PA
<i>deferasirox oral tablet 180 mg, 360 mg,</i> (Jadenu) <i>90 mg</i>	Tier 3	PA
<i>deferasirox oral tablet, dispersible 125</i> (Exjade) <i>mg, 250 mg, 500 mg</i>	Tier 3	PA
<i>deferiprone oral tablet 500 mg</i> (Ferriprox)	Tier 3	PA
<i>deferoxamine injection recon soln 2</i> <i>gram</i>	Tier 1	PA
<i>deferoxamine injection recon soln 500</i> (Desferal) <i>mg</i>	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	

Drug	Status	Notes
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	
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
ADVOCATE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32"	Tier 2	
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16"	Tier 2	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 2	
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	Tier 2	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	Tier 2	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	Tier 2	
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	

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

Drug	Status	Notes
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>	(1st Tier Unifine Pentips)	
<i>pen needle, diabetic needle 30 gauge x 5/16"</i>	(AboutTime Pen Needle)	
<i>pen needle, diabetic needle 31 gauge x 1/3", 31 gauge x 1/6", 31 gauge x 15/64"</i>	Tier 2	
<i>pen needle, diabetic needle 32 gauge x 1/4"</i>	(BD Ultra-Fine Micro Pen Needle)	
<i>pen needle, diabetic needle 32 gauge x 3/16"</i>	(CareFine Pen Needle)	
<i>pen needle, diabetic needle 33 gauge x 5/32"</i>	(Advocate Pen Needle)	
PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	

Drug	Status	Notes
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
RELION NEEDLES NEEDLE 31 GAUGE X 1/4"	Tier 2	
RELION PEN NEEDLES NEEDLE 32 GAUGE X 5/32"	Tier 2	
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 2	
SECURES SAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 2	
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 2	
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", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	

Drug	Status	Notes
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 2	
ULTIGUARD SAFEPACK-PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32"	Tier 2	
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	
ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16"	Tier 2	
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2"	Tier 2	
UNIFINE PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16"	Tier 2	
UNIFINE PENTIPS NEEDLE 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16"	Tier 2	
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	
Ointment/Cream Bases		
RADIAGEL TOPICAL GEL	Tier 3	
Oral Lipid Supplements		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 4	PA
Oral Mucositis/Stomatitis Agents		
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	Tier 3	
GELX MUCOUS MEMBRANE GEL	Tier 3	

Drug	Status	Notes
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	
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	

Drug	Status	Notes
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		
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	
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

Drug	Status	Notes
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), 50-25-37.5 MG (D)/75 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)
<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)

Drug	Status	Notes
<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> (Bayer Aspirin)	PREV	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Aspir-Trin)	PREV	
ASPIR-TRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG	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	
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	Tier 1	
Analgesics, Narcotic Agonist And Nsaid Combination		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
XYLON 10 ORAL TABLET 10-200 MG	Tier 1	

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

Drug	Status	Notes
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 3 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	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>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (Hysingla ER)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>hydromorphone rectal suppository 3 mg</i>	Tier 1	
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT. REL. 24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 400 MCG/SPRAY	Tier 3	PA
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>meperidine injection cartridge 10 mg/ml</i>	Tier 1	

Drug	Status	Notes
<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)
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	PA
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 1	

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

Drug	Status	Notes
<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)
<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)

Drug	Status	Notes
<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
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 3	PA

Drug	Status	Notes
<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)
<i>rizatriptan oral tablet 5 mg</i>	Tier 1	QL (18 EA per 30 days)

Drug	Status	Notes
<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, Zembrace Syntouch, 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>	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 10-300 mg</i> (Primlev)	Tier 1	QL (13 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i> (Nalocet)	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-300 mg</i> (Prolate)	Tier 1	QL (13 EA per 1 day)
PRIMLEV ORAL TABLET 10-300 MG	Tier 1	QL (13 EA per 1 day)
PRIMLEV ORAL TABLET 5-300 MG, 7.5-300 MG	Tier 3	QL (13 EA per 1 day)
PROLATE ORAL SOLUTION 10-300 MG/5 ML	Tier 3	QL (66 ML 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)

Drug	Status	Notes
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)
<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 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)

Drug	Status	Notes
Parkinsons Disease		
Antiparkinsonism		
Drugs,Anticholinergic		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	
Antiparkinsonism Drugs,Other		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	Tier 4	PA
<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

Drug	Status	Notes
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Tier 2	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG	Tier 3	PA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 3	PA
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	Tier 3	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	Tier 1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i> (Mirapex ER)	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	Tier 1	QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
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	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	Tier 1	QL (1 EA per 1 FILL)
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	Tier 1	QL (1 EA per 1 FILL)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 3	QL (10 EA per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Tier 3	PA
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Tier 3	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 4	PA
Anticonvulsants		
ACTIVE-PAC KIT, GEL AND CAPSULE 300-4-1 MG-%-%	Tier 3	
APTIOM ORAL TABLET 200 MG, 400 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
APTIOM ORAL TABLET 600 MG, 800 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 365 days; QL (2 EA per 1 day)
BANZEL ORAL TABLET 200 MG	Tier 3	ST: Requires prior prescription for Divalproex Sodium, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid within the past 120 days; QL (16 EA per 1 day)
BANZEL ORAL TABLET 400 MG	Tier 3	ST: Requires prior prescription for Divalproex Sodium, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid within the past 120 days; QL (8 EA per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 3	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 3	QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	Tier 1	
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	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	

Drug	Status	Notes
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	Tier 2	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 4	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	Tier 4	PA
DILANTIN EXTENDED ORAL CAPSULE 100 MG	Tier 2	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	Tier 2	
DILANTIN ORAL CAPSULE 30 MG	Tier 2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	Tier 2	
<i>divalproex oral capsule, delayed rel sprinkle 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 (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	Tier 1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG	Tier 3	ST: Requires prior prescription for Levetiracetam within the past 120 days; QL (3 EA per 1 day); Age (Min 12 Years)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG	Tier 3	ST: Requires prior prescription for Levetiracetam within the past 120 days; QL (2 EA per 1 day); Age (Min 12 Years)
EPITOL ORAL TABLET 200 MG	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)

Drug	Status	Notes
<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)
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, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (120 EA per 30 days)

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

Drug	Status	Notes
<i>lamotrigine oral tablet extended release</i> (Lamictal XR) 24hr 200 mg, 250 mg, 300 mg	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</i> (Lamictal XR) 24hr 25 mg, 50 mg	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablet, chewable dispersible</i> 25 mg, 5 mg (Lamictal)	Tier 1	
<i>lamotrigine oral tablet, disintegrating</i> 100 mg (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</i> 200 mg (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</i> 25 mg, 50 mg (Lamictal ODT)	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablets, dose pack</i> 25 mg (35) (Subvenite Starter (Blue) Kit)	Tier 1	
<i>lamotrigine oral tablets, dose pack</i> 25 mg (42) -100 mg (7) (Subvenite Starter (Orange) Kit)	Tier 1	
<i>lamotrigine oral tablets, dose pack</i> 25 mg (84) -100 mg (14) (Subvenite Starter (Green) Kit)	Tier 1	
<i>levetiracetam oral solution</i> 100 mg/ml (Keppra)	Tier 1	
<i>levetiracetam oral solution</i> 500 mg/5 ml (5 ml)	Tier 1	
<i>levetiracetam oral tablet</i> 1,000 mg, 250 mg, 500 mg, 750 mg (Keppra)	Tier 1	
<i>levetiracetam oral tablet extended release</i> 24 hr 500 mg, 750 mg (Keppra XR)	Tier 1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	Tier 3	
LYRICA ORAL SOLUTION 20 MG/ML	Tier 3	
<i>oxcarbazepine oral suspension</i> 300 mg/5 ml (60 mg/ml) (Trileptal)	Tier 1	
<i>oxcarbazepine oral tablet</i> 150 mg, 300 mg, 600 mg (Trileptal)	Tier 1	

Drug	Status	Notes
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (1 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 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	
<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)

Drug	Status	Notes
<i>rufinamide oral tablet 200 mg</i> (Banzel)	Tier 1	ST: Requires prior prescription for Divalproex Sodium, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid within the past 120 days; QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i> (Banzel)	Tier 1	ST: Requires prior prescription for Divalproex Sodium, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid within the past 120 days; QL (8 EA per 1 day)
SABRIL ORAL TABLET 500 MG	Tier 4	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, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i> (Gabitril)	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide within the past 365 days; QL (3 EA per 1 day)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	Tier 1	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg</i> (Qudexy XR)	Tier 1	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (1 EA per 1 day)
<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	
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)

Drug	Status	Notes
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 250MG/DAY(150 MG X1-100MG X1)	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 120 days; QL (2 EA per 1 day)
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1)	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 120 days; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 120 days; QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 120 days; QL (1 EA per 1 day)
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	Tier 1	
<i>zonisamide oral capsule 50 mg</i>	Tier 1	
Skeletal Muscle Disorder		
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh		
KEVEYIS ORAL TABLET 50 MG	Tier 3	PA

Drug	Status	Notes
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</i>	Tier 1	QL (8 EA per 1 day)
<i>baclofen oral tablet 20 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>baclofen oral tablet 5 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	Tier 1	QL (4 EA per 1 day)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
<i>chlorzoxazone oral tablet 250 mg</i>	Tier 1	ST: Requires prior prescription for Chlorzoxazone 500mg within the past 120 days; QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i> (Lorzone)	Tier 1	ST: Requires prior prescription for Chlorzoxazone 500mg within the past 120 days; QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>cyclobenzaprine oral capsule,extended release 24hr 15 mg, 30 mg</i> (Amrix)	Tier 1	QL (1 EA per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	Tier 1	QL (3 EA per 1 day)
CYCLOTENS REFILL COMBO PACK 10 MG	Tier 3	
CYCLOTENS STARTER COMBO PACK 10 MG	Tier 3	
<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	QL (4 EA per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i> (Orphengesic Forte)	Tier 1	QL (4 EA per 1 day)
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	Tier 1	QL (4 EA per 1 day)
OZOBAX ORAL SOLUTION 5 MG/5 ML	Tier 3	PA
<i>tizanidine oral capsule 2 mg</i> (Zanaflex)	Tier 1	QL (18 EA per 1 day)
<i>tizanidine oral capsule 4 mg</i> (Zanaflex)	Tier 1	QL (9 EA per 1 day)
<i>tizanidine oral capsule 6 mg</i> (Zanaflex)	Tier 1	QL (6 EA per 1 day)

Drug	Status	Notes
<i>tizanidine oral tablet 2 mg</i>	Tier 1	QL (18 EA per 1 day)
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	Tier 1	QL (9 EA per 1 day)
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)
<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)

Drug	Status	Notes
<i>varenicline oral tablet 0.5 mg, 1 mg</i> (Chantix)	PREV	QL (2 EA per 1 day); Age (Min 18 Years)
Smoking Deterrents, Other		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	PREV	QL (2 EA per 1 day); Age (Min 18 Years)
Upper Gastrointestinal Disorders - Digestive		
Gastric Enzymes		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 4	PA
Pancreatic Enzymes		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 2	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	Tier 3	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	Tier 3	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	Tier 3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	Tier 2	
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	

Drug	Status	Notes
Belladonna Alkaloids		
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	
<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 16.2-0.1037 -0.0194 mg/5 ml</i> (Donnatal)	Tier 3	ST: At least 2 prior prescriptions for Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab within the past 365 days; QL (1200 ML per 30 days)

Drug	Status	Notes
<i>phenobarb-hyoscy-atropine-scop oral tablet 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)
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 5-2.5 mg</i> (Librax (with clidinium))	Tier 1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	Tier 3	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
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	

Drug	Status	Notes
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	Tier 1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	Tier 1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	Tier 1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	
<i>nizatidine oral solution 150 mg/10 ml</i>	Tier 1	
Intestinal Motility Stimulants		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	Tier 4	PA
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	Tier 1	
<i>metoclopramide hcl oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	
MOTTEGRITY 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, or Pantoprazole Sodium within the past 365 days; QL (1 EA per 1 day)
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEAS 30 MG, 60 MG	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Nexium)	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)	Tier 1	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (2 EA per 1 day)
<i>lansoprazole oral capsule, delayed release(drlec) 15 mg</i> (Prevacid 24Hr)	Tier 1	
<i>lansoprazole oral capsule, delayed release(drlec) 30 mg</i> (Prevacid)	Tier 1	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i> (Prevacid SoluTab)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day)
<i>omeprazole oral capsule, delayed release(drlec) 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i> (Zegerid)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix)	Tier 1	ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i> (Protonix)	Tier 1	

Drug	Status	Notes
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	Tier 3	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i> (AcipHex Sprinkle)	Tier 1	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 365 days; QL (1 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i> (AcipHex)	Tier 1	QL (1 EA per 1 day)
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	

Drug	Status	Notes
<i>tiopronin oral tablet 100 mg</i> (Thiola)	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 SUSPENSION,EXTENDED REL RECON 8 MG/ML	Tier 3	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	Tier 2	
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	
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	

Drug	Status	Notes
Urinary Tract Antispasmodic, M(3) Selective Antag.		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 1	ST: Requires prior prescription for Oxybutynin (IR/XR) within the past 120 days
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	Tier 1	
VESICARE LS ORAL SUSPENSION 1 MG/ML	Tier 3	PA
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	
<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	

Drug	Status	Notes
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole)	Tier 1	
NUVESSA VAGINAL GEL 1.3 %	Tier 3	
VANDAZOLE 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	
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> (Yuvafem)	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	

Drug	Status	Notes
<i>fluoride (sodium) dental solution 0.2 %</i> (PreviDent)	Tier 1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	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 fluorid), 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 DENTAL SOLUTION 0.2 %	Tier 3	
SF 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
SF DENTAL GEL 1.1 %	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL GEL 1.1 %	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Fluoridex Sensitivity Relief)	Tier 1	
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		
ACCRUFER ORAL CAPSULE 30 MG	Tier 3	PA
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 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	

Drug	Status	Notes
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	Tier 3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	Tier 3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	Tier 3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG - 50 MG-260 MG	Tier 3	
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	

Drug	Status	Notes
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	
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	
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	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	

Drug	Status	Notes
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	
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Tier 1	
<i>phentermine oral capsule 15 mg, 30 mg</i>	Tier 1	
<i>phentermine oral capsule 37.5 mg (Adipex-P)</i>	Tier 1	
<i>phentermine oral tablet 37.5 mg (Adipex-P)</i>	Tier 1	
PLENITY (WELCOME KIT) ORAL CAPSULE 0.75 GRAM	Tier 3	PA
PLENITY ORAL CAPSULE 0.75 GRAM	Tier 3	PA
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
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	Tier 2	PA
Fat Absorption Decreasing Agents		
XENICAL ORAL CAPSULE 120 MG	Tier 3	PA

Index

1ST TIER UNIFINE PENTIPS	240	<i>acetylcysteine</i>	247	ADVOCATE PEN NEEDLE	240
1ST TIER UNIFINE PENTIPS PLUS	240	ACIPHEX SPRINKLE	278	ADVOCATE REDI-CODE	103
1ST TIER UNILET COMFORTOUCH	210	<i>acitretin</i>	93	ADVOCATE REDI-CODE PLUS... ..	103
<i>abacavir</i>	189	ACTEMRA	198	ADVOCATE SYRINGES	215
<i>abacavir-lamivudine</i>	188	ACTEMRA ACTPEN	197	ADVOCATE TEST STRIPS	103
<i>abacavir-lamivudine-zidovudine</i> ...	188	ACTHAR	142	ADYNOVATE	159
ABILIFY MYCITE	27	ACTICOAT 7 DRESSING	207	ADZENYS ER	24
ABILIFY MYCITE MAINTENANCE KIT	27	ACTICOAT DRESSING	208	ADZENYS XR-ODT	24
ABILIFY MYCITE STARTER KIT ...	28	ACTICOAT FLEX 3 DRESSING ...	208	AEMCOLO	185
<i>abiraterone</i>	225	ACTICOAT FLEX 7 DRESSING ...	208	AEROCHAMBER MINI	13
ABOUTTIME PEN NEEDLE	240	ACTICOAT SURGICAL DRESSING	208	AEROCHAMBER MV	13
ABSORICA	64	ACTI-LANCE LANCETS	210	AEROCHAMBER PLUS FLOW-VU.13	
ABSORICA LD	64	ACTIMMUNE	174	AEROCHAMBER PLUS FLOW- VU,L MSK	13
<i>acamprosate</i>	26	ACTIVE-PAC	262	AEROCHAMBER PLUS FLOW- VU,M MSK	13
<i>acarbose</i>	98	ACUICYN	154	AEROCHAMBER PLUS FLOW- VU,S MSK	13
ACCRUFER	284	ACUVAIL (PF)	150	AEROCHAMBER PLUS Z STAT	14
ACCUCAINE KIT	202	<i>acyclovir</i>	72, 187	AEROCHAMBER PLUS Z STAT LG MSK	13
ACCU-CHEK AVIVA PLUS TEST STRP	102	ACYCLOVIX	187	AEROCHAMBER PLUS Z STAT MD MSK	13
ACCU-CHEK FASTCLIX LANCET DRUM	210	ADACEL(TDAP ADOLESN/ADULT)(PF)	173	AEROCHAMBER PLUS Z STAT SM MSK	13
ACCU-CHEK GUIDE TEST STRIPS	102	<i>adapalene</i>	67, 68	AEROCHAMBER WITH FLOW SIGNAL	14
ACCU-CHEK MULTICLIX LANCET	210	<i>adapalene-benzoyl peroxide</i>	65	AEROCHAMBER Z-STAT PLUS- FLW SG	14
ACCU-CHEK SAFE-T-PRO	210	ADASUVE	29	AEROECLIPSE II NEBULIZER	14
ACCU-CHEK SAFE-T-PRO PLUS	210	ADAZIN	90	AEROGEAR ACTION ASTHMA KIT	14
ACCU-CHEK SMARTVIEW TEST STRIP	102	ADDERALL XR	24	AERONEB GO	210
ACCU-CHEK SOFTCLIX LANCETS	210	ADDYI	32	AERONEB GO NEBULIZER	14
ACCU-CHEK SOFTCLIX LANCETS	210	<i>adefovir</i>	191	AEROTRACH PLUS	14
ACCU-CHEK SOFTCLIX LANCETS	210	ADEMPAS	45	AEROVENT PLUS	14
ACCU-CHEK SOFTCLIX LANCETS	210	ADHANSIA XR	34	AFINITOR	226
ACCU-CHEK SOFTCLIX LANCETS	210	ADLYXIN	96	AFINITOR DISPERZ	226
ACCU-CHEK SOFTCLIX LANCETS	210	ADMELOG SOLOSTAR U-100 INSULIN	134	AFIRMELLE	53
ACCU-CHEK SOFTCLIX LANCETS	210	ADMELOG U-100 INSULIN LISPRO	134	AFLURIA QD 2021-22(3YR UP)(PF)	172
ACCU-CHEK SOFTCLIX LANCETS	210	ADULT ASPIRIN REGIMEN	165	AFLURIA QD 2021-22(6- 35MO)(PF)	172
ACCU-CHEK SOFTCLIX LANCETS	210	ADULT LOW DOSE ASPIRIN	165	AFLURIA QUAD 2021-2022(6MO UP)	172
ACCU-CHEK SOFTCLIX LANCETS	210	ADVAIR DISKUS	10		
ACCU-CHEK SOFTCLIX LANCETS	210	ADVAIR HFA	10		
ACCU-CHEK SOFTCLIX LANCETS	210	ADVANCE PLUS INTERMITTENT STRIP	209		
ACCU-CHEK SOFTCLIX LANCETS	210	ADVANCED GLUC METER TEST STRIP	103		
ACCU-CHEK SOFTCLIX LANCETS	210	ADVANCED TRAVEL LANCETS ..	211		
ACCU-CHEK SOFTCLIX LANCETS	210	ADVATE	159		
ACCU-CHEK SOFTCLIX LANCETS	210	ADVOCATE LANCET	211		
ACCU-CHEK SOFTCLIX LANCETS	210				

AFREZZA.....	134	<i>allopurinol</i>	158	<i>amlodipine-benazepril</i>	38
AFSTYLA.....	159	ALLZITAL.....	247	<i>amlodipine-olmesartan</i>	40
AFTER PILL.....	53	<i>almotriptan malate</i>	255	<i>amlodipine-valsartan</i>	40
AFTERA.....	53	ALOCRIAL.....	154	<i>amlodipine-valsartan-hcthiiazid</i>	39
AGAMATRIX AMP TEST STRIPS.....	104	<i>alogliptin</i>	98	<i>ammonium lactate</i>	85
AGAMATRIX PRESTO TEST STRIPS.....	104	<i>alogliptin-metformin</i>	95	AMNESTEEM.....	64
AIMOVIG AUTOINJECTOR.....	254	<i>alogliptin-pioglitazone</i>	96	<i>amoxapine</i>	23
AIRDUO DIGIHALER.....	10	ALOMIDE.....	154	<i>amoxicil-clarithromy-lansopraz</i>	277
AIRS DISPOSABLE NEBULIZER... 14		ALORA.....	169	<i>amoxicillin</i>	179
AJOVY AUTOINJECTOR.....	254	<i>alosetron</i>	206	<i>amoxicillin-pot clavulanate</i>	179
AJOVY SYRINGE.....	254	ALPHAGAN P.....	155	<i>amphetamine</i>	24
AKLIEF.....	68	ALPHANATE.....	159	<i>amphetamine sulfate</i>	24
AK-POLY-BAC.....	153	ALPHANINE SD.....	162	<i>ampicillin</i>	179
AKTEN (PF).....	152	<i>alprazolam</i>	26	<i>amyl nitrite</i>	52
AKYNZEO (NETUPITANT).....	6	ALPRAZOLAM INTENSOL.....	26	AMZEEQ.....	69
ALA-CORT.....	74	ALPROLIX.....	162	ANACAINE.....	91
ALA-QUIN.....	67	ALREX.....	150	<i>anagrelide</i>	166
ALA-SCALP.....	74	ALTABAX.....	72	ANA-LEX KIT.....	203
<i>albendazole</i>	186	ALTACAINE.....	152	ANALPRAM-HC.....	90
<i>albuterol sulfate</i>	8, 9	ALTAFLUOR BENOX.....	152	ANASCORP.....	236
ALCAINE.....	152	ALTAVERA (28).....	53	ANASTIA.....	91
<i>alclometasone</i>	74	ALTERA NEBULIZER.....	14	<i>anastrozole</i>	226
ALCORTIN A.....	67	ALTERA NEBULIZER SYSTEM.....	14	ANDRODERM.....	168
ALDACTAZIDE.....	45	ALTERNATE SITE LANCET.....	211	ANGELIQ.....	169
ALECENSA.....	227	ALTOPREV.....	47	ANNOVERA.....	53
<i>alendronate</i>	143	ALTRENO.....	68	ANORO ELLIPTA.....	9
ALFERON N.....	174	ALUNBRIG.....	227	ANTARA.....	50
<i>alfuzosin</i>	280	ALVESCO.....	11	<i>anticoag citrate phos dextrose</i>	161
ALINIA.....	186	<i>alvimopan</i>	207	ANTIVERT.....	6
<i>aliskiren</i>	46	ALYACEN 1/35 (28).....	53	ANUCORT-HC.....	204
ALKINDI SPRINKLE.....	195	ALYACEN 7/7/7 (28).....	53	APADAZ.....	258
ALL FLOW 1000 KIT.....	210	ALYQ.....	45	APEXICON E.....	75
ALL FLOW 1000 PFT FILTER.....	210	ALZAIR.....	236	APIDRA SOLOSTAR U-100	
ALL FLOW 3000 KIT.....	210	AMABELZ.....	169	INSULIN.....	134
ALL FLOW 3000 PFT FILTER.....	210	<i>amantadine hcl</i>	260	APIDRA U-100 INSULIN.....	135
ALL FLOW 4000 KIT.....	210	<i>ambisentan</i>	45	APLENZIN.....	19
ALL FLOW 4000 PFT FILTER.....	210	<i>amcinonide</i>	75	APLIGRAF.....	245
ALL FLOW 5000 KIT.....	210	AMELUZ.....	231	APOGEE HC INTERMIT	
ALL FLOW 5000 PFT FILTER.....	210	AMETHIA.....	54	CATHETER.....	209
ALL FLOW 6000 PFT FILTER.....	210	AMETHYST (28).....	54	APOGEE IC INTERMIT	
ALLEVYN.....	208	AMIELLE VAGINAL TRAINER.....	210	CATHETER.....	209
ALLEVYN ADHESIVE DRESSING.....	208	<i>amiloride</i>	44	APOKYN.....	260
ALLEVYN AG.....	208	<i>amiloride-hydrochlorothiazide</i>	45	<i>apraclonidine</i>	155
ALLEVYN AG ADHESIVE.....	208	<i>aminocaproic acid</i>	159	<i>aprepitant</i>	6
ALLEVYN AG GENTLE DRESSING.....	208	<i>amidarone</i>	37	APRI.....	54
ALLEVYN HEEL.....	208	<i>amitriptyline</i>	23	APTIOM.....	262, 263
ALLEVYN LIFE DRESSING.....	208	<i>amitriptyline-chlordiazepoxide</i>	23	APTIVUS.....	188
		<i>amlodipine</i>	43	AQUA CARE SODIUM CHLORIDE.....	86
		<i>amlodipine-atorvastatin</i>	52	AQUA CARE STERILE WATER.....	86

AQUA GLYCOLIC HC.....	75	<i>atovaquone-proguanil</i>	186	<i>baclofen</i>	273
AQUORAL.....	245	ATRAPRO CP.....	85	BAFIERTAM.....	231
ARAKODA.....	186	ATRAPRO DERMAL SPRAY.....	89	BALCOLTRA.....	54
ARALAST NP.....	224	ATRAPRO HYDROGEL.....	85	<i>balsalazide</i>	203
ARANELLE (28).....	54	ATROPEN.....	240	<i>balsam peru-castor oil</i>	246
ARANESP (IN POLYSORBATE)...	162	<i>atropine</i>	157	BALVERSA.....	227
ARAZLO.....	68	ATROVENT HFA.....	8	BALZIVA (28).....	54
ARCALYST.....	194	AUBAGIO.....	231	BANZEL.....	263
ARESTIN.....	236	AUBRA.....	54	BAQSIMI.....	133
<i>arformoterol</i>	9	AUBRA EQ.....	54	BARACLUDE.....	192
ARIKAYCE.....	184	AUGMENTIN.....	179	BARDEX I.C. FOLEY CATHETER	209
<i>aripiprazole</i>	28, 29	AURA PORTANEB.....	14	BASADROX.....	67
<i>armodafinil</i>	33	AUROVELA 1.5/30 (21).....	54	BASAGLAR KWIKPEN U-100	
ARMONAIR DIGIHALER.....	11	AUROVELA 1/20 (21).....	54	INSULIN.....	135
ARMOUR THYROID.....	146	AUROVELA 24 FE.....	54	BAXDELA.....	179
ARNUITY ELLIPTA.....	11	AUROVELA FE 1.5/30 (28).....	54	B-COMPLEX INJECTION.....	286
ARTISS.....	246	AUROVELA FE 1-20 (28).....	54	<i>b-complex with vitamin c</i>	284
ASCOMP WITH CODEINE.....	257	AURUMHEEL.....	238	BD AUTOSHIELD DUO PEN	
<i>ascorbic acid (vitamin c)</i>	286	AURYXIA.....	140	NEEDLE.....	240
<i>asenapine maleate</i>	30	AUSTEDO.....	233	BD ECLIPSE LUER-LOK.....	216
ASHLYNA.....	54	AUVI-Q.....	224	BD INSULIN SYRINGE.....	216
ASMANEX HFA.....	11	AVAR.....	73	BD INSULIN SYRINGE (HALF	
ASMANEX TWISTHALER.....	12	AVAR LS.....	72, 73	UNIT).....	216
<i>aspirin</i>	165, 248	AVENOVA.....	155	BD INSULIN SYRINGE MICRO-	
ASPIRIN CHILDRENS.....	165	AVIANE.....	54	FINE.....	216
ASPIRIN LOW DOSE.....	165	AVIDOXY DK.....	180	BD INSULIN SYRINGE SAFETY-	
<i>aspirin-dipyridamole</i>	165	AVITA.....	68	LOK.....	216
<i>aspirin-omeprazole</i>	165	AVITENE.....	167	BD INSULIN SYRINGE SLIP TIP..	216
ASPIR-TRIN.....	248	AVITENE FLOUR.....	167	BD INSULIN SYRINGE U-500.....	216
ASSURE 4 STRIPS.....	104	AVO CREAM.....	85	BD INSULIN SYRINGE ULTRA-	
ASSURE HAEMOLANCE PLUS... ..	211	AVONEX.....	231	FINE.....	216
ASSURE ID INSULIN SAFETY....	215	AYUNA.....	54	BD INSYTE AUTOGUARD.....	215
ASSURE ID PEN NEEDLE.....	240	AYYAKIT.....	227	BD LO-DOSE MICRO-FINE IV.....	216
ASSURE LANCE.....	211	AZADROX.....	67	BD LO-DOSE ULTRA-FINE.....	216
ASSURE LANCE PLUS.....	211	AZASAN.....	175	BD MICROTAINER LANCET.....	211
ASSURE PLATINUM TEST STRIP		AZASITE.....	153	BD NANO 2ND GEN PEN	
.....	104	<i>azathioprine</i>	175	NEEDLE.....	240
ASSURE PRISM MULTI STRIP....	104	<i>azelaic acid</i>	66	BD POSIFLUSH NORMAL SALINE	
ASTAGRAF XL.....	175	<i>azelastine</i>	5, 149	0.9.....	141
ASTERO.....	91	<i>azelastine-fluticasone</i>	5	BD PRE-FILLED NORMAL	
ASTHMAPACK CHILDREN'S.....	14	AZELEX.....	65	SALINE.....	141
ASTRINGYN.....	167	<i>azithromycin</i>	177	BD PRE-FILLED SALINE BLUNT	
<i>atazanavir</i>	190	AZOPT.....	155	CAN.....	141
<i>atenolol</i>	41	AZSTARYS.....	35	BD SAFETYGLIDE INSULIN	
<i>atenolol-chlorthalidone</i>	42	AZURETTE (28).....	54	SYRINGE.....	216
<i>atomoxetine</i>	36	B COMPLEX 100.....	286	BD SAFETYGLIDE SYRINGE.....	216
ATOPADERM.....	85	<i>b complex-vitamin c-folic acid</i>	286	BD SAF-T-INTIMA.....	215
<i>atorvastatin</i>	47	<i>bacitracin</i>	153	BD ULTRA FINE LANCETS.....	211
<i>atovaquone</i>	187	<i>bacitracin-polymyxin b</i>	153	BD ULTRA-FINE II LANCETS.....	211

BD ULTRA-FINE MICRO PEN NEEDLE	240	BEXSERO	172	BRIELLYN	54
BD ULTRA-FINE MINI PEN NEEDLE	240	<i>bicalutamide</i>	225	BRILINTA	165
BD ULTRA-FINE NANO PEN NEEDLE	240	BIDIL	46	<i>brimonidine</i>	155
BD ULTRA-FINE ORIG PEN NEEDLE	240	BIJUVA	169	<i>brimonidine-dorzolamide (pf)</i>	155
BD ULTRA-FINE SHORT PEN NEEDLE	240	BIKTARVY	191	BRIVIACT	263
BD VEO INSULIN SYR (HALF UNIT)	216	<i>bimatoprost</i>	155	BROMFED DM	64
BD VEO INSULIN SYRINGE UF ..	216	BINOSTO	144	<i>bromfenac</i>	150
BEAU RX	89	BIONECT	89	<i>bromocriptine</i>	260
BECONASE AQ	5	BIONIME RIGHTEST TEST STRIPS	105	<i>brompheniramine-pseudoeph-dm</i> ...	64
BELBUCA	249	BIOSTEP	208	BROMSITE	150
<i>belladonna alkaloids-opium</i>	249	BIOSTEP AG	208	BRONCHITOL	237
BELSOMRA	33	<i>bisoprolol fumarate</i>	41	BRUKINSA	227
<i>benazepril</i>	40	<i>bisoprolol-hydrochlorothiazide</i>	42	BRYHALI	76
<i>benazepril-hydrochlorothiazide</i>	38	BLEPH-10	152	<i>budesonide</i>	12, 196
BENEFIX	162	BLEPHAMIDE	152	BULLSEYE MINI SAFETY LANCETS	211
BENLYSTA	197	BLEPHAMIDE S.O.P.	153	<i>bumetanide</i>	44
BENSAL HP	87	BLISOVI 24 FE	54	BUNAVAIL	259
BENZEPRO	87	BLISOVI FE 1.5/30 (28)	54	BUPRENEX	249
BENZEPRO (MICROSPHERES) ...	87	BLISOVI FE 1/20 (28)	54	<i>buprenorphine</i>	249
<i>benzhydrocodone-acetaminophen</i>	258	BLOOD GLUCOSE TEST	105	<i>buprenorphine hcl</i>	249, 259
<i>benznidazole</i>	187	BOCASAL	245	<i>buprenorphine-naloxone</i>	259
BENZODOX 30	180	BONJESTA	6	<i>bupropion hcl</i>	19
BENZODOX 60	180	BOOSTRIX TDAP	173	<i>bupropion hcl (smoking deter)</i>	275
<i>benzonatate</i>	63	<i>bosentan</i>	45	<i>buspirone</i>	27
<i>benzoyl peroxide</i>	87	BOSULIF	227	BUTALBITAL COMPOUND W/CODEINE	257
<i>benzphetamine</i>	287	BP 10-1	73	<i>butalbital-acetaminop-caf-cod</i>	257
<i>benztropine</i>	260	BPCO	246	<i>butalbital-acetaminophen</i>	247, 248
<i>bepotastine besilate</i>	149	BPO	87	<i>butalbital-acetaminophen-caff</i>	248
BEPREVE	149	BRAFTOVI	226	<i>butalbital-aspirin-caffeine</i>	248
BERINERT	195	BREATHERITE MDI SPACER	14	<i>butorphanol</i>	249
BESER KIT	75	BREATHERITE SPACER-MASK, NEO	14	BUTTERFLY TOUCH LANCET	211
BESIVANCE	153	BREATHERITE SPACER- MASK,ADULT	14	BYDUREON BCISE	96
BETADINE OPHTHALMIC PREP ...	86	BREATHERITE SPACER- MASK,CHILD	14	BYETTA	97
<i>betamethasone dipropionate</i>	75	BREATHERITE SPACER- MASK,INFANT	14	BYLVAY	205
<i>betamethasone valerate</i>	75	BREATHERITE SPACER- MASK,S.CHLD	14	BYSTOLIC	41
<i>betamethasone, augmented</i>	75, 76	BREATHERITE SPACER- MASK,VALVED MDI CHAMBER	14	<i>cabergoline</i>	146
BETASERON	231	BREATHERITE VALVED MDI SPACER	14	CABLIVI	159
<i>betaxolol</i>	41, 155	BREEZE 2 TEST STRIPS	105	CABOMETYX	227
<i>bethanechol chloride</i>	224	BREO ELLIPTA	10	CADIRA COMPLIANT BLOOD STAT	236
BETIMOL	155	BREXAFEMME	184	<i>caffeine citrate</i>	18
BETOPTIC S	155	BREZTRI AEROSPHERE	11	<i>calcipotriene</i>	94
BEVESPI AEROSPHERE	9			<i>calcipotriene-betamethasone</i>	95
<i>bexarotene</i>	231			<i>calcitonin (salmon)</i>	144
				<i>calcitriol</i>	94, 286
				<i>calcium acetate(phosphat bind)</i>	140
				CALCIUM PNV	284

CALQUENCE	227	CAYSTON	176	<i>choline, magnesium salicylate</i>	248
CAMBIA	255	CAZANT (28)	55	CICLODAN KIT	70
CAMILA	54	<i>cefactor</i>	176	<i>ciclopirox</i>	70
CAMRESE	55	<i>cefadroxil</i>	176	<i>ciclopirox-ure-camph-menth-euc</i>	70
CAMRESE LO	54	<i>cefdinir</i>	177	<i>cilostazol</i>	165
<i>candesartan</i>	40	<i>cefditoren pivoxil</i>	177	CILOXAN	153
<i>candesartan-hydrochlorothiazid</i>	39	<i>cefixime</i>	177	CIMDUO	188
CANTHARIS COMPOSITUM	238	<i>cefepodoxime</i>	177	<i>cimetidine</i>	278
<i>capecitabine</i>	225	<i>cefprozil</i>	176	<i>cimetidine hcl</i>	277
CAPEX	76	<i>cefuroxime axetil</i>	176	CIMZIA	194
CAPHOSOL	245	CELACYN	85	CIMZIA POWDER FOR RECONST	
CAPLYTA	30	<i>celecoxib</i>	199	.....	194
CAPRELSA	227	CELONTIN	263	CIMZIA STARTER KIT	194
CAPSFENAC PAK	83	CEM-UREA	87	<i>cinacalcet</i>	144
CAPSULE #1	245	CENTANY AT	69	CINRYZE	195
<i>captopril</i>	40	<i>cephalexin</i>	176	CIPRO	179
<i>captopril-hydrochlorothiazide</i>	38	CEQUA	154	CIPRO HC	140
CARBAGLU	204	CERACADE	85	CIPRO XR	179
<i>carbamazepine</i>	263	CERAMAX	85	<i>ciprofloxacin</i>	180
CARBATROL	263	CERDELGA	237	<i>ciprofloxacin hcl</i>	140, 153, 180
<i>carbidopa</i>	262	CERVIDIL	63	<i>ciprofloxacin-dexamethasone</i>	140
<i>carbidopa-levodopa</i>	260	CETACAINE	91	<i>citalopram</i>	20
<i>carbidopa-levodopa-entacapone</i> ..	260	CETACAINE ANESTHETIC	91	CITRANATAL (DUAL-IRON)	284
<i>carbinoxamine maleate</i>	4	<i>cetirizine</i>	4	CITRANATAL 90 DHA (ALGAL	
<i>cardioplegic soln</i>	237	<i>cevimeline</i>	224	OIL)	285
CARDIZEM LA	43	CHANTIX	274	CITRANATAL ASSURE	285
CARDURA XL	39	CHANTIX CONTINUING MONTH		CITRANATAL DHA (ALGAL OIL) ..	285
CAREFINE PEN NEEDLE	240	BOX	274	CITRANATAL HARMONY (IRON	
CAREONE THIN LANCET	211	CHANTIX STARTING MONTH		FUM)	285
CAREONE ULTRA THIN LANCET	211	BOX	274	<i>citric acid (bulk)</i>	246
CARESENS LANCETS	211	CHARLOTTE 24 FE	55	<i>citric acid anhydrous (bulk)</i>	246
CARESENS N TEST STRIPS	105	CHATEAL (28)	55	CLARAVIS	64
CARETOUCH INSULIN SYRINGE	216	CHATEAL EQ (28)	55	CLARINEX-D 12 HOUR	3
CARETOUCH PEN NEEDLE	240	CHEMET	239	<i>clarithromycin</i>	177, 178
CARETOUCH SAFETY LANCETS	211	CHENODAL	205	CLEANSING WASH	73
CARETOUCH TEST STRIP	105	CHILDREN'S ASPIRIN	165	CLEARSHIELD SODIUM CHLOR	
CARETOUCH TWIST LANCET	211	CHILDREN'S IRON	284	FLUSH	141
<i>carisoprodol</i>	273	<i>chlordiazepoxide hcl</i>	26	<i>clemastine</i>	4
<i>carisoprodol-aspirin</i>	273	<i>chlordiazepoxide-clidinium</i>	277	CLENIA PLUS	73
<i>carisoprodol-aspirin-codeine</i>	259	<i>chlorhexidine gluconate</i>	236	CLENPIQ	206
CARNITOR (SUGAR-FREE)	239	<i>chloroquine phosphate</i>	186	CLEOCIN	282
CAROSPIR	45	<i>chlorpromazine</i>	31, 32	CLEVER CHEK LANCETS	211
<i>carteolol</i>	155	<i>chlorthalidone</i>	46	CLEVER CHOICE CHAMBER-	
CARTIA XT	43	<i>chlorzoxazone</i>	273	LRG MASK	14
<i>carvedilol</i>	39	CHOICEDM CLARUS	106	CLEVER CHOICE CHAMBER-	
<i>carvedilol phosphate</i>	39	CHOLBAM	205	MED MASK	14
CAVERJECT	142	<i>cholestyramine (with sugar)</i>	50	CLEVER CHOICE CHAMBER-SM	
CAVERJECT IMPULSE	142	CHOLESTYRAMINE LIGHT	50	MASK	14
CAYA CONTOURED	62	<i>cholestyramine-aspartame</i>	50		

CLEVER CHOICE MICRO TEST STRIP	106	COLOR LANCETS	211	CORIFACT	162
CLEVER CHOICE NEBULIZER	14	COMBIGAN	155	CORLANOR	51
CLEVER CHOICE PRO	106	COMBIPATCH	169	CORTANE-B	140
CLEVER CHOICE TALK TEST	106	COMBIVENT RESPIMAT	10	CORTIFOAM	204
CLEVER CHOICE TEST STRIPS	106	COMETRIQ	228	CORTISPORIN-TC	140
CLEVER CHOICE VOICE+ TEST	107	COMFORT EZ INSULIN SYRINGE	217	COSENTYX	93
CLEVER CHOICE WHISPER AIRE PED	14	COMFORT EZ LANCETS	211	COSENTYX (2 SYRINGES)	93
CLICKFINE PEN NEEDLE	240	COMFORT EZ PEN NEEDLES	241	COSENTYX PEN	93
CLIMARA PRO	169	COMFORT LANCETS	211	COSENTYX PEN (2 PENS)	93
CLINDACIN ETZ	69	COMFORT PAC- CYCLOBENZAPRINE	273	COTELLIC	226
CLINDACIN PAC	69	COMFORT PAC-IBUPROFEN	199	COTEMPLA XR-ODT	35
<i>clindamycin hcl</i>	185	COMFORT PAC-MELOXICAM	199	COVARYX	169
CLINDAMYCIN PEDIATRIC	185	COMFORT PAC-NAPROXEN	199	COVARYX H.S.	169
<i>clindamycin phosphate</i>	69, 282	COMFORT PAC-TIZANIDINE	273	CRALONIN	238
<i>clindamycin-benzoyl peroxide</i>	65	COMFORT TOUCH PEN NEEDLE	241	CREON	275
<i>clindamycin-tretinoin</i>	65	COMFORT TOUCH PLUS SAFETY LANC	211	CRESEMBA	184
CLINDAVIX	65	COMFORT TOUCH ULT THIN LANCETS	211	CRINONE	170
CLINDESSE	282	COMPACT SPACE CHAMBER	14	<i>cromolyn</i>	13, 154
CLINPRO 5000	283	COMPACT SPACE CHAMBER PLUS	14	CROTAN	72
<i>clobazam</i>	262	COMPACT SPACE CHAMBER-LRG MASK	14	CRYOSERV	237
<i>clobetasol</i>	76	COMPACT SPACE CHAMBER-MED MASK	14	CRYSELLE (28)	55
<i>clobetasol-emollient</i>	76	COMPACT SPACE CHAMBER-SM MASK	15	CUPRIMINE	192
CLOBETAVIX	76	COMP-AIR NEBULIZER COMPRESSOR	15	CURITY AMD	208
CLOBETEX	76	COMPLERA	191	CURITY AMD (WITH POLYHEXAMETH)	208
<i>clocortolone pivalate</i>	76	COMPRO	7	CURITY DRAINAGE BAG	209
CLODAN KIT	76	CONCERTA	35	CURITY IODOFORM PACKING STRIP	208
CLOFENAX	83	CONDYLOX	87	CUROSURF	247
<i>clomipramine</i>	23	CONJUPRI	43	CUTAQUIG	171
<i>clonazepam</i>	262	CONSENSI	237	CUVITRU	171
<i>clonidine</i>	41	CONSTULOSE	206	CUVPOSA	277
<i>clonidine hcl</i>	34, 41	CONTOUR NEXT TEST STRIPS	107	<i>cyanocobalamin (vitamin b-12)</i>	286
<i>clopidogrel</i>	165	CONTOUR TEST STRIPS	107	CYCLAFEM 1/35 (28)	55
<i>clorazepate dipotassium</i>	26	CONTRAVE	287	CYCLAFEM 7/7/7 (28)	55
<i>clotrimazole</i>	70, 184	COOL GLUCOSE TEST STRIP	107	<i>cyclobenzaprine</i>	273
<i>clotrimazole-betamethasone</i>	70	COPAXONE	231	CYCLOMYDRIL	157
<i>clozapine</i>	30	COPIKTRA	228	CYCLOPAK	273
COAGADEX	162	CORDRAN	77	<i>cyclopentolate</i>	157
COAGUCHEK LANCETS	211	CORDRAN TAPE LARGE ROLL	77	<i>cyclopen-tropic-phenyleph-watr</i>	157
COARTEM	186	COREMINO	180	<i>cyclopen-tropic-phen-ketr-wat</i>	157
<i>cocaine</i>	236			<i>cyclophosphamide</i>	225
<i>codeine sulfate</i>	249			<i>cycloserine</i>	185
<i>codeine-butalbital-asa-caff</i>	257			CYCLOSET	97
<i>colchicine</i>	158			<i>cyclosporine</i>	175
<i>colesevelam</i>	50			CYCLOSPORINE IN KLARITY	154
COLESTID FLAVORED	50			<i>cyclosporine modified</i>	175
<i>colestipol</i>	50			CYCLOTENS REFILL	273
COLLATYL	95			CYCLOTENS STARTER	273

<i>cyproheptadine</i>	4	DERMULCERA	246	DEXONTO	196
CYRED	55	DERPIXA	89	<i>dextroamphetamine</i>	24, 25
CYRED EQ	55	DESCOVY	188	<i>dextroamphetamine-amphetamine</i> ..	25
CYSTADANE	239	<i>desflurane</i>	237	DIACOMIT	264
CYSTADROPS	158	<i>desipramine</i>	23	DIATRUE PLUS TEST STRIP	108
CYSTAGON	280	<i>desloratadine</i>	4, 5	<i>diazepam</i>	26, 262
CYSTARAN	158	<i>desmopressin</i>	143	DIAZEPAM INTENSOL	26
CYTOMEL	146	<i>desog-e.estradiol/e.estradiol</i>	55	<i>diazoxide</i>	133
<i>dalfampridine</i>	233	<i>desogestrel-ethinyl estradiol</i>	55	DICLO GEL	83
DALIRESP	13	DESONATE	77	DICLO GEL-XRYLIX SHEET	83
<i>danazol</i>	146	<i>desonide</i>	77	<i>diclofenac epolamine</i>	83
<i>dantrolene</i>	273	<i>desoximetasone</i>	77, 78	<i>diclofenac potassium</i>	199
<i>dapsone</i>	65, 66, 185	DESRX	78	<i>diclofenac sodium</i> 83, 84, 90, 150, 200	
<i>darifenacin</i>	282	<i>desvenlafaxine</i>	21	<i>diclofenac submicronized</i>	200
DARIO BLOOD GLUCOSE TEST STRIP	107	<i>desvenlafaxine succinate</i>	21	<i>diclofenac-misoprostol</i>	199
DASETTA 1/35 (28)	55	DEVILBISS DISPOSABLE NEBULIZER	15	DICLOFONO	84
DASETTA 7/7/7 (28)	55	DEVILBISS PULMO-AIDE COMPRESSOR	15	DICLOHEAL-60	84
DAURISMO	226	DEVILBISS PULMOMATE COMPRESSOR	15	DICLOPAK	84
DAYSEE	55	DEVILBISS PULMONEB LT COMP-NEB	15	DICLOPR	84
DAYTRANA	35	DEVILBISS TRAVELER COMPRESSOR	15	DICLOTREX	84
DAYVIGO	33	DEXABLISS	196	DICLOVIX	89
DDAVP	143	<i>dexamethasone</i>	196	DICLOVIX M	84
DEBACTEROL	236	DEXAMETHASONE INTENSOL ..	196	<i>dicloxacillin</i>	179
DEBLITANE	55	<i>dexamethasone sodium phosphate</i>	150	DICLOZOR	84
DECADRON	196	<i>dexchlorpheniramine maleate</i>	4	<i>dicyclomine</i>	275
<i>deferasirox</i>	239	DEXCOM G4 RECEIVER	132	<i>didanosine</i>	189
<i>deferiprone</i>	239	DEXCOM G4 RECEIVER PEDIATRIC	132	<i>diethylpropion</i>	287
<i>deferoxamine</i>	239	DEXCOM G4 RECEIVER-SHARE (PED)	132	DIFFERIN	68
DELSTRIGO	191	DEXCOM G4 RECEIVER-SHARE KIT	132	DIFICID	178
DELUO	89	DEXCOM G4 TRANSMITTER	132	<i>diflorasone</i>	78
<i>demeclocycline</i>	180	DEXCOM G5 RECEIVER	132	<i>diflunisal</i>	248
DEMEROL (PF)	249	DEXCOM G5 TRANSMITTER	132	DIGITEK	37
DEMSEER	41	DEXCOM G5-G4 SENSOR	132	DIGOX	37
DENAVIR	72	DEXCOM G6 RECEIVER	132	<i>digoxin</i>	38
DENTA 5000 PLUS	283	DEXCOM G6 SENSOR	132	<i>dihydroergotamine</i>	255
DENTAGEL	283	DEXCOM G6 TRANSMITTER	132	DILANTIN	264
DEPAKOTE	264	DEXCOM RECEIVER	132	DILANTIN EXTENDED	264
DEPAKOTE ER	263	DEXERYL	85	DILANTIN INFATABS	264
DEPAKOTE SPRINKLES	264	DEXILANT	278	DILANTIN-125	264
DEPO-SUBQ PROVERA 104	53	<i>dexmethylphenidate</i>	35	DILAUDID (PF)	249
DERMACINRX PHN PAK	91			<i>diltiazem hcl</i>	43
DERMACINRX THERAZOLE PAK ..	70			DILT-XR	43
DERMACINRX ZRM PAK	91			DIMENTHO	84
DERMAGRAFT	245			<i>dimethyl fumarate</i>	231
DERMALID	91			DIPENTUM	203
DERMAZENE	67			DIPHEN	4
DERMAZYL KIT	91			<i>diphenoxylate-atropine</i>	205
DERMELLE	89			<i>dipyridamole</i>	165
				<i>disopyramide phosphate</i>	37

<i>disulfiram</i>	26	DROXIA.....	166	EASY TOUCH SAFETY LANCETS	
DITHOL.....	84	<i>droxidopa</i>	51	.....	211
DIURIL.....	46	DRYSOL.....	85	EASY TOUCH SAFETY PEN	
<i>divalproex</i>	264	DRYSOL DAB-O-MATIC.....	85	NEEDLE.....	241
DIVIGEL.....	169	DUAKLIR PRESSAIR.....	10	EASY TOUCH SHEATHLOCK	
DM2.....	99	DUAVEE.....	169	INSULIN.....	218
DMT SUIK.....	196	DULERA.....	10	EASY TOUCH TEST STRIP.....	109
<i>dofetilide</i>	37	<i>duloxetine</i>	21	EASY TOUCH TWIST LANCETS.....	211
DOJOLVI.....	244	DUOBRII.....	94	EASY TOUCH UNI-SLIP.....	218
DOLISHALE.....	55	DUODOTE.....	237	EASY TRAK GLUCOSE TEST.....	109
DOLOTRANZ.....	91	DUOPA.....	260	EASY TRAK II TEST STRIP.....	109
<i>donepezil</i>	18, 19	DUPIXENT PEN.....	12	EASY TWIST AND CAP LANCETS	
DONNATAL.....	276	DUPIXENT SYRINGE.....	12	.....	211
DOPTELET (10 TAB PACK).....	166	DUREZOL.....	150	EASYGLUCO PLUS.....	109
DOPTELET (15 TAB PACK).....	166	DURLAZA.....	166	EASYGLUCO TEST.....	110
DOPTELET (30 TAB PACK).....	166	<i>dutasteride</i>	280	EASYMAX.....	110
DORYX MPC.....	180	<i>dutasteride-tamsulosin</i>	280	EASYMAX 15 TEST STRIPS.....	110
<i>dorzolamide</i>	155	DUTOPROL.....	42, 43	EBASE CONTROLLER.....	15
<i>dorzolamide (pf)</i>	155	DUZALLO.....	159	EC-NAPROXEN.....	200
<i>dorzolamide-timolol</i>	155	DVORAH.....	259	<i>econazole</i>	70
<i>dorzolamide-timolol (pf)</i>	155	DYANAVEL XR.....	25	ECONTRA EZ.....	55
DOTTI.....	169	E.E.S. 400.....	178	ECONTRA ONE-STEP.....	55
DOVATO.....	187	EASIVENT HOLDING CHAMBER.....	15	ECOTRIN.....	248
DOVER FOLEY CATHETER.....	209	EASIVENT MASK LARGE.....	15	ECOZA.....	70
DOVER LATEX FOLEY		EASIVENT MASK MEDIUM.....	15	EDARBI.....	40
CATHETER.....	209	EASIVENT MASK SMALL.....	15	EDARBYCLOR.....	39
DOVER RED RUBBER		EASY COMFORT INSULIN		EDEX.....	142
ROBINSON CATH.....	209	SYRINGE.....	217	EDLUAR.....	34
DOVER UNIVERSAL.....	209	EASY COMFORT LANCETS.....	211	ED-SPAZ.....	276
<i>doxazosin</i>	39	EASY COMFORT PEN NEEDLES.....	241	EDURANT.....	189
<i>doxepin</i>	23, 33, 84	EASY GLIDE INSULIN SYRINGE.....	217	EEMT.....	169
<i>doxercalciferol</i>	145	EASY GLIDE PEN NEEDLE.....	241	EEMT HS.....	169
<i>doxycycline hyclate</i> 180, 181, 182, 236		EASY GLUCO G2.....	108	<i>efavirenz</i>	189
<i>doxycycline monohydrate</i>	182	EASY PLUS II TEST.....	108	<i>efavirenz-emtricitabin-tenofo</i>	191
<i>doxylamine-pyridoxine (vit b6)</i>	7	EASY STEP.....	108	<i>efavirenz-lamivu-tenofo</i>	191
D-PENAMINE.....	192	EASY TALK GLUCOSE TEST.....	108	EFFACLAR ADAPALENE.....	68
DRITHOCREME HP.....	94	EASY TOUCH.....	241	EFFER-K.....	141
DRIZALMA SPRINKLE.....	21	EASY TOUCH BLU LINK TEST		EGATEN.....	186
<i>dronabinol</i>	6	STRIP.....	109	EGRIFTA SV.....	145
DROPLET INSULIN SYR(HALF		EASY TOUCH FLIPLOCK		ELEMENT COMPACT TEST	
UNIT).....	217	INSULIN.....	217	STRIPS.....	110
DROPLET INSULIN SYRINGE.....	217	EASY TOUCH INSULIN SAFETY		ELEMENT TEST STRIPS.....	110
DROPLET LANCETS.....	211	SYR.....	217	ELEPSIA XR.....	264
DROPLET MICRON PEN NEEDLE		EASY TOUCH INSULIN SYRINGE		ELESTRIN.....	169
.....	241	.....	218	<i>eletriptan</i>	255
DROPLET PEN NEEDLE.....	241	EASY TOUCH LANCETS.....	211	ELIGARD.....	143
DROPSAFE PEN NEEDLE.....	241	EASY TOUCH LUER LOCK		ELIGARD (3 MONTH).....	143
<i>drosiprenone-e.estradiol-lm.fa</i>	55	INSULIN.....	218	ELIGARD (4 MONTH).....	143
<i>drosiprenone-ethinyl estradiol</i>	55	EASY TOUCH PEN NEEDLE.....	241	ELIGARD (6 MONTH).....	143

ELINEST	55	ENVARUSUS XR	175	<i>ethosuximide</i>	264
ELIQUIS	161	ENZNONUTY	91	<i>ethyl chloride</i>	91
ELIQUIS DVT-PE TREAT 30D START	161	EPCLUSA	191	<i>ethynodiol diac-eth estradiol</i>	56
ELIXOPHYLLIN	18	EPICERAM	85	<i>etidronate disodium</i>	144
ELLA	55	EPICYN	89	<i>etodolac</i>	200
ELLZIA PAK	78	EPIDIOLEX	262	<i>etonogestrel-ethinyl estradiol</i>	53
ELMIRON	281	EPIDUO FORTE	66	<i>etoposide</i>	230
ELOCTATE	159	EPIFIX AMNIOTIC MEMBRANE ..	245	<i>etravirine</i>	189
ELURYNG	53	EPIFOAM	90	EUCRISA	74
EMBRACE BLOOD GLUCOSE SYSTEM	111	<i>epinastine</i>	149	EURAX	72
EMBRACE EVO TEST STRIPS ...	111	<i>epinephrine</i>	37, 224	EUTHYROX	147
EMBRACE LANCETS	212	<i>epinephrine hcl</i>	64	EVAMIST	170
EMBRACE PRO TEST STRIPS ...	111	EPISIL	245	EVARREST	167
EMBRACE TALK TEST STRIPS ...	111	EPITOL	264	EVEKEO ODT	25
EMCYT	231	EPIVIR HBV	192	EVENCARE G2	111
EMEND	7	<i>eplerenone</i>	45	EVENCARE G3 TEST	112
EMFLAZA	196	EPOGEN	162	EVENCARE MINI GLUCOSE TEST STR	112
EMGALITY PEN	255	<i>eprosartan</i>	41	EVENCARE PROVIEW TEST STRIP	112
EMGALITY SYRINGE	255, 257	EQUETRO	27	EVENCARE TEST	112
EMOQUETTE	56	<i>ergocalciferol (vitamin d2)</i>	286	<i>everolimus (antineoplastic)</i>	226
EMPAVELI	161	<i>ergoloid</i>	53	<i>everolimus (immunosuppressive)</i> ..	175
EMSAM	32	ERGOMAR	255	EVERSENSE SMART TRANSMITTER	132
<i>emtricitabine</i>	189	<i>ergotamine-caffeine</i>	255	EVICEL	167
<i>emtricitabine-tenofovir (tdf)</i>	188	ERIVEDGE	226	EVOLUTION TEST STRIPS	112
EMTRIVA	189	ERLEADA	225	EVOTAZ	190
EMULSION SB	85	<i>erlotinib</i>	228	EVRYSDI	224
EMVERM	186	ERRIN	56	EXEL INSULIN	218
<i>enalapril maleate</i>	40	ERTACZO	70	EXELDERM	70
<i>enalapril-hydrochlorothiazide</i>	38	ERY PADS	69	<i>exemestane</i>	226
ENBREL	194	ERY-TAB	178	EXODERM	70
ENBREL MINI	194	ERYTHROCIN (AS STEARATE) ...	178	EXSERVAN	233
ENBREL SURECLICK	194	<i>erythromycin</i>	153, 178	EXTAVIA	231, 232
ENDARI	166	<i>erythromycin ethylsuccinate</i>	178	EXTRA-VIRT PLUS DHA	285
ENDO AVITENE	167	<i>erythromycin with ethanol</i>	69	EYE	238
ENDOCET	258	<i>erythromycin-benzoyl peroxide</i>	69	EYSUVIS	150
ENGERIX-B (PF)	173, 174	ESBRIET	246	E-Z JECT LANCETS	212
ENLITE GLUCOSE SENSOR	132	<i>escitalopram oxalate</i>	20	E-Z JECT THIN LANCETS	212
<i>enoxaparin</i>	163	<i>esomeprazole magnesium</i>	278, 279	EZ SMART LANCETS	212
ENPRESSE	56	ESPEROCT	160	EZ SMART PLUS TEST	113
ENSKYCE	56	ESTARYLLA	56	EZ SMART TEST	113
ENSPRYNG	198	<i>estazolam</i>	33	EZALLOR SPRINKLE	47
ENSTILAR	95	<i>estradiol</i>	169, 170, 283	<i>ezetimibe</i>	50
<i>entacapone</i>	260	<i>estradiol-norethindrone acet</i>	170	<i>ezetimibe-simvastatin</i>	46, 47
<i>entecavir</i>	192	ESTRING	283	EZ-LETS	212
ENTEREG	207	ESTROGEL	170	FABIOR	68
ENTRESTO	51	<i>estrogens-methyltestosterone</i>	169	FACTIVE	180
ENULOSE	204	<i>eszopiclone</i>	34		
		<i>ethacrynic acid</i>	44		
		<i>ethambutol</i>	185		

FALMINA (28).....	56	FIRVANQ.....	185	<i>flurazepam</i>	33
<i>famciclovir</i>	187	FLAREX.....	150	<i>flurbiprofen</i>	200
<i>famotidine</i>	278	<i>flavoxate</i>	282	<i>flurbiprofen sodium</i>	150
FANAPT.....	30	<i>flecainide</i>	37	<i>flutamide</i>	225
FARXIGA.....	97	FLEXICHAMBER.....	15	<i>fluticasone propionate</i>	5, 79
FARYDAK.....	230	FLEXICHAMBER-LG CHILD		<i>fluticasone propion-salmeterol</i>	11
FASENRA PEN.....	12	MASK.....	15	<i>fluvastatin</i>	48
FAYOSIM.....	56	FLEXICHAMBER-SM ADULT		<i>fluvoxamine</i>	20
FC2 FEMALE CONDOM.....	237	MASK.....	15	FLUZONE HIGHDOSE QUAD 21-	
<i>febuxostat</i>	158	FLEXICHAMBER-SM CHILD		22 PF.....	173
FEIBA NF.....	160	MASK.....	15	FLUZONE QUAD 2021-2022.....	173
<i>felbamate</i>	264, 265	FLEXIPAK.....	199	FLUZONE QUAD 2021-2022 (PF)	173
<i>felodipine</i>	43	FLOLIPID.....	47	FLUZONE QUAD SOUTH	
FEM PH.....	283	FLOVENT DISKUS.....	12	HEM2021(PF).....	173
FEMALE CATHETER.....	209	FLOVENT HFA.....	12	FLUZONE QUAD SOUTHERN	
FEMCAP.....	62	FLUAD QUAD 2021-22(65Y		HEM 2021.....	173
FEMRING.....	283	UP)(PF).....	172	FLYP NEBULIZER.....	15
FEMYNOR.....	56	FLUARIX QUAD 2021-2022 (PF)..	172	FML FORTE.....	151
<i>fenofibrate</i>	51	FLUBLOK QUAD 2021-2022 (PF).	172	FML S.O.P.....	151
<i>fenofibrate micronized</i>	51	FLUCELVAX QUAD 2021-2022 ...	172	FOLET ONE.....	284
<i>fenofibrate nanocrystallized</i>	51	FLUCELVAX QUAD 2021-2022		<i>folic acid</i>	284
<i>fenofibric acid</i>	51	(PF).....	172	<i>fondaparinux</i>	163
<i>fenofibric acid (choline)</i>	51	<i>fluconazole</i>	184	FORA 6 CONNECT GLUCOSE	
<i>fenoprofen</i>	200	<i>flucytosine</i>	184	STRIP.....	113
<i>fantanyl</i>	250	<i>fludrocortisone</i>	198	FORA D15G STRIPS.....	113
<i>fantanyl citrate</i>	249	FLULAVAL QUAD 2021-2022 (PF)	173	FORA D20.....	114
FENTORA.....	250	FLUMIST QUAD 2021-2022.....	173	FORA D40-G31 TEST STRIPS.....	114
FERRIPROX.....	239	<i>flunisolide</i>	5	FORA G20.....	114
FERRIPROX (2 TIMES A DAY)....	239	<i>fluocinolone</i>	78, 79	FORA G30-PREMIUM V10 TEST	
<i>ferrous sulfate</i>	284	<i>fluocinolone acetone oil</i>	139	STRP.....	114
FETZIMA.....	21, 22	<i>fluocinolone and shower cap</i>	78	FORA GD50 TEST STRIPS.....	114
<i>flexofenadine-pseudoephedrine</i>	3	<i>fluocinonide</i>	79	FORA GTEL GLUCOSE TEST	
FIASP FLEXTOUCH U-100		FLUOCINONIDE-E.....	79	STRIP.....	115
INSULIN.....	135	<i>fluocinonide-emollient</i>	79	FORA TEST STRIP.....	115
FIASP PENFILL U-100 INSULIN...	135	FLUOPAR.....	79	FORA TN'G ADVAN PRO TEST	
FIASP U-100 INSULIN.....	135	<i>fluorescein-benoxinate</i>	152	STRIP.....	115
FIFTY50 SAFETY SEAL		<i>fluorescein-propraracaine</i>	152	FORA TN'G VOICE TEST STRIPS	
LANCETS.....	212	<i>fluoride (sodium)</i>	283, 284	.....	115
FIFTY50 TEST STRIP.....	113	FLUORIDEX DAILY DEFENSE.....	284	FORA V10.....	115
FINACEA.....	66	FLUORIDEX SENSITIVITY		FORA V10-V12-D10-D20 STRIPS	116
<i>finasteride</i>	280	RELIEF.....	284	FORA V12 GLUCOSE.....	116
FINE 30 UNIVERSAL LANCETS...212		<i>fluorometholone</i>	150	FORA V20.....	116
FINGERSTIX LANCETS.....	212	FLUOROPLEX.....	90	FORA V30A.....	116
FINTEPLA.....	265	<i>fluorouracil</i>	90	FORACARE GD20.....	116
FIORICET.....	248	FLUOVIX.....	79	FORACARE GD40 TEST STRIPS	117
FIRDAPSE.....	233	FLUOVIX PLUS.....	79	FORACARE LANCETS.....	212
FIRMAGON.....	227	<i>fluoxetine</i>	20	FORAXA.....	91
FIRMAGON KIT W DILUENT		<i>fluphenazine hcl</i>	32	<i>formoterol fumarate</i>	9
SYRINGE.....	227	<i>flurandrenolide</i>	79	FORTEO.....	143

FORTISCARE G1 TEST STRIP	117	GAVILYTE-N	206	GLUCOCOM GLUCOSE	119
FORTISCARE GLUCOSE TEST STRIPS	117	GAVRETO	228	GLUCOCOM LANCETS	212
FOSAMAX PLUS D	143	GE100 BLOOD GLUCOSE TEST STRIP	117	<i>glyburide</i>	98
<i>fosamprenavir</i>	190	GE333 BLOOD GLUCOSE TEST STRIP	118	<i>glyburide micronized</i>	98
<i>fosfomycin tromethamine</i>	177	GEAMETDRAY	87	<i>glyburide-metformin</i>	100
<i>fosinopril</i>	40	GELCLAIR	244	<i>glycine urologic solution</i>	185
<i>fosinopril-hydrochlorothiazide</i>	38	GELFILM	158, 246	<i>glycopyrrolate</i>	277
FOSRENOL	140	GELFOAM	167	GLYDO	202
FOTIVDA	228	GELFOAM JMI POWDER	167	GLYXAMBI	99
FRAGMIN	163, 164	GELFOAM SPONGE SIZE 200	167	GM100	120
FREESTYLE INSULINX	117	GELNIQUE	282	GOCOVRI	260
FREESTYLE INSULINX TEST STRIPS	117	GELX	244	GOJJI BLOOD GLUCOSE TEST STRIP	120
FREESTYLE LANCETS	212	<i>gemfibrozil</i>	51	GOJJI LANCETS	212
FREESTYLE LIBRE 14 DAY READER	132	GEMMILY	56	GONITRO	52
FREESTYLE LIBRE 14 DAY SENSOR	132	GEMTESA	281	GOODLIFE AC-302 TEST STRIP ..	120
FREESTYLE LIBRE 2 READER... ..	132	GENADUR	89	GRAFIX CORE	245
FREESTYLE LIBRE 2 SENSOR... ..	132	GENERLAC	204	GRAFIX PRIME	245
FREESTYLE LITE STRIPS	117	GENGRAF	175	GRALISE	235
FREESTYLE NAVIGATOR GLUC SENS	133	GENOTROPIN	145	<i>granisetron hcl</i>	7
FREESTYLE PRECISION	218	GENOTROPIN MINIQUICK	145	GRANIX	164
FREESTYLE PRECISION NEO STRIPS	117	GENSTRIP TEST STRIP	118	GRASTEK	3
FREESTYLE TEST	117	GENTAK	153	<i>griseofulvin microsize</i>	184
FREESTYLE UNISTIK 2	212	<i>gentamicin</i>	69, 153	<i>griseofulvin ultramicrosize</i>	184
FROTEK	84	GENULTIMATE TEST STRIP	118	<i>guaiacol</i>	85
<i>frovatriptan</i>	255	GENVOYA	191	<i>guanfacine</i>	34, 41
FULPHILA	164	GILENYA	232	GUARDIAN CONNECT TRANSMITTER	133
<i>furosemide</i>	44	GILOTRIF	228	GUARDIAN LINK 3 TRANSMITTER	133
FUZEON	189	GIMOTI	278	GUARDIAN SENSOR 3	133
FYAVOLV	170	<i>glatiramer</i>	232	GVOKE HYPOPEN 1-PACK	133
FYCOMPA	265, 266	GLATOPA	232	GVOKE HYPOPEN 2-PACK	133
<i>gabapentin</i>	266	GLEOSTINE	225	GVOKE PFS 1-PACK SYRINGE	133, 134
GALAFOLD	224	<i>glimepiride</i>	98	GVOKE PFS 2-PACK SYRINGE ...	134
<i>galantamine</i>	19	<i>glipizide</i>	98	GYNAZOLE-1	283
GALZIN	239	<i>glipizide-metformin</i>	100	GYNOL II	53
GAMMAGARD LIQUID	171	GLOPERBA	158	HAEGARDA	195
GAMMAKED	171	GLUCAGON (HCL) EMERGENCY KIT	133	HAILEY	56
GAMUNEX-C	171	GLUCAGON EMERGENCY KIT (HUMAN)	133	HAILEY 24 FE	56
GARDASIL 9 (PF)	174	GLUCO NAVII TEST STRIP	118	HAILEY FE 1.5/30 (28)	56
<i>gatifloxacin</i>	153	GLUCOCARD 01 SENSOR PLUS ..	118	HAILEY FE 1/20 (28)	56
GATTEX 30-VIAL	207	GLUCOCARD EXPRESSION	119	<i>halcinonide</i>	79
GATTEX ONE-VIAL	207	GLUCOCARD SHINE TEST STRIPS	119	<i>halobetasol propionate</i>	79, 80
GAVILYTE-C	206	GLUCOCARD VITAL SENSOR	119	HALOG	80
GAVILYTE-G	206	GLUCOCARD VITAL TEST STRIPS	119	<i>haloperidol</i>	31
				<i>haloperidol lactate</i>	31

HARMONY GLUCOSE TEST STRIP	120	HUMALOG MIX 50-50 INSULN U-100	135	<i>hydrocortisone-iodoquinol-alo</i> 2	67
HARVONI	191	HUMALOG MIX 50-50 KWIKPEN	135	<i>hydrocortisone-iodoquinol</i>	67
HAVRIX (PF)	174	HUMALOG MIX 75-25 KWIKPEN	136	<i>hydrocortisone-iodoquinol-alo</i> e	67
HEALTHPRO TEST STRIPS	120	HUMALOG MIX 75-25(U-100)INSULN	136	<i>hydrocortisone-pramoxine</i>	90, 203
HEALTHWISE INSULIN SYRINGE	218	HUMALOG U-100 INSULIN	136	<i>hydromorphone</i>	250
HEALTHWISE PEN NEEDLE	241	HUMATE-P	160	<i>hydroxocobalamin</i>	286
HEALTHY ACCENTS UNIFINE PENTIP	241	HUMATROPE	145	<i>hydroxychloroquine</i>	186
HEALTHY ACCENTS UNILET LANCET	212	HUMIRA	194	<i>hydroxypropyl cellulose</i>	246
HEATHER	56	HUMIRA PEN	194	<i>hydroxyurea</i>	225
HELIDAC	277	HUMIRA PEN CROHNS-UC-HS START	194	<i>hydroxyzine hcl</i>	4
HEMADY	196	HUMIRA PEN PSOR-UVEITS-ADOL HS	194	<i>hydroxyzine pamoate</i>	4
HEMANGEOL	41	HUMIRA(CF)	195	HYGEL	89
HEMLIBRA	163	HUMIRA(CF) PEDI CROHNS STARTER	194	HYLAGUARD	86
HEMOFIL M HIGH	160	HUMIRA(CF) PEN	195	HYLATOPIC	86
HEMOFIL M LOW	160	HUMIRA(CF) PEN CROHNS-UC-HS	194	HYLATOPICPLUS	86
HEMOFIL M MID	160	HUMIRA(CF) PEN PEDIATRIC UC	194	HYOPHEN	177
HEMOFIL M SUPER HIGH	160	HUMIRA(CF) PEN PSOR-UV-ADOL HS	195	<i>hyoscyamine sulfate</i>	276
HEP FLUSH-10 (PF)	164	HUMULIN 70/30 U-100 INSULIN	136	HYOSYNE	276
<i>heparin (porcine)</i>	164	HUMULIN 70/30 U-100 KWIKPEN	136	HYPER-SAL	238
<i>heparin (porcine) in 5 % dex</i>	164	HUMULIN N NPH U-100 INSULIN	136	HYPERSONIQU NEBULIZER CARTRIDGE	210
<i>heparin flush(porcine)-0.9nacl</i>	164	HUMULIN R REGULAR U-100 INSULN	136	HYPOCYN	155
HEPARIN LOCK	164	HUMULIN R U-500 (CONC) INSULIN	136	<i>hypromellose</i>	246
HEPARIN LOCK FLUSH	164	HUMULIN R U-500 (CONC) KWIKPEN	136	HYQVIA	171
<i>heparin lock flush (porcine)</i>	164	HYCANTIN	227	HYQVIA IG COMPONENT	171
HEPARIN LOCKFLUSH(PORCINE)(PF)	164	HYCLODEX	89	HYSINGLA ER	250
<i>heparin, porcine (pf)</i>	164	<i>hydralazine</i>	41	<i>ibandronate</i>	144
HEPLISAV-B (PF)	174	HYDRO 35	87	IBRANCE	228
HETLIOZ	32	<i>hydrochlorothiazide</i>	46	IBU	200
HETLIOZ LQ	32	<i>hydrocodone bitartrate</i>	250	IBUPAK	200
HICON	231	<i>hydrocodone-acetaminophen</i>	258	<i>ibuprofen</i>	200
HIDEX	196	<i>hydrocodone-chlorpheniramine</i>	63	<i>ibuprofen-famotidine</i>	198
HIXDEFRIMA	70	<i>hydrocodone-homatropine</i>	64	<i>icatibant</i>	195
HIZENTRA	171	<i>hydrocodone-ibuprofen</i>	248	ICLEVIA	56
HOMATROPAIRE	157	<i>hydrocortisone</i>	81, 196, 204	ICLUSIG	228
HOME NEBULIZER PLUS SIDESTREAM	15	<i>hydrocortisone acetate</i>	204	IDELVION	162
HORIZANT	233	<i>hydrocortisone butyrate</i>	80, 81	IDHIFA	230
HPR	86	<i>hydrocortisone valerate</i>	81	IFE-BIMIX 30/1	142
HPR PLUS	85	<i>hydrocortisone-acetic acid</i>	140	IFE-PG20	142
HPR PLUS HYDROGEL	85			IGLUCOSE TEST STRIP	121
HPR PLUS-MB HYDROGEL	86			ILEVRO	151
HUMALOG JUNIOR KWIKPEN U-100	135			ILIDERM	91
HUMALOG KWIKPEN INSULIN	135			<i>imatinib</i>	228
				IMBRUVICA	228
				IMCIVREE	287
				<i>imipramine hcl</i>	23
				<i>imipramine pamoate</i>	23
				<i>imiquimod</i>	174
				IMPAVIDO	187

IMPEKLO.....	81	INSPIRACHAMBER WITH MASK- SMALL.....	15	JARDIANCE.....	97
IMPOYZ.....	81	INSPIRATION ELITE FILTER.....	210	JASMIEL (28).....	56
IMVEXXY MAINTENANCE PACK.....	283	<i>insulin asp prt-insulin aspart</i>	136	JATENZO.....	168
IMVEXXY STARTER PACK.....	283	<i>insulin aspart u-100</i>	136, 137	JELMYTO.....	225
INAVIX.....	199	<i>insulin syrlndl u100 half mark</i>	218	JENCYCLA.....	56
INBRIJA.....	260	INSULIN SYRINGE.....	218	JENTADUETO.....	96
INCASSIA.....	56	INSULIN SYRINGE MICROFINE..	218	JENTADUETO XR.....	96
INCONTROL PEN NEEDLE.....	242	<i>insulin syringe needleless</i>	218	JINTELI.....	170
INCONTROL SUPER THIN LANCETS.....	212	<i>insulin syringe-needle u-100</i> ..	218, 219	JIVI.....	160
INCONTROL ULTRA THIN LANCETS.....	212	INSUPEN.....	242	JOLESSA.....	56
INCRELEX.....	146	INSYTE IV CATHETER.....	215	JORNAY PM.....	35
INCRUSE ELLIPTA.....	8	INTELENCE.....	189	JUBLIA.....	70
<i>indapamide</i>	46	INTRAROSA.....	168	JULEBER.....	56
INDERAL XL.....	42	INTRON A.....	175	JULUCA.....	187
INDOCIN.....	200	INVACARE LANCETS.....	212	JUNEL 1.5/30 (21).....	56
<i>indomethacin</i>	200	INVELTYS.....	151	JUNEL 1/20 (21).....	56
<i>indomethacin submicronized</i>	200	INVIRASE.....	190	JUNEL FE 1.5/30 (28).....	57
INFASURF.....	247	INVOKAMET.....	101	JUNEL FE 1/20 (28).....	57
INFINITY TEST STRIPS.....	121	INVOKAMET XR.....	101	JUNEL FE 24.....	57
INFINITY VOICE TEST STRIP.....	121	INVOKANA.....	97	JUXTAPID.....	49
INFLAMMACIN.....	199	IODOFLEX.....	67	JYNARQUE.....	281
INFLAMMA-K.....	84	IODOSORB.....	67	KAITLIB FE.....	57
INFLATHERM(DICLOFENAC- MENTHOL).....	199	IOPIDINE.....	155	KALETRA.....	190
INGREZZA.....	234	<i>ipratropium bromide</i>	8, 236	KALLIGA.....	57
INGREZZA INITIATION PACK.....	234	<i>ipratropium-albuterol</i>	10	KALYDECO.....	247
INJECT EASE LANCETS.....	212	<i>irbesartan</i>	41	KAMDOY.....	91
INLYTA.....	228	<i>irbesartan-hydrochlorothiazide</i>	39	KAPSPARGO SPRINKLE.....	42
INNOPRAN XL.....	42	IRESSA.....	228	KARBINAL ER.....	4
INNOSPIRE DELUXE.....	15	ISENTRESS.....	190	KARIVA (28).....	57
INNOSPIRE ELEGANCE.....	15	ISENTRESS HD.....	190	KATERZIA.....	43
INNOSPIRE ESSENCE.....	15	ISIBLOOM.....	56	KELARX.....	89
INNOSPIRE GO NEBULIZER.....	15	<i>isoflurane</i>	238	KELNOR 1/35 (28).....	57
INNOSPIRE MINI.....	15	<i>isoniazid</i>	185	KELNOR 1-50 (28).....	57
INNOSPIRE REPLACEMENT FILTER.....	210	<i>isosorbide dinitrate</i>	52	KENGUARD FOLEY CATHETER.....	209
INOVA.....	87	<i>isosorbide mononitrate</i>	52	KERAGEL.....	208
INOVA 4-1.....	87	<i>isotretinoin</i>	64, 65	KERAGELT.....	208
INOVA 8-2.....	87	<i>isoxsuprine</i>	53	KERALYT SCALP COMPLETE.....	87
INQOVI.....	225	<i>isradipine</i>	43	KERENDIA.....	45
INREBIC.....	228	ISTURISA.....	142	KERLIX AMD.....	208, 209
INSPIRACHAMBER.....	15	<i>itraconazole</i>	184	KESIMPTA PEN.....	232
INSPIRACHAMBER WITH MASK- LARGE.....	15	<i>ivermectin</i>	72, 186	<i>ketamine</i>	34
INSPIRACHAMBER WITH MASK- MED.....	15	IXINITY.....	162	<i>ketoconazole</i>	70, 71, 184
		JAIMIESS.....	56	KETODAN.....	71
		JAKAFI.....	226	KETODAN KIT.....	71
		JANTOVEN.....	159	<i>ketoprofen</i>	200
		JANUMET.....	95	<i>ketorolac</i>	151, 198, 200, 201
		JANUMET XR.....	96	KEVEYIS.....	272
		JANUVIA.....	98	KEVZARA.....	198
				KINERET.....	194

KISQALI.....	228	LANOXIN.....	38	<i>levonorg-eth estrad triphasic</i>	58
KISQALI FEMARA CO-PACK.....	227	<i>lansoprazole</i>	279	LEVORA-28.....	58
KIVIK.....	86	<i>lanthanum</i>	140	<i>levorphanol tartrate</i>	250
KLARITY (CHONDROITIN) (PF)...	158	LANTUS SOLOSTAR U-100		LEVO-T.....	147
KLARITY-A (AZITHRO-CHONDR)(PF).....	153	INSULIN.....	137	<i>levothyroxine</i>	147
KLARITY-B (BETAMETH-CHOND)(PF).....	151	LANTUS U-100 INSULIN.....	137	LEVOXYL.....	147
KLARITY-L (LOTEPRED-CHOND)(PF).....	151	<i>lapatinib</i>	228	LEVULAN.....	231
KLISYRI.....	90	LARIN 1.5/30 (21).....	57	LEXETTE.....	81
KLOR-CON M10.....	141	LARIN 1/20 (21).....	57	LEXIVA.....	190
KLOR-CON M15.....	141	LARIN 24 FE.....	57	LEXIXRYL.....	84
KLOR-CON M20.....	141	LARIN FE 1.5/30 (28).....	57	LIALDA.....	203
KLOXXADO.....	33	LARIN FE 1/20 (28).....	57	LICART.....	84
KOATE.....	160	LARISSIA.....	57	LIDO BDK.....	237
KOGENATE FS.....	160	LASTACAPT.....	149	<i>lidocaine</i>	91
KOMBIGLYZE XR.....	96	<i>latanoprost</i>	156	<i>lidocaine hcl</i>	91, 202
KORLYM.....	100	<i>latanoprost (pf)</i>	156	<i>lidocaine hcl-hydrocortison ac</i>	90, 203
KOSELUGO.....	226	LATUDA.....	30	LIDOCAINE VISCOUS.....	202
KOVALTRY.....	160	LAYOLIS FE.....	57	<i>lidocaine-hydrocortisone-aloe</i>	203, 204
K-PHOS NO 2.....	281	LAZANDA.....	250	<i>lidocaine-prilocaine</i>	91
K-PHOS ORIGINAL.....	281	LC PLUS.....	15	<i>lidocaine-tetracaine</i>	91
KRINTAFEL.....	186	LC PLUS NEBULIZER-PED MASK.....	15	LIDOMARK 1-5.....	202
KRISTALOSE.....	206	LDO PLUS.....	91	LIDOMARK 2-5.....	202
KURVELO (28).....	57	LEENA 28.....	57	LIDOPAC.....	91
KYLEENA.....	238	<i>leflunomide</i>	195	LIDOPIN.....	91
KYNMOBI.....	260	LENVIMA.....	228	LIDOPURE PATCH.....	91
<i>l norgest/e.estradiol-e.estrad</i>	57	LESSINA.....	57	LIDORX.....	91
L.E.T.(LIDO-EPINEPH BIT-TETRA).....	91	<i>letrozole</i>	226	LIDORXKIT.....	92
<i>labetalol</i>	39	<i>leucovorin calcium</i>	230	LIDOTRANS 5 PAK.....	92
LACRISERT.....	158	LEUKERAN.....	225	LIDOTREX.....	92
<i>lactated ringers</i>	86	LEUKINE.....	164	LIDOTREX (WITH VITAMIN E).....	92
<i>lactulose</i>	206	<i>leuprolide</i>	143	LIDOVEX.....	92
LAMICTAL XR STARTER (BLUE).....	266	<i>levabuterol hcl</i>	9	LIDTOPIC MAX.....	92
LAMICTAL XR STARTER (GREEN).....	266	<i>levabuterol tartrate</i>	9	LILETTA.....	238
LAMICTAL XR STARTER (ORANGE).....	266	LEVATOL.....	42	LILLOW (28).....	58
LAMIOFLUR.....	238	LEVEMIR FLEXTOUCH U-100		<i>lindane</i>	72
<i>lamivudine</i>	189, 192	INSULN.....	137	<i>linezolid</i>	178
<i>lamivudine-zidovudine</i>	188	LEVEMIR U-100 INSULIN.....	137	LINZESS.....	204
<i>lamotrigine</i>	266, 267	<i>levetiracetam</i>	267	<i>liothyronine</i>	147
LAMPIT.....	187	LEVICYN ANTIPRURITIC.....	85	<i>lisinopril</i>	40
<i>lancets</i>	212	LEVICYN ANTIPRURITIC SG.....	86	<i>lisinopril-hydrochlorothiazide</i>	38
LANCETS, SUPER THIN.....	212	LEVICYN DERMAL.....	89	LITE TOUCH INSULIN PEN	
LANCETS, THIN.....	212	<i>levobunolol</i>	156	NEEDLES.....	242
LANCETS, ULTRA THIN.....	212	<i>levocarnitine</i>	239	LITE TOUCH INSULIN SYRINGE.....	219
		<i>levocarnitine (with sugar)</i>	239	LITE TOUCH LANCETS.....	212
		<i>levocetirizine</i>	5	LITE TOUCH-MEDIUM MASK.....	15
		<i>levofloxacin</i>	153, 180	LITEAIRE MDI CHAMBER.....	15
		LEVONEST (28).....	57	LITETOUCH-LARGE MASK.....	15
		<i>levonorgestrel</i>	57	LITETOUCH-SMALL MASK.....	15
		<i>levonorgestrel-ethinyl estrad</i>	58	<i>lithium carbonate</i>	27

LITHOSTAT	204	LYUMJEV KWIKPEN U-100		MEDLANCE PLUS SPECIAL	
LIVALO	48	INSULIN	137	BLADE	212
LMR PLUS	92	LYUMJEV KWIKPEN U-200		MEDROL	196
LO LOESTRIN FE	58	INSULIN	137	<i>medroxyprogesterone</i>	53, 170
LO-DOSE ASPIRIN	166	LYUMJEV U-100 INSULIN	137	<i>mefenamic acid</i>	201
LOFRIC	209	LYZA	58	<i>mefloquine</i>	186
LOFRIC ORIGO	209	MACRILEN	239	<i>megestrol</i>	231, 236
LOFRIC PRIMO NELATON		<i>mafenide acetate</i>	73	MEKINIST	226
CATHETER	209	MAGELLAN INSULIN SAFETY		MEKTOVI	226
LOJAIMIESS	58	SYRNG	219	<i>meloxicam</i>	201
LOKELMA	140	MAGELLAN SYRINGE	220	<i>meloxicam submicronized</i>	201
LOMAIRA	287	MAGIC3 INTERMITTENT		<i>melphalan</i>	225
LONSURF	225	CATHETER	209	<i>memantine</i>	18
<i>loperamide</i>	205	<i>malathion</i>	72	MENACTRA (PF)	172
<i>lopinavir-ritonavir</i>	190	<i>maprotiline</i>	23	MENEST	170
LOPROX KIT	71	MARLISSA (28)	58	MENOSTAR	170
<i>lorazepam</i>	26	MARPLAN	19	MENQUADFI (PF)	172
LORAZEPAM INTENSOL	26	MATRISTEM	246	MENTAX	71
LORBRENA	228	MATRISTEM MICROMATRIX	245	MENTHO-CAINE	92
LORYNA (28)	58	MATULANE	230	MENVEO A-C-Y-W-135-DIP (PF)	172
<i>losartan</i>	41	MATZIM LA	44	<i>meperidine</i>	250
<i>losartan-hydrochlorothiazide</i>	39	MAVENCLAD (10 TABLET PACK)	232	<i>meperidine (pf)</i>	250
LOTEMAX	151	MAVENCLAD (4 TABLET PACK)	232	<i>meprobamate</i>	27
LOTEMAX SM	151	MAVENCLAD (5 TABLET PACK)	232	<i>mercaptopurine</i>	225
<i>loteprednol etabonate</i>	151	MAVENCLAD (6 TABLET PACK)	232	MERZEE	58
LOUTREX	85	MAVENCLAD (7 TABLET PACK)	232	<i>mesalamine</i>	203
<i>lovastatin</i>	48	MAVENCLAD (8 TABLET PACK)	232	<i>mesalamine with cleansing wipe</i>	203
LOW-OGESTREL (28)	58	MAVENCLAD (9 TABLET PACK)	232	MESNEX	230
<i>loxapine succinate</i>	29	MAVYRET	192	METADATE ER	35
LOYON	86	MAXICOMFORT II PEN NEEDLE	242	<i>metaproterenol</i>	8
LO-ZUMANDIMINE (28)	58	MAXICOMFORT INSULIN		<i>metaxalone</i>	273
<i>lubiprostone</i>	206	SYRINGE	220	<i>metformin</i>	99
LUCEMYRA	259	MAXI-COMFORT INSULIN		<i>methadone</i>	251
LUGOLS	67	SYRINGE	220	METHADONE INTENSOL	251
<i>luliconazole</i>	71	MAXICOMFORT SAFETY PEN		METHADOSE	251
LUMAKRAS	226	NEEDLE	242	<i>methamphetamine</i>	25
LUMIGAN	156	MAXIDEX	151	<i>methazolamide</i>	155
LUPANETA PACK (1 MONTH)	170	MAYZENT	232	<i>methenamine hippurate</i>	177
LUPANETA PACK (3 MONTH)	170	MAYZENT STARTER PACK	232	<i>methenamine mandelate</i>	177
LUPKYNIS	175	MB HYDROGEL	86	<i>methen-sod phos-meth blue-hyos</i>	177
LUTERA (28)	58	MB HYDROGEL		<i>methimazole</i>	146
LUXAMEND	86	(CYCLOMETHICONE)	86	METHITEST	168
LYLEQ	58	<i>meclizine</i>	7	<i>methocarbamol</i>	273
LYLLANA	170	<i>meclofenamate</i>	201	<i>methotrexate sodium</i>	225
LYNPARZA	228	MEDIHONEY (CAL ALGINATE-		<i>methotrexate sodium (pf)</i>	225
LYRICA	267	HONEY)	209	<i>methoxsalen</i>	93
LYRICA CR	234	MEDIHONEY (HONEY)	93	<i>methscopolamine</i>	276
LYSODREN	230	MEDISENSE THIN LANCETS	212	<i>methyl salicylate</i>	87
		MEDLANCE PLUS LANCETS	212	<i>methyl dopa</i>	41

<i>methyldopa-hydrochlorothiazide</i>	41	MINI WRIGHT PEAK FLOW		<i>mupirocin</i>	69
<i>methylergonovine</i>	63	METER.....	16	<i>mupirocin calcium</i>	69
<i>methylphenidate hcl</i>	35, 36	MINITRAN.....	52	MURI-LUBE.....	246
<i>methylprednisolone</i>	196, 197	<i>minocycline</i>	182, 183	MUSE.....	142
<i>methyltestosterone</i>	168	MINOLIRA ER.....	183	MY CHOICE.....	59
<i>metipranolol</i>	156	<i>minoxidil</i>	41	MY WAY.....	59
<i>metoclopramide hcl</i>	278	MIRCERA.....	163	MYALEPT.....	146
<i>metolazone</i>	46	MIRENA.....	238	MYCAPSSA.....	246
<i>metoprolol succinate</i>	42	<i>mirtazapine</i>	19	<i>mycophenolate mofetil</i>	175
<i>metoprolol ta-hydrochlorothiaz</i>	43	MIRVASO.....	66	<i>mycophenolate sodium</i>	175
<i>metoprolol tartrate</i>	42	<i>misoprostol</i>	277	MYDAYIS.....	25
<i>metronidazole</i>	66, 186, 283	MISTASSIST.....	16	MYDRIATIC4(TROP-PROP-PE- KTRLC).....	158
<i>metyrosine</i>	41	MISTASSIST KIT.....	16	MYFEMBREE.....	146
<i>mexiletine</i>	37	MITOSOL.....	158	MYGLUCOHEALTH.....	122
MIBELAS 24 FE.....	58	MKO (MIDAZOLAM-KETAMINE- ONDAN).....	34	MYGLUCOHEALTH LANCETS.....	213
<i>miconazole nitrate-zinc ox-pet</i>	71	M-M-R II (PF).....	173	MYLERAN.....	225
MICONAZOLE-3.....	283	<i>modafinil</i>	33	MYNATAL.....	285
MICRO BLOOD GLUCOSE.....	121	<i>moexipril</i>	40	MYNATAL ADVANCE.....	285
MICRO THIN LANCETS.....	212	<i>molindone</i>	31	MYNATAL PLUS.....	285
MICROAIR MESH NEBULIZER.....	15	<i>mometasone</i>	5, 81	MYNATAL-Z.....	285
MICROCHAMBER.....	15	MONDOXYNE NL.....	183	MYNATE 90 PLUS.....	285
MICROCYN.....	89	MONO-FLO DRAINAGE BAG.....	210	MYORISAN.....	65
MICRODOT BLOOD GLUCOSE SYSTEM.....	121	MONOJECT INSULIN SAFETY SYRING.....	220	MYRBETRIQ.....	281
MICRODOT INSULIN PEN NEEDLE.....	242	MONOJECT INSULIN SYRINGE..	220	MYTESI.....	205
MICRODOT XTRA BLOOD GLUCOSE.....	122	MONOJECT SYRINGE.....	220	<i>nabumetone</i>	201
MICROGESTIN 1.5/30 (21).....	58	MONOJECT ULTRA COMFORT INSULIN.....	220	<i>nadolol</i>	42
MICROGESTIN 1/20 (21).....	58	MONOJECT ULTRA COMFORT INSULIN.....	220	<i>nadolol-bendroflumethiazide</i>	43
MICROGESTIN 24 FE.....	58	MONOLET LANCETS.....	212	<i>naftifine</i>	71
MICROGESTIN FE 1.5/30 (28).....	58	MONOLET THIN LANCETS.....	212	NAFTIN.....	71
MICROGESTIN FE 1/20 (28).....	58	MONO-LINYAH.....	59	<i>nalbuphine</i>	252
MICROLET LANCET.....	212	MONONINE.....	162	NALOCET.....	258
MICROSPACER.....	16	<i>montelukast</i>	13	<i>naltrexone</i>	33
<i>midazolam</i>	33	MORGIDOX 1X 50.....	183	NAMENDA XR.....	18
<i>midodrine</i>	51	MORGIDOX 1X100.....	183	NAMZARIC.....	18
MIFEPREX.....	236	MORGIDOX 2X100.....	183	NAPRELAN CR.....	201
<i>mifepristone</i>	236	<i>morphine</i>	251, 252	<i>naproxen</i>	201
<i>miglitol</i>	98	<i>morphine (pf)</i>	251	<i>naproxen sodium</i>	201
<i>miglustat</i>	237	<i>morphine concentrate</i>	251	<i>naproxen-esomeprazole</i>	199
MIGRANOW.....	255	MOTEGRITY.....	278	<i>naratriptan</i>	255
MILI.....	59	MOTOFEN.....	205	NARCAN.....	33
MILLIPRED.....	197	MOVANTIK.....	207	NASCOBAL.....	286
MILLIPRED DP.....	197	MOXATAG.....	179	NATACYN.....	154
MIMVEY.....	170	<i>moxifloxacin</i>	153, 180	NATAZIA.....	59
MINERIN CREME.....	86	MUCOSITISRX.....	245	<i>nateglinide</i>	98
MINI PLUS NEBULIZER.....	16	MUGARD.....	245	NATESTO.....	168
MINI ULTRA-THIN II.....	242	MULPLETA.....	166	NATPARA.....	146
		MULTAQ.....	37	NAYZILAM.....	262
				<i>nebulizer and compressor</i>	16

NEBUPENT	187	<i>nilutamide</i>	225	NOVOFINE AUTOCOVER	242
NEBUSAL	238	<i>nimodipine</i>	44	NOVOFINE PLUS	242
NECON 0.5/35 (28)	59	NINLARO	228	NOVOLIN 70/30 U-100 INSULIN ...	138
<i>nefazodone</i>	20	<i>nisoldipine</i>	44	NOVOLIN 70-30 FLEXPEN U-100	138
<i>neomycin</i>	184	<i>nitazoxanide</i>	187	NOVOLIN N NPH U-100 INSULIN	138
<i>neomycin-bacitracin-poly-hc</i>	148	<i>nitisinone</i>	237	NOVOLIN R FLEXPEN	138
<i>neomycin-bacitracin-polymyxin</i>	153	NITRO-BID	52	NOVOLIN R REGULAR U-100	
<i>neomycin-polymyxin b gu</i>	86	NITRO-DUR	52	INSULN	138
<i>neomycin-polymyxin b-dexameth</i> ..	148	<i>nitrofurantoin</i>	178	NOVOLOG FLEXPEN U-100	
<i>neomycin-polymyxin-gramicidin</i>	153	<i>nitrofurantoin macrocrystal</i>	178	INSULIN	138
<i>neomycin-polymyxin-hc</i>	140, 148	<i>nitrofurantoin monohyd/m-cryst</i>	178	NOVOLOG MIX 70-30 U-100	
NEO-POLYCIN	154	<i>nitroglycerin</i>	52	INSULN	138
NEO-POLYCIN HC	148	NITROMIST	52	NOVOLOG MIX 70-30FLEXPEN	
NEORAL	175	NITRO-TIME	52	U-100	138
NEOSALUS	86	NITYR	237	NOVOSEVEN RT	160
NEO-SYNALAR	74	NIVATOPIC PLUS	86	NOVOTWIST	242
NEO-SYNALAR KIT	74	NIVESTYM	165	NOXAFIL	184
NERLYNX	228	<i>nizatidine</i>	278	NOXIPAK	81
NEUAC	66	NOCDURNA (MEN)	143	NP THYROID	147
NEUAC KIT	66	NOCDURNA (WOMEN)	143	NUBEQA	225
NEULASTA	165	NOCTIVA	143	NUCALA	13
NEULASTA ONPRO	165	NOPIOID-LMC KIT	273	NUCARACLINPAK	66
NEUPOGEN	165	NORA-BE	59	NUCARARXPAK	66
NEUPRO	261	NORDITROPIN FLEXPEN	145	NUCORT	81
NEURAPTINE	95	<i>noreth-ethinyl estradiol-iron</i>	59	NUCYNTA	252
NEURCAINE	92	<i>norethindrone (contraceptive)</i>	59	NUCYNTA ER	252
NEUTEK 2TEK TEST STRIPS	122	<i>norethindrone acetate</i>	170	NUDERMRXPAK	94
NEUTRASAL	245	<i>norethindrone ac-eth estradiol</i> ..	59, 170	NUDICLO SOLUPAK	84
NEVANAC	151	<i>norethindrone-e estradiol-iron</i>	59	NUDICLO TABPAK	199
<i>nevirapine</i>	189	<i>norgestimate-ethinyl estradiol</i>	59	NUDROXIPAK	202
NEW DAY	59	NORITATE	67	NUDROXIPAK DSDR-50	199
NEXA PLUS	285	NORLYDA	59	NUDROXIPAK DSDR-75	199
NEXAVAR	228	NORMAL SALINE FLUSH	141	NUDROXIPAK E-400	199
NEXAVIR	224	NORMLGEL AG	67	NUDROXIPAK I-800	199
NEXIUM PACKET	279	NORPACE CR	37	NUDROXIPAK N-500	199
NEXIVA	215	NORTREL 0.5/35 (28)	59	NUEDEXTA	235
NEXLETOL	47	NORTREL 1/35 (21)	60	NULIBRY	233
NEXLIZET	50	NORTREL 1/35 (28)	60	NULYTELY LEMON-LIME	206
NEXPLANON	53	NORTREL 7/7/7 (28)	60	NUMBONEX	92
NEXTSTELLIS	59	<i>nortriptyline</i>	23	NUMBRINO	236
<i>niacin</i>	51	NORVIR	190	NUMOISYN	245
NIACOR	51	NOSE CLIP	210	NUPLAZID	34
<i>nicardipine</i>	44	NOURIANZ	261	NURTEC ODT	255
<i>nicotine</i>	274	NOVA MAX GLUCOSE TEST	122	NUTRASEB	86
<i>nicotine (polacrilex)</i>	274	NOVA SAFETY LANCETS	213	NUTROPIN AQ NUSPIN	145
NICOTROL	274	NOVA SUREFLEX LANCETS	213	NUVAIL	89
NICOTROL NS	274	NOVACORT	90	NUVESSA	283
<i>nifedipine</i>	44	NOVOEIGHT	160	NUWIQ	160
NIKKI (28)	59	NOVOFINE 32	242	NUZYRA	183

NYAMYC.....	71	ONETOUCH DELICA PLUS		ORPHENGESIC FORTE.....	273
NYLIA 7/7/7 (28).....	60	LANCET.....	213	ORSYTHIA.....	60
NYMALIZE.....	44	ONETOUCH SURESOFT		ORTIKOS.....	197
NYMYO.....	60	LANCING DEV.....	133, 213	OSCIMIN.....	276
<i>nystatin</i>	71, 184	ONETOUCH ULTRA TEST.....	123	OSCIMIN SL.....	276
<i>nystatin-triamcinolone</i>	71	ONETOUCH ULTRASOFT		OSCIMIN SR.....	276
NYSTOP.....	71	LANCETS.....	213	<i>oseltamivir</i>	187
NYVEPRIA.....	165	ONETOUCH VERIO TEST		OSMOLEX ER.....	261
OBIZUR.....	160	STRIPS.....	123	OSMOPREP.....	206
OBREDON.....	64	ONEXTON.....	66	OSPHENA.....	146
OBSTETRIX DHA.....	285	ONGENTYS.....	261	OTEZLA.....	195
OBSTETRIX EC.....	285	ONGLYZA.....	98	OTEZLA STARTER.....	195
OBSTETRIX ONE.....	284	ON-THE-GO LANCETS.....	213	OTREXUP (PF).....	192
OCALIVA.....	205	ONUREG.....	225	OVACE PLUS.....	85
OCELLA.....	60	ONZETRA XSAIL.....	255	OVACE PLUS SHAMPOO.....	85
<i>octreotide acetate</i>	246	OPCICON ONE-STEP.....	60	<i>oxandrolone</i>	168
ODACTRA.....	3	<i>opium tincture</i>	205	<i>oxaprozin</i>	201
ODEFSEY.....	191	OPSUMIT.....	45	OXAYDO.....	252
ODOMZO.....	226	OPTICHAMBER ADULT MASK-		<i>oxazepam</i>	26
OFEV.....	247	LARGE.....	16	OXBRYTA.....	166
<i>ofloxacin</i>	140, 154, 180	OPTICHAMBER DIAMOND LG		<i>oxcarbazepine</i>	267
<i>olanzapine</i>	30	MASK.....	16	OXERVATE.....	154
<i>olanzapine-fluoxetine</i>	34	OPTICHAMBER DIAMOND VHC....	16	<i>oxiconazole</i>	71
<i>olmesartan</i>	41	OPTICHAMBER DIAMOND-MED		OXISTAT.....	71
<i>olmesartan-amlodipin-hcthiazid</i>	39	MSK.....	16	OXTELLAR XR.....	268
<i>olmesartan-hydrochlorothiazide</i>	39	OPTICHAMBER DIAMOND-SML		<i>oxybutynin chloride</i>	282
<i>olopatadine</i>	5, 149	MASK.....	16	<i>oxycodone</i>	252, 253
OLUMIANT.....	198	OPTION-2.....	60	<i>oxycodone-acetaminophen</i>	258
OMBRA COMPRESSOR SYSTEM.....	16	OPTIUM EZ.....	123	OXYCONTIN.....	253
OMECLAMOXY-PAK.....	277	OPTIUM TEST.....	124	<i>oxymorphone</i>	253
<i>omega-3 acid ethyl esters</i>	51	OPTUMRX.....	124	OXYTROL.....	282
<i>omeprazole</i>	279	ORACIT.....	281	OZEMPIC.....	97
<i>omeprazole-sodium bicarbonate</i> ...	279	ORALAIR.....	3	OZOBAX.....	273
OMNARIS.....	5	ORALONE.....	236	PACERONE.....	37
OMNIPOD DASH 5 PACK POD....	133	ORAMAGICRX.....	245	PACNEX HP.....	87
OMNIPOD DASH PDM KIT.....	133	ORAPEUTIC.....	245	PACNEX LP.....	88
OMNIPOD INSULIN		ORAQIX.....	203	PAIN EASE MEDIUM STREAM	
MANAGEMENT.....	133	ORAVIG.....	184	SPRAY.....	92
OMNIPOD INSULIN REFILL.....	133	ORENCIA.....	195	PAIN EASE MIST SPRAY.....	92
OMNITROPE.....	145	ORENCIA CLICKJECT.....	195	PAINGO KFT.....	92
ON CALL EXPRESS TEST STRIP.....	122	ORENITRAM.....	45	PALFORZIA (LEVEL 1).....	3
ON CALL LANCET.....	213	ORFADIN.....	237	PALFORZIA (LEVEL 2).....	3
ON CALL PLUS LANCET.....	213	ORGOVYX.....	227	PALFORZIA (LEVEL 3).....	3
ON CALL PLUS TEST STRIP.....	123	ORIAHNN.....	146	PALFORZIA (LEVEL 4).....	3
ON CALL VIVID TEST STRIP.....	123	ORILISSA.....	146	PALFORZIA (LEVEL 5).....	3
<i>ondansetron</i>	7	ORKAMBI.....	247	PALFORZIA (LEVEL 6).....	3
<i>ondansetron hcl</i>	7	ORLADEYO.....	202	PALFORZIA (LEVEL 7).....	3
ONETOUCH DELICA LANCETS...213		<i>orphenadrine citrate</i>	273	PALFORZIA (LEVEL 8).....	3
		<i>orphenadrine-asa-caffeine</i>	273	PALFORZIA (LEVEL 9).....	3

PALFORZIA (LEVEL 10).....	3	PEMAZYRE	228	<i>pindolol</i>	42
PALFORZIA (LEVEL 11 UP-DOSE).....	3	PEN NEEDLE	242	<i>pioglitazone</i>	98
PALFORZIA INITIAL DOSE	4	<i>pen needle, diabetic</i>	242	<i>pioglitazone-glimepiride</i>	100
PALFORZIA LEVEL 11 MAINTENANCE	4	<i>penicillamine</i>	192	<i>pioglitazone-metformin</i>	101
<i>paliperidone</i>	31	<i>penicillin v potassium</i>	179	PIP LANCET	213
PALYNZIQ	224	PENNSAID	84	PIP PEN NEEDLE	243
PANCREAZE	275	<i>pentamidine</i>	187	PIQRAY	229
PANDEL	82	PENTASA	203	PIRMELLA	60
PANRETIN	90	<i>pentazocine-naloxone</i>	253	<i>piroxicam</i>	201
<i>pantoprazole</i>	279	PENTIPS	242	PLANTAGO-HOMACCORD	238
<i>papaverine</i>	53	<i>pentoxifylline</i>	163	PLEGRIDY	232
PARAGARD T 380A	238	<i>perindopril erbumine</i>	40	PLENITY	287
PAREMYD	157	PERIOGARD	236	PLENITY (WELCOME KIT)	287
PARI BABY CONV KIT - SIZE 1 ...	210	<i>permethrin</i>	72	PLENVU	207
PARI BABY CONV KIT - SIZE 2 ...	210	<i>perphenazine</i>	32	PLEXION CLEANSING CLOTHS ...	73
PARI BABY CONV KIT - SIZE 3 ...	210	<i>perphenazine-amitriptyline</i>	23	PNEUMOVAX-23	172
PARI LC SPRINT NEBULIZER SET	16	PERTZYE	275	PNV-DHA + DOCUSATE	285
PARI LC SPRINT SINUS	16	PEXEVA	20	PNV-FERROUS FUMARATE-DOCU-FA	285
PARI SINUS AEROSOL SYSTEM ..	16	PFLEX INSPIRATORY TRAINER ...	16	POCKET CHAMBER	16
PARI TREK S COMBO PACK	16	PHARMACIST CHOICE	124	PODOCON	88
PARI TREK S COMPACT COMPRESSOR	16	<i>phenazopyridine</i>	281	<i>podofilox</i>	88
PARI TREK S PORTABLE PWR KIT	210	<i>phendimetrazine tartrate</i>	287	POLYCIN	154
<i>paricalcitol</i>	145	<i>phenelzine</i>	19	<i>polymyxin b sulf-trimethoprim</i>	154
PAROEX ORAL RINSE	236	<i>phenobarb-hyoscy-atropine-scop</i>	276, 277	POMALYST	227
<i>paromomycin</i>	186	<i>phenobarbital</i>	32	PONTOCAINE	92
<i>paroxetine hcl</i>	20	PHENOHYTRO	277	PONVORY	232
<i>paroxetine mesylate(menop.sym)</i> ...	32	<i>phenoxybenzamine</i>	39	PONVORY 14-DAY STARTER PACK	232
PASER	185	<i>phentermine</i>	287	POPULUS COMPOSITUM	238
PAXIL	20	<i>phenylephrine hcl</i>	153	PORTABLE NEBULIZER SYSTEM ..	16
PEDIA IRON	284	<i>phenyleph-tropicamide in water</i>	157	PORTIA 28	60
PEDIATRIC BEAR NEBULIZER	16	PHENYTEK	268	<i>posaconazole</i>	184
PEDIATRIC COMP-AIR COMPRES NEB	16	<i>phenytoin</i>	268	POTABA	286
PEDIATRIC DINOSAUR NEBULIZER	16	<i>phenytoin sodium extended</i>	268	<i>potassium chloride</i>	141
PEDIATRIC DOG NEBULIZER	16	PHEXXI	53	<i>potassium citrate</i>	281
PEDIATRIC FE-VITE	284	PHILITH	60	PR BENZOYL PEROXIDE	88
PEDIATRIC FROG NEBULIZER	16	PHLAG SPRAY	86	PR CREAM	89
PEDIZOL PAK	71	PHOSLYRA	140	PRADAXA	166
<i>peg 3350-electrolytes</i>	207	PHOSPHASAL	177	<i>pralidoxime</i>	237
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	207	PHYSIOLYTE	87	PRALUENT PEN	49
PEGASYS	192	PHYSIOSOL IRRIGATION	87	<i>pramipexole</i>	261
<i>peg-electrolyte soln</i>	207	<i>phytonadione (vitamin k1)</i>	168	PRAMOSONE	90
PEG-PREP	207	PICATO	90	<i>prasugrel</i>	166
		PIFELTRO	189	<i>pravastatin</i>	48
		PILLOW MASK CHILD	210	<i>praziquantel</i>	186
		<i>pilocarpine hcl</i>	156, 224	<i>prazosin</i>	39
		<i>pimecrolimus</i>	95	PRECISION PCX PLUS TEST	124
		<i>pimozide</i>	27	PRECISION PCX TEST	124
		PIMTREA (28)	60		

PRECISION POINT OF CARE TEST	125	PREZCOBIX	188	<i>progesterone</i>	170
PRECISION Q-I-D TEST	125	PREZISTA	188	<i>progesterone micronized</i>	171
PRECISION XTRA TEST	125	PRIFTIN	185	PROGRAF	175
PRED MILD	152	PRILO PATCH	92	PROLASTIN-C	224
PRED-G	148	PRILO PATCH II	92	PROLATE	258
PRED-G S.O.P.	148	PRILOSEC	280	PROLENSA	152
<i>prednicarbate</i>	82	<i>primaquine</i>	186	PROMACTA	166, 167
<i>prednisol ace-gatiflox-bromfen</i>	148	PRIMEAIRE	16	<i>promethazine</i>	4, 7
<i>prednisoln sp-gatiflox-bromfen</i>	148	<i>primidone</i>	268	PROMETHAZINE VC	63
<i>prednisoln sp-moxiflox-bromfen</i>	148	PRIMLEV	258	PROMETHAZINE VC-CODEINE	63
<i>prednisolone</i>	197	PRIMSOL	177	<i>promethazine-codeine</i>	63
<i>prednisolone acetate</i>	152	PRIZOTRAL-II	92	<i>promethazine-dm</i>	64
<i>prednisolone acetate (pf)</i>	152	PRO COMFORT INSULIN SYRINGE	220	<i>promethazine-phenyleph-codeine</i>	63
<i>prednisolone acetate-bromfenac</i>	152	PRO COMFORT LANCET	213	<i>promethazine-phenylephrine</i>	63
<i>prednisolone acetate-nepafenac</i>	152	PRO COMFORT PEN NEEDLE	243	PROMETHEGAN	7
<i>prednisolone acet-gatifloxacin</i>	149	PRO COMFORT SPACER-ADULT MASK	16	PROMISEB	85
<i>prednisolone sod ph-moxiflox</i>	149	PRO COMFORT SPACER-CHILD MASK	16	PRONEB ULTRA II FILTER ASSEM	210
<i>prednisolone sodium phosphate</i>	152, 197	PRO VOICE V8-V9 TEST STRIP ..	125	<i>propafenone</i>	37
<i>prednisolone-moxiflo-nepafenac</i>	148	PROAIR DIGIHALER	9	<i>propracaïne</i>	152
<i>prednisolone-moxifloxacin hcl</i>	149	PROAIR RESPICLICK	9	<i>propranolol</i>	42
<i>prednisolone-moxiflox-bromfen</i>	148	<i>probenecid</i>	158	<i>propranolol-hydrochlorothiazid</i>	43
<i>prednisone</i>	197	<i>probenecid-colchicine</i>	158	<i>propylthiouracil</i>	146
PREDNISONONE INTENSOL	197	PROCARE COMPRESSOR NEBULIZER	16	PROSILK GEL	89
PREFEST	170	PROCARE PEDIATRIC NEBULIZER	16	<i>protriptyline</i>	23
<i>pregabalin</i>	235, 268	PROCARE SPACER WITH ADULT MASK	17	PROTYL AG	95
PREMARIN	170, 283	PROCARE SPACER WITH CHILD MASK	17	PRUCLAIR	86
PREMIER TEST STRIP	125	PROCHAMBER	17	PRUMYX	86
PREMIUM V10	125	<i>prochlorperazine</i>	7	PSORINOHEEL	238
PREMPHASE	170	<i>prochlorperazine maleate</i>	7	PULMICORT FLEXHALER	12
PREMPRO	170	PROCORT	204	PULMO-AIDE COMPRESSOR	17
PRENAISSANCE	285	PROCRIT	163	PULMONEB LT COMPRESSOR NEBUL	17
PRENAISSANCE PLUS	285	PROCTOFOAM HC	204	PULMOZYME	247
PRENATAL 19 (WITH DOCUSATE)	285	PROCTO-MED HC	82	PURE COMFORT LANCETS	213
PREPIDIL	63	PROCTOSOL HC	82	PURE COMFORT PEN NEEDLE ..	243
PREPLUS	285	PROCTOZONE-HC	82	PURE COMFORT SAFETY LANCETS	213
PRESERA	86	PROCYSBI	280	PURIXAN	225
PRESSURE ACTIVATED LANCETS	213	PRODIGY INSULIN SYRINGE	220	PUSH BUTTON SAFETY LANCETS	213
PRESTALIA	38	PRODIGY LANCETS	213	PYLERA	277
<i>pretomanid</i>	185	PRODIGY MINI-MIST NEBULIZER ..	17	<i>pyrazinamide</i>	185
PREVALITE	50	PRODIGY NO CODING	126	<i>pyridostigmine bromide</i>	19
PREVENT DROPSAFE PEN NEEDLE	243	PRODIGY TWIST TOP LANCET ..	213	<i>pyridoxine (vitamin b6)</i>	286
PREVIDENT	284	PROFILNINE	161	<i>pyrimethamine</i>	186
PREVIFEM	60			QBRELIS	40
PREVYMIS	187			QBREXZA	224
				QDOLO	253

QELBREE.....	37	RECTIV.....	204	REYATAZ.....	190
QINLOCK.....	229	REDITREX (PF).....	193, 194	REYVOW.....	255
QNASL.....	6	REFUAH PLUS.....	126	REZUROCK.....	176
QSYMIA.....	287	REGENECARE.....	92	RHOFADE.....	67
QTERN.....	99	REGENECARE WITH ALOE.....	92	RHOPRESSA.....	156
<i>quazepam</i>	33	REGIOCIT (EUA).....	161	<i>ribavirin</i>	187, 192
<i>quetiapine</i>	31	REGRANEX.....	133	RIDAURA.....	197
QUILLICHEW ER.....	36	RELAFEN DS.....	201	<i>rifabutin</i>	185
QUILLIVANT XR.....	36	RELAGARD.....	283	<i>rifampin</i>	185
<i>quinapril</i>	40	RELENZA DISKHALER.....	187	RIGHTEST GL300 LANCETS.....	213
<i>quinapril-hydrochlorothiazide</i>	39	RELIAMED LANCET.....	213	RIGHTEST GS250S TEST STRIPS.....	127
<i>quinidine gluconate</i>	37	RELIAMED SAFETY SEAL LANCETS.....	213	RIGHTEST GS260 TEST STRIPS.....	127
<i>quinidine sulfate</i>	37	RELIAMED TWIST AND CAP LANCET.....	213	RIGHTEST GS550 TEST STRIPS.....	128
<i>quinine sulfate</i>	186	RELION CONFIRM-MICRO.....	126	RIGHTEST GS700 TEST STRIP... ..	128
QUINIXIL.....	82	RELION NEEDLES.....	243	RIGHTEST GT333 TEST STRIP... ..	128
QUINJA.....	67	RELION PEN NEEDLES.....	243	RIGHTEST MAX TEST STRIP.....	128
QUINTET AC.....	126	RELION PRIME TEST STRIPS.....	127	<i>riluzole</i>	233
QUINTET GLUCOSE TEST STRIPS.....	126	RELION THIN LANCETS.....	213	<i>rimantadine</i>	187
QUIT 2.....	274	RELION ULTIMA.....	127	<i>ringer's</i>	87
QUIT 4.....	274	RELION ULTRA THIN PLUS LANCETS.....	213	RINVOQ.....	198
QUTENZA.....	87	RELISTOR.....	207	RIOMET ER.....	100
QVAR REDIHALER.....	12	RELTONE.....	205	<i>risedronate</i>	144
<i>rabeprazole</i>	280	RENEEL.....	238	<i>risperidone</i>	31
RADIAGEL.....	244	<i>repaglinide</i>	98	RITEFLO AEROCHAMBER.....	17
RADIAPLEXRX.....	89	<i>repaglinide-metformin</i>	100	<i>ritonavir</i>	190
RADIOGARDASE.....	239	REPATHA PUSHTRONEX.....	49	<i>rivastigmine</i>	19
RAGWITEK.....	4	REPATHA SURECLICK.....	49	<i>rivastigmine tartrate</i>	19
<i>raloxifene</i>	144	REPATHA SYRINGE.....	50	RIVELSA.....	60
<i>ramelteon</i>	32	RESPA-AR.....	63	RIXUBIS.....	162
<i>ramipril</i>	40	RESTASIS.....	154	<i>rizatriptan</i>	255, 256
<i>ranolazine</i>	51	RESTASIS MULTIDOSE.....	154	ROBINSON CLEAR VINYL CATHETER.....	210
RAPAMUNE.....	175, 176	RESTORE.....	209	ROCKLATAN.....	156
<i>rasagiline</i>	261	RESTORE CALCIUM ALGINATE.....	209	<i>ropinirole</i>	261
RASUVO (PF).....	192, 193	RESTORE CONTACT LAYER SILVER.....	209	ROSDAN.....	67
RAVICTI.....	205	RESTORE FOAM DRESSING SILVER.....	209	ROSANIL.....	73
RAYALDEE.....	146	RETACRIT.....	163	ROSULA.....	73
RAYOS.....	197	RETEVMO.....	229	ROSULA CLEANSING CLOTHS.....	73
READYLANCE SAFETY LANCETS.....	213	RETIN-A MICRO PUMP.....	68	<i>rosuvastatin</i>	48
REBIF (WITH ALBUMIN).....	232	REUSABLE NEBULIZER KIT.....	210	ROSZET.....	47
REBIF REBIDOSE.....	232	REVCovi.....	239	ROTARIX.....	171
REBIF TITRATION PACK.....	233	REVEAL TEST STRIP.....	127	ROTATEQ VACCINE.....	171
REBINYN.....	162	REVLIMID.....	227	ROZLYTREK.....	229
RECLIPSEN (28).....	60	REXULTI.....	29	RUBBER MOUTHPIECE.....	210
RECOMBINATE.....	160			RUBRACA.....	229
RECOMBIVAX HB (PF).....	174			RUCONEST.....	195
RECOTHROM.....	167			<i>rufinamide</i>	268, 269
RECOTHROM SPRAY KIT.....	167			RUKOBIA.....	189

RUZURGI.....	233	SEMGLEE U-100 INSULIN.....	139	SIVEXTRO.....	178
RYBELSUS.....	97	SEREVENT DISKUS.....	9	SKYLA.....	239
RYDAPT.....	229	SERNIVO.....	82	SKYRIZI.....	93
RYLAZE.....	230	SEROSTIM.....	145	SLYND.....	60
RYNODERM.....	88	<i>sertraline</i>	20	SMART SENSE LANCETS.....	214
RYTARY.....	261	SETLAKIN.....	60	SMART SENSE TEST STRIPS.....	128
SABAL-HOMACCORD.....	238	<i>sevelamer carbonate</i>	140	SMARTEST LANCET.....	214
SABRIL.....	269	<i>sevelamer hcl</i>	140	SMARTEST TEST.....	129
SAFESNAP INSULIN SYRINGE...	220	SEVENFACT.....	161	<i>sodium chlor 0.9% bacteriostat</i>	141
SAFETY LANCETS.....	213	<i>sevoflurane</i>	238	<i>sodium chloride</i>	87, 93, 142, 238
SAFETY PEN NEEDLE.....	243	SEYSARA.....	183	<i>sodium chloride 0.45 %</i>	141
SAFETY SEAL LANCETS.....	213	SF.....	284	<i>sodium chloride 0.9 %</i>	141, 142
SAFETY-LET LANCETS.....	213	SF 5000 PLUS.....	284	<i>sodium chloride 0.9 % (flush)</i>	141
SAIZEN.....	145	SHAROBEL.....	60	<i>sodium citrate</i>	161
SAIZEN SAIZENPREP.....	145	SHINGRIX (PF).....	174	SODIUM FLUORIDE 5000 DRY	
SAJAZIR.....	195	SHINGRIX ADJUVANT		MOUTH.....	284
<i>salicylic acid</i>	88	COMPONENT-PF.....	246	SODIUM FLUORIDE 5000 PLUS..	284
<i>salicylic acid-ceramides no. 1</i>	88	SHINGRIX GE ANTIGEN		<i>sodium fluoride-pot nitrate</i>	284
SALIVAMAX.....	245	COMPONENT.....	174	<i>sodium iodide-123</i>	231
<i>salsalate</i>	248	SIDESTREAM.....	17	<i>sodium phenylbutyrate</i>	205
SALVAX.....	88	SIDESTREAM MASK.....	210	<i>sodium polystyrene sulfonate</i>	140
SALVAX DUO PLUS.....	88	SIDESTREAM NEBULIZER.....	17	SOFT TOUCH LANCETS.....	214
SAMI THE SEAL.....	17	SIDESTREAM PLUS.....	17	SOLARAVIX.....	90
SAMI THE SEAL MASK.....	210	SIGNIFOR.....	246	<i>solifenacin</i>	282
SANADERMRX.....	82	SIKLOS.....	166	SOLIQUA 100/33.....	100
SANCUSO.....	7	SILA III.....	82	SOLOSEC.....	186
SANDIMMUNE.....	176	SILALITE PAK.....	82	SOLOX GEL.....	67
SANTYL.....	93	SILASTIC FOLEY CATHETER....	210	SOLTAMOX.....	231
<i>sapropterin</i>	224	<i>sildenafil</i>	142	SOLUPAK.....	92
SAVAYSA.....	161	<i>sildenafil (pulm.hypertension)</i>	45	SOLUS V2 LANCETS.....	214
SAVELLA.....	233	SILICONE MASK.....	210	SOLUS V2 TEST STRIPS.....	129
SAXENDA.....	287	SILICONE MASK - INFANT.....	17	SOMAVERT.....	144
SCALACORT DK.....	82	SILIPAC.....	89	SONAFINE.....	86
SCARCARE.....	89	SILIQ.....	93	SOOLANTRA.....	67
SCARCIN GEL.....	89	<i>silodosin</i>	280	SOOTHENEB COMPRESSOR	
SCARCIN ROLL-ON.....	89	<i>silver nitrate</i>	67, 88	NEBULIZER.....	17
SCARSILK GEL.....	89	<i>silver nitrate applicators</i>	88	SOOTHENEB MESH NEBULIZER..	17
SCLEROSOL INTRAPLEURAL....	230	<i>silver sulfadiazine</i>	73	<i>sorbitol</i>	87
<i>scopolamine base</i>	7	SILVRSTAT.....	67	<i>sorbitol-mannitol</i>	87
SEBUDERM.....	86	SIMBRINZA.....	156	SORILUX.....	94
SECONAL SODIUM.....	32	SIMLIYA (28).....	60	SORINE.....	42
SECUADO.....	31	SIMPESSE.....	60	<i>sotalol</i>	42
SECURESAFE PEN NEEDLE.....	243	SIMPONI.....	195	SOTALOL AF.....	42
SEGLUROMET.....	101	<i>simvastatin</i>	49	SOTYLIZE.....	42
<i>selegiline hcl</i>	261	SINGLE-LET.....	213	SOVALDI.....	191
<i>selenium sulfide</i>	85	SINUSTAR NEBULIZER.....	17	SPACE CHAMBER.....	17
SELF-CATHETER, FEMALE.....	210	<i>sirolimus</i>	176	SPACE CHAMBER PLUS.....	17
SELZENTRY.....	188, 189	SIRTURO.....	185	SPACE CHAMBER WITH LARGE	
SEMGLEE PEN U-100 INSULIN...	139	SITAVIG.....	187	MASK.....	17

SPACE CHAMBER WITH MEDIUM MASK.....	17	SUBVENITE STARTER (ORANGE) KIT	269	SYEDA	60
SPACE CHAMBER WITH SMALL MASK.....	17	SUCRAID	275	SYMAX DUOTAB	277
SPEEDICATH (FEMALE).....	210	<i>sucralfate</i>	277	SYMBICORT	11
<i>spinosad</i>	72	<i>sulconazole</i>	71	SYMDEKO	247
SPIRIVA RESPIMAT	8	<i>sulfacetamide sodium</i>	85, 153	SYMJEPI	224
SPIRIVA WITH HANDIHALER.....	8	<i>sulfacetamide sodium (acne)</i>	66	SYMLINPEN 120	98
<i>spironolactone</i>	45	<i>sulfacetamide sodium-sulfur</i>	73	SYMLINPEN 60	98
<i>spironolacton-hydrochlorothiaz</i>	45	<i>sulfacetamide sod-sulfur-urea</i>	74	SYMPAZAN	262
SPRAVATO	19	<i>sulfacetamide-prednisolone</i>	153	SYMPROIC	207
SPRAY AND STRETCH	92	<i>sulfacetamide-sulfur-cleansr23</i>	74	SYMTUZA	187
SPRINTEC (28)	60	SULFACLEANSE 8-4	74	SYNALAR CREAM KIT	82
SPRITAM	269	<i>sulfadiazine</i>	176	SYNALAR OINTMENT KIT	82
SPRIX	198	<i>sulfamethoxazole-trimethoprim</i>	176	SYNALAR TS	82
SPRYCEL	229	SULFAMILYLON	74	SYNAREL	146
SPS (WITH SORBITOL)	140, 141	<i>sulfasalazine</i>	203	SYNDROS	6
SRONYX	60	SULFATRIM	176	SYNERA	92
SSD	73	<i>sulindac</i>	201	SYNERDERM	86
SSKI	146	SUMADAN	74	SYNJARDY	101
SSS 10-5	73	<i>sumatriptan</i>	256	SYNJARDY XR	101
ST JOSEPH ASPIRIN	166	<i>sumatriptan succinate</i>	256	SYNRIBO	230
ST. JOSEPH ASPIRIN	166	<i>sumatriptan-naproxen</i>	256	SYNTHROID	147
<i>stavudine</i>	189	SUMAXIN CP	74	SYRINGE AVITENE	167
STEGLATRO	97	<i>sunitinib</i>	229	SYZYGIUM COMPOSITUM	238
STEGLUJAN	99	SUNOSI	33	T.R.U.E. TEST ALLERGEN	237
STELARA	198	SUNRISE COMPRESSOR-NEBULIZER	17	TABLOID	225
STENDRA	142	SUPER THIN LANCETS	214	TABRECTA	229
STERILANCE TL	214	SUPRANE	238	TACHOSIL	167
STERILE HYDROGEL FOR JELMYTO	237	SUPRAX	177	<i>tacrolimus</i>	95, 176
<i>sterile talc</i>	231	SUPREP BOWEL PREP KIT	207	<i>adalafil</i>	142
STIOLTO RESPIMAT	10	SURE COMFORT INS. SYR. U-100	220	<i>adalafil (pulm. hypertension)</i>	45
STIVARGA	229	SURE COMFORT INSULIN SYRINGE	221	TAFINLAR	226
STOP SMOKING AID	274	SURE COMFORT LANCETS	214	TAGRISSO	229
STRATAMARK	89	SURE COMFORT PEN NEEDLE ..	243	TAKE ACTION	60
STRATATRIZ	89	SURE COMFORT SAFETY PEN NEEDLE	243	TAKHZYRO	202
STRAVIX	246	SURE-FINE PEN NEEDLES	243	TALICIA	277
STRENSIQ	239	SURE-JECT INSULIN SYRINGE ..	221	TALTZ AUTOINJECTOR	93
STRIBILD	191	SURE-LANCE	214	TALTZ AUTOINJECTOR (2 PACK) ..	93
STRIVERDI RESPIMAT	9	SURE-LANCE ULTRA THIN	214	TALTZ AUTOINJECTOR (3 PACK) ..	93
STRONG IODINE	67, 146	SURE-TEST EASYPLUS MINI	129	TALTZ SYRINGE	93
SUBSYS	253	SURE-TOUCH LANCET	214	TALZENNA	229
SUBVENITE	269	SURVANTA	247	<i>tamoxifen</i>	231
SUBVENITE STARTER (BLUE) KIT	269	SUSTIVA	189	<i>tamsulosin</i>	280
SUBVENITE STARTER (GREEN) KIT	269	SUTAB	207	TAPERDEX	197
		SUVICORT	92	TARGRETIN	90
				TARINA 24 FE	61
				TARINA FE 1/20 (28)	61
				TARINA FE 1-20 EQ (28)	61
				TARON-PREX PRENATAL-DHA ..	284
				TASIGNA	229

TASOPROL.....	82	THALOMID.....	185	<i>tobramycin</i>	154, 185
<i>tavaborole</i>	72	THEO-24.....	18	<i>tobramycin in 0.225 % nacl</i>	184
TAVALISSE.....	166	THEOCHRON.....	18	<i>tobramycin with nebulizer</i>	185
TAYSOFY.....	61	<i>theophylline</i>	18	<i>tobramycin-dexamethasone</i>	149
<i>tazarotene</i>	69, 94	THERAPEUTIC MOISTURIZING		TOBREX.....	154
TAZORAC.....	94, 95	CREAM.....	86	TODAY CONTRACEPTIVE	
TAZTIA XT.....	44	<i>thiamine hcl (vitamin b1)</i>	286	SPONGE.....	53
TAZVERIK.....	227	THIN LANCETS.....	214	TOLAK.....	90
TD GOLD TEST STRIP.....	129	THINPRO INSULIN SYRINGE.....	221	<i>tolcapone</i>	261
TDVAX.....	173	THIOLA.....	280	<i>tolmetin</i>	201
TECHLITE INSULIN SYRINGE.....	221	THIOLA EC.....	280	TOLSURA.....	184
TECHLITE INSULN SYR(HALF		<i>thioridazine</i>	32	<i>tolterodine</i>	282
UNIT).....	221	<i>thiothixene</i>	31	<i>tolvaptan</i>	140
TECHLITE LANCETS.....	214	THRESHOLD IMT TRAINER.....	17	TOPCARE CLICKFINE.....	243
TECHLITE PEN NEEDLE.....	243	THRESHOLD PEP DEVICE.....	17	TOPCARE ULTRA COMFORT.....	222
TEGRETOL.....	269	THROMBIN-JMI.....	167	TOPCARE UNIVERSAL1 LANCET	
TEGRETOL XR.....	269	THYQUIDITY.....	147	.....	214
TEGSEDI.....	223	THYROLAR-1.....	147	<i>topiramate</i>	270
TEKTRUNA HCT.....	46	THYROLAR-1/2.....	147	<i>toremifene</i>	231
TELCARE LANCETS.....	214	THYROLAR-1/4.....	147	<i>torseamide</i>	44
TELCARE TEST STRIPS.....	129	THYROLAR-2.....	147	TOSYMRA.....	256
<i>telmisartan</i>	41	THYROLAR-3.....	147	TOUCH-TROL.....	210
<i>telmisartan-amlodipine</i>	40	TIADYLT ER.....	44	TOUJEO MAX U-300 SOLOSTAR	139
<i>telmisartan-hydrochlorothiazid</i>	39	<i>tiagabine</i>	270	TOUJEO SOLOSTAR U-300	
<i>temazepam</i>	33	TIBSOVO.....	230	INSULIN.....	139
TEMIXYS.....	188	TICALAST.....	5	TOVET KIT.....	83
<i>temozolomide</i>	225	TIGLUTIK.....	233	TOVIAZ.....	282
TENCON.....	248	TILIA FE.....	61	TPOXX (NATIONAL STOCKPILE)	188
TENIVAC (PF).....	173	<i>timol-brimon-dorzo-latanop(pf)</i>	156	TRACLEER.....	45
<i>tenofovir disoproxil fumarate</i>	190	<i>timolol maleate</i>	42, 156	TRADJENTA.....	98
TEPMETKO.....	229	<i>timolol maleate (pf)</i>	156	<i>tramadol</i>	253, 254
<i>terazosin</i>	39	<i>timolol-brimonidi-dorzolam(pf)</i>	156	<i>tramadol-acetaminophen</i>	258
<i>terbinafine hcl</i>	184	<i>timolol-dorzolamid-latanop(pf)</i>	156	<i>trandolapril</i>	40
<i>terbutaline</i>	8	<i>timolol-latanoprost(pf)</i>	156	<i>trandolapril-verapamil</i>	38
<i>terconazole</i>	283	TIMOPTIC OCUDOSE (PF).....	157	<i>tranexamic acid</i>	159
<i>teriparatide</i>	143	<i>tinidazole</i>	186	<i>tranylcypromine</i>	19
TERRELL.....	238	<i>tiopronin</i>	281	TRANZAREL.....	92
TERSİ FOAM.....	85	TIROSINT.....	147	<i>travoprost</i>	157
TERUMO INSULIN SYRINGE.....	221	TIROSINT-SOL.....	148	<i>trazodone</i>	20
TEST N'GO TEST.....	130	TISSEEL VHSD (APROTININ,		TRECTOR.....	185
<i>testosterone</i>	168	SYN).....	246	TRELEGY ELLIPTA.....	11
<i>testosterone cypionate</i>	168	TIS-U-SOL PENTALYTE.....	87	TREMFYA.....	94
<i>testosterone enanthate</i>	168	TIVICAY.....	190	<i>treprostinil sodium</i>	46
<i>tetrabenazine</i>	234	TIVICAY PD.....	190	TRESIBA FLEXTOUCH U-100.....	139
<i>tetracaine hcl</i>	152	TIVORBEX.....	201	TRESIBA FLEXTOUCH U-200.....	139
<i>tetracaine hcl (pf)</i>	152	<i>tizanidine</i>	273, 274	TRESIBA U-100 INSULIN.....	139
<i>tetracycline</i>	183	TOBI PODHALER.....	184	<i>tretinoin</i>	68
TETRIX.....	89	TOBRADEX.....	149	<i>tretinoin (antineoplastic)</i>	230
TEXACORT.....	83	TOBRADEX ST.....	149	<i>tretinoin microspheres</i>	68

TRETEN	162	TRUE COMFORT PEN NEEDLE ..	243	ULTICARE SAFETY PEN NEEDLE	244
TREXALL	226	TRUE COMFORT PRO INS		ULTIGUARD SAFEPACK-INSULIN	
TRI FEMYNOR	61	SYRINGE	222	SYR	222
TRIAMAZOLE	70	TRUE METRIX GLUCOSE TEST		ULTIGUARD SAFEPACK-PEN	
<i>triamcinolone acetonide</i>	83, 236	STRIP	130	NEEDLE	244
<i>triamterene</i>	45	TRUE METRIX PRO TEST STRIP	130	ULTILET BASIC LANCETS	214
<i>triamterene-hydrochlorothiazid</i>	45	TRUEPLUS INSULIN	222	ULTILET CLASSIC LANCETS	214
TRIANEX	83	TRUEPLUS LANCETS	214	ULTILET INSULIN SYRINGE	222
<i>triazolam</i>	33	TRUEPLUS PEN NEEDLE	243	ULTILET LANCETS	214
TRIDERM	83	TRUETEST TEST STRIPS	130	ULTILET PEN NEEDLE	244
<i>trientine</i>	239	TRUETRACK TEST	130	ULTILET SAFETY LANCETS	214
TRI-ESTARYLLA	61	TRULANCE	204	ULTIMA TEST STRIPS	131
<i>trifluoperazine</i>	32	TRULICITY	97	ULTRA CMFT INS SYR (HALF	
<i>trifluridine</i>	152	TRUMENBA	172	UNIT)	223
<i>trihexyphenidyl</i>	260	TRUNEB NEBULIZER	17	ULTRA COMFORT INSULIN	
TRIJARDY XR	102	TRUSELTIQ	229	SYRINGE	223
TRIKAFTA	247	TRUSKIN	246	ULTRA FINE LANCETS	214
TRI-LEGEST FE	61	TRUVADA	188	ULTRA FLO INSUL SYR(HALF	
TRI-LINYAH	61	TRUZONE PEAK FLOW METER ...	17	UNIT)	223
TRIOLOCICLO	70	TUDORZA PRESSAIR	8	ULTRA FLO INSULIN SYRINGE ..	223
TRI-LO-ESTARYLLA	61	TUKYSA	229	ULTRA FLO PEN NEEDLE	244
TRI-LO-MARZIA	61	TULANA	61	ULTRA THIN II LANCETS	214
TRI-LO-MILI	61	TURALIO	229	ULTRA THIN LANCETS	214
TRI-LO-SPRINTEC	61	TUSSICAPS	63	ULTRA THIN PEN NEEDLE	244
TRILYTE WITH FLAVOR		TUXARIN ER	63	ULTRA THIN PLUS LANCETS	214
PACKETS	207	TUZISTRA XR	63	ULTRA TLC LANCETS	214
<i>trimethobenzamide</i>	7	TWINRIX (PF)	174	ULTRACARE INSULIN SYRINGE ..	223
<i>trimethoprim</i>	177	TWIRLA	62	ULTRA-CARE LANCETS	214
TRI-MILI	61	TWIST LANCETS	214	ULTRACARE PEN NEEDLE	244
<i>trimipramine</i>	23	TYBLUME	61	ULTRAFOAM	167
TRI-MIX (PAPAVRN-PHNTLMN-		TYBOST	191	ULTRALANCE LANCETS	214
PGE1)	142	TYDEMY	61	ULTRASAL-ER	88
TRINTELLIX	23	TYMLOS	143	ULTRA-THIN II (SHORT) INS SYR	
TRI-NYMYO	61	TYVASO	46	.....	223
TRI-PREVIFEM (28)	61	TYVASO INSTITUTIONAL START		ULTRA-THIN II (SHORT) PEN	
TRI-SPRINTEC (28)	61	KIT	46	NDL	244
TRIUMEQ	191	TYVASO REFILL KIT	46	ULTRA-THIN II INS PEN	
TRIVEEN-PRX RNF	285	TYVASO STARTER KIT	46	NEEDLES	244
TRIVORA (28)	61	TYZINE	64	ULTRA-THIN II INSULIN	
TRI-VYLIBRA	61	UBRELVY	256	SYRINGE	223
TRI-VYLIBRA LO	61	UCERIS	204	ULTRA-THIN II LANCETS	214
TRIXYLITRAL	89	UDENYCA	165	ULTRATRAK	131
TROKENDI XR	270, 271	UKONIQ	229	ULTRATRAK ULTIMATE	131
<i>tropicamide</i>	158	ULESFIA	72	ULTRAVATE	83
<i>tropic-proparacai-pe-ketor-wat</i>	158	ULTICARE	222	UMECTA	88
<i>trospium</i>	282	ULTICARE INSULIN SYRINGE ..	222	UNIFINE PEN NEEDLE	244
TRUE COMFORT INSULIN		ULTICARE INSULN SYR(HALF		UNIFINE PENTIPS	244
SYRINGE	222	UNIT)	222	UNIFINE PENTIPS MAXFLOW	244
TRUE COMFORT LANCET	214	ULTICARE PEN NEEDLE	243		

UNIFINE PENTIPS PLUS	244	<i>vancomycin</i>	186	VIEKIRA PAK	192
UNIFINE PENTIPS PLUS MAXFLOW	244	VANDAZOLE	283	VIENVA	62
UNILET COMFORTOUCH LANCET	214	VANISHPOINT INSULIN SYRINGE	223	<i>vigabatrin</i>	271
UNILET EXCELITE II LANCET	214	VANISHPOINT SYRINGE	223	VIGADRONE	271
UNILET EXCELITE LANCET	214	VANOXIDE-HC	66	VIIBRYD	22
UNILET GP LANCET	215	VAQTA (PF)	174	VIMPAT	271
UNILET LANCET	215	<i>vardenafil</i>	142	VINATE GT	286
UNILET LANCETS	215	<i>varenicline</i>	275	VINATE II	286
UNILET SUPER THIN LANCETS ..	215	VARIVAX (PF)	174	VINATE ULTRA	286
UNISTIK 3 COMFORT LANCET ..	215	VAROPHEN (DICLOFENAC)	84	VIOKACE	275
UNISTIK 3 EXTRA LANCET	215	VARUBI	7	VIORELE (28)	62
UNISTIK 3 GENTLE	215	VASCEPA	51	VIOS AEROSOL DELIVERY SYSTEM	17
UNISTIK 3 LANCETS	215	VASHE WOUND THERAPY	87	VIRACEPT	190
UNISTIK 3 NORMAL LANCET	215	VCF CONTRACEPTIVE FILM	53	VIREAD	190
UNISTIK CZT LANCET	215	VCF CONTRACEPTIVE GEL	53	VISTASEAL-FIBRIN SEALANT	167
UNISTIK NORMAL LANCETS	133	VECAMYL	41	VISTOGARD	230
UNISTIK PRO LANCET	215	VELIVET TRIPHASIC REGIMEN (28)	61	VITAFOL FE+ (WITH DOCUSATE)	286
UNISTIK SAFETY	215	VELPHORO	141	VITAMIN D2	286
UNISTIK TOUCH LANCETS	215	VELTASSA	141	VITAMIN K	168
UNISTRIP1 TEST STRIP	131	VEMLIDY	192	VITAMIN K1	168
UNITHROID	148	VENA-BAL DHA	286	VITRAKVI	229
UNIVERSAL 1 LANCETS	215	VENCLEXTA	230	VIVA DHA	286
UPNEEQ (PF)	153	VENCLEXTA STARTING PACK ..	230	VIVAGUARD INO TEST STRIP ...	132
UPTRAVI	46	VENELEX	246	VIVAGUARD LANCET	215
URAMAXIN	88	<i>venlafaxine</i>	22	VIVLODEX	202
URAMAXIN GT	88	VENNGEL ONE	84	VIXONE NEBULIZER	17
<i>urea</i>	88	VENTAVIS	46	VIXONE NEBULIZER-ADULT MASK	17
UREA NAIL STICK	88	<i>verapamil</i>	44	VIXONE NEBULIZER-PEDIATRIC MSK	17
URETRON D-S	177	VERASENS TEST STRIP	131	VIZIMPRO	229
UREVAZ	88	VERDESO	83	VOCABRIA	191
URO-458	177	VEREGEN	72	VOLNEA (28)	62
UROGESIC-BLUE	177	VERIFINE PEN NEEDLE	244	VONVENDI	161
URO-MP	177	VERQUVO	52	<i>voriconazole</i>	184
UROQID-ACID NO.2	281	VERSACLOZ	31	VORTEX HOLDING CHAMBER	17
<i>ursodiol</i>	205	VERTIGOHEEL	238	VORTEX VHC FROG MASK- CHILD	17
USTELL	177	VERZENIO	229	VORTEX VHC LADYBUG MASK- TODDLR	17
VAGINAL CONTRACEPTIVE FILM	53	VESICARE LS	282	VOSEVI	191
<i>valacyclovir</i>	188	VESTURA (28)	61	VOTRIENT	229
VALCHLOR	90	VEXASYN	92	VP-CH PLUS	286
<i>valganciclovir</i>	188	V-GO 20	133	VP-CH-PNV	286
<i>valproic acid</i>	271	V-GO 30	133	VRAYLAR	27
<i>valproic acid (as sodium salt)</i>	271	V-GO 40	133	VTOL LQ	248
<i>valsartan</i>	41	VIBERZI	204	VUMERITY	233
<i>valsartan-hydrochlorothiazide</i>	39	VIBRAMYCIN	183		
VALTOCO	262	VICODIN HP	258		
VANATOL LQ	248	VICTOZA 2-PAK	97		
VANATOL S	248	VICTOZA 3-PAK	97		

VYFEMLA (28).....	62	XENICAL.....	287	ZEGALOGUE SYRINGE.....	134
VYLEESI.....	32	XENLETA.....	179	ZEJULA.....	229
VYLIBRA.....	62	XEPI.....	70	ZELAPAR.....	262
VYNDAMAX.....	52	XERESE.....	72	ZELBORAF.....	226
VYNDAQEL.....	52	XERMELO.....	205	ZELNORM.....	206
VYVANSE.....	25	XEROFORM.....	209	ZEMAIRA.....	224
VYZULTA.....	157	XEROFORM NON-OCCLUSIVE... 209		ZEMBRACE SYMTOUCH.....	256
WAKIX.....	33	XEROFORM PETROLATUM		ZENATANE.....	65
<i>warfarin</i>	159	DRESSING.....	209	ZENPEP.....	275
<i>water for irrigation, sterile</i>	87	XEROFORM PETROLATUM		ZENZEDI.....	25, 26
WAVESENSE JAZZ.....	132	OVERWRAP.....	209	ZEPATIER.....	192
WAVESENSE PRESTO.....	132	XEROSTOMIA RELIEF.....	245	ZEPOSIA.....	233
WEGOVY.....	287	XHANCE.....	6	ZEPOSIA STARTER KIT.....	233
WELIREG.....	230	XIFAXAN.....	185	ZEPOSIA STARTER PACK.....	233
WERA (28).....	62	XIGDUO XR.....	101	ZERVIAE.....	149
WESTHROID.....	148	XIIDRA.....	154	ZETONNA.....	6
WIDE-SEAL DIAPHRAGM 60.....	62	XILAPAK.....	83	ZEYOCAINE.....	92
WIDE-SEAL DIAPHRAGM 65.....	62	XIMINO.....	184	<i>zidovudine</i>	189
WIDE-SEAL DIAPHRAGM 70.....	62	XOFLUZA.....	188	ZIEXTENZO.....	165
WIDE-SEAL DIAPHRAGM 75.....	62	XOLAIR.....	13	ZILACAIN PATCH.....	93
WIDE-SEAL DIAPHRAGM 80.....	62	XOLEGEL.....	72	<i>zileuton</i>	8
WIDE-SEAL DIAPHRAGM 85.....	62	XOSPATA.....	229	ZILXI.....	70
WIDE-SEAL DIAPHRAGM 90.....	62	XPOVIO.....	230	<i>zinc stearate</i>	245
WIDE-SEAL DIAPHRAGM 95.....	62	XRYLIDERM.....	92	<i>zinc sulfate</i>	287
WILATE.....	161	XRYLIX (DICLOFENAC-KINES		ZIOPTAN (PF).....	157
WILLIS THE WHALE		TAPE).....	84	<i>ziprasidone hcl</i>	31
COMPRESSR NEB.....	17	XTAMPZA ER.....	254	ZIPSOR.....	202
WILZIN.....	239	XTANDI.....	225	ZIRGAN.....	152
WINLEVI.....	67	XULANE.....	62	ZITHRANOL.....	95
WOUNDGELHA MATRIX.....	89	XULTOPHY 100/3.6.....	100	ZOHYDRO ER.....	254
WPR PLUS.....	92	XURIDEN.....	158	ZOKINVY.....	224
WYMZYA FE.....	62	XYLON 10.....	248	ZOLINZA.....	230
WYNZORA.....	95	XYNTHA.....	161	<i>zolmitriptan</i>	257
XADAGO.....	261	XYNTHA SOLOFUSE.....	161	ZOLPAK.....	72
XALIX.....	88	XYOSTED.....	168	<i>zolpidem</i>	34
XALKORI.....	229	XYREM.....	27	ZOLPIMIST.....	34
XARELTO.....	161	XYWAV.....	27	ZOMACTON.....	145
XARELTO DVT-PE TREAT 30D		YONSA.....	225	<i>zonisamide</i>	272
START.....	161	YOSPRALA.....	166	ZONTIVITY.....	166
XATMEP.....	226	YUPELRI.....	8	ZORBTIVE.....	145
XCLAIR.....	86	YUVAFEM.....	283	ZORTRESS.....	176
XCOPRI.....	272	ZAFEMY.....	62	ZORVOLEX.....	202
XCOPRI MAINTENANCE PACK... 271		<i>zafirlukast</i>	13	ZOSTAVAX (PF).....	174
XCOPRI TITRATION PACK.....	272	<i>zaleplon</i>	34	ZOVIA 1/35E (28).....	62
XELJANZ.....	198	ZARAH.....	62	ZOVIA 1-35 (28).....	62
XELJANZ XR.....	198	ZARXIO.....	165	ZTLIDO.....	93
XELPROS.....	157	ZCORT.....	197	ZUBSOLV.....	259
XEMBIFY.....	171	ZEBUTAL.....	248	ZUMANDIMINE (28).....	62
XENAFLAMM.....	199	ZEGALOGUE AUTOINJECTOR... 134		ZUPLENZ.....	7

ZYCLARA.....	175
ZYDELIG.....	229
ZYFLO.....	8
ZYKADIA.....	229
ZYLET.....	149
ZYPITAMAG.....	49
ZYPRAM.....	204