

# Denver Health Medical Plan

## Elevate Formulary

### Administered by MedImpact

Effective January 2022

### Foreword

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

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

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

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

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

### How to Use the Formulary

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

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

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

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

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

### Benefit Coverage and Limitations

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

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

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

#### 1. Generic Substitution

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

available. Greater economy is realized through the use of generic equivalents. This policy is not meant to preclude or supplant any state statutes that may exist. All drugs that are or become available generically are subject to review by MedImpact's Pharmacy and Therapeutics Committee. MedImpact approves such multi-source drugs for addition to the MAC list based on the following criteria:

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

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

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

## 2. Tier Benefit Design

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

### Tier Definitions

- Tier 1: EHB Zero Copay/Preventative
- Tier 2: Generic medications (formulary agents)
- Tier 3: Preferred brand medications (formulary agents)
- Tier 4: Non-preferred brand/Preferred specialty medications (non-formulary agents when formulary exception is approved by plan)

- Tier 5: Specialty medications
- Tier 6: Medical medications (not covered under the pharmacy benefit)

## 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.

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### B. Obtaining Coverage

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

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

Non-approved requests may be appealed.

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

## 4. General Exclusions

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

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

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

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

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

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Drug	Status	Notes
<b>Allergy</b>		
<b>2Nd Gen Antihistamine &amp; Decongestant Combinations</b>		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	Tier 4	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 2	
<b>Allergenic Extracts, Therapeutics</b>		
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Tier 3	PA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Tier 3	PA
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY	Tier 3	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6)	Tier 4	PA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Tier 4	PA
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Tier 4	PA
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Tier 4	PA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Tier 4	PA
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Tier 4	PA
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Tier 4	PA
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Tier 4	PA
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Tier 4	PA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Tier 4	PA
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Tier 4	PA
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Tier 4	PA

Drug	Status	Notes
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Tier 4	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Tier 4	PA
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Tier 3	PA
<b>Antihistamines - 1St Generation</b>		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 2	Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 2	Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 6 mg</i> (RyVent)	Tier 2	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 2	
<i>clemastine oral tablet 2.68 mg</i>	Tier 2	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 2	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 2	
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i> (Ryclora)	Tier 2	QL (236 ML per 1 FILL)
DIPHEN ORAL ELIXIR 12.5 MG/5 ML (diphenhydramine hcl)	Tier 2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 6	Medical service drug is not covered under the pharmacy benefit. Please contact the health plan at 1-855-823-8872 for further assistance.
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	Tier 6	Medical service drug is not covered under the pharmacy benefit. Please contact the health plan at 1-855-823-8872 for further assistance.
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	Tier 2	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril)	Tier 2	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	Tier 4	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 2	

Drug	Status	Notes
<i>promethazine injection syringe 25 mg/ml</i>	Tier 2	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 2	
<b>Antihistamines - 2Nd Generation</b>		
<i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))	Tier 2	
<i>desloratadine oral tablet 5 mg</i> (Clarinet)	Tier 2	QL (1 EA per 1 day)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 2	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 2	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 2	
<b>Nasal Antihistamine</b>		
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	Tier 2	QL (60 ML per 30 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i>	Tier 2	QL (60 ML per 30 days)
<i>olopatadine nasal spray, non-aerosol 0.6 %</i> (Patanase)	Tier 2	QL (30.5 GM per 30 days)
<b>Nasal Antihistamine &amp; Anti-Inflam. Steroid Comb.</b>		
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i> (Dymista)	Tier 2	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 4	
<b>Nasal Anti-Inflammatory Steroids</b>		
BECONASE AQ NASAL SPRAY, NON-AEROSOL 42 MCG (0.042 %)	Tier 4	ST: Requires prior prescription for Flunisolide or Fluticasone Propionate within the past 120 days; QL (25 GM per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	Tier 2	QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	Tier 2	QL (16 GM per 30 days)
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Nasonex)	Tier 2	QL (17 GM per 30 days)



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	Tier 4	ST: Requires prior prescription for Flunisolide or Fluticasone Propionate within the past 120 days; QL (5 GM per 12 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 3	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 3	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 3	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 4	ST: Requires prior prescription for Flunisolide or Fluticasone Propionate within the past 120 days; QL (6.1 GM per 30 days)
<b>Antiemesis/Antivertigo</b>		
<b>Antiemetic, Cannabinoid-Type</b>		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	Tier 2	ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 4	ST: Requires prior prescription for generic Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)
<b>Antiemetic/Antivertigo Agents</b>		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 3	QL (1 EA per 28 days)
ANTIVERT ORAL TABLET 50 MG (meclizine)	Tier 4	QL (2 EA per 1 day)
<i>aprepitant oral capsule 125 mg</i>	Tier 2	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 2	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	Tier 2	QL (2 EA per 21 days)

Drug	Status	Notes
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	Tier 2	QL (3 EA per 21 days)
BONJESTA ORAL TABLET, IR, DELAYED REL, BIPHASIC 20-20 MG	Tier 4	QL (60 EA per 30 days)
COMPRO RECTAL SUPPOSITORY 25 MG (prochlorperazine)	Tier 2	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlec) 10-10 mg</i> (Diclegis)	Tier 2	QL (120 EA per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	Tier 3	QL (3 EA per 21 days)
<i>granisetron hcl oral tablet 1 mg</i>	Tier 2	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 2	
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	Tier 2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 2	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 24 mg, 8 mg</i>	Tier 2	
<i>ondansetron hcl oral tablet 4 mg</i> (Zofran)	Tier 2	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	Tier 2	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	Tier 2	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	Tier 2	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (promethazine)	Tier 2	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 4	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 2	
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 2	
VARUBI ORAL TABLET 90 MG	Tier 4	QL (2 EA per 14 days)
ZUPLENZ ORAL FILM 4 MG	Tier 4	ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (2 EA per 3 days)

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

Drug	Status	Notes
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 2	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	Tier 2	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 2	
<b>Beta-Adrenergic Agents, Inhaled, Short Acting</b>		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (ProAir HFA)	Tier 2	
<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 2	
<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 2	
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i> (Xopenex Concentrate)	Tier 2	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	Tier 2	
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	Tier 4	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 4	ST: Requires prior prescription for generic Albuterol Sulfate 90mcg HFA inhaler within the past 120 days
<b>Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting</b>		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 3	QL (4 GM per 30 days)
<b>Beta-Adrenergic Agents, Orally Inhaled, Long Acting</b>		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> (Brovana)	Tier 2	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 2	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 3	QL (60 EA per 30 days)
<b>Beta-Adrenergic And Anticholinergic Combinations</b>		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 3	QL (60 EA per 30 days)

Drug	Status	Notes
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Tier 4	ST: Requires prior prescription for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 3	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Tier 4	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 2	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 3	QL (4 GM per 30 days)
<b>Beta-Adrenergic And Glucocorticoid Combinations</b>		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500- 50 MCG/DOSE	(fluticasone propion- salmeterol)	Tier 2 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 3 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 4 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 3 QL (60 EA per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50- 5 MCG/ACTUATION		Tier 4 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)

Drug	Status	Notes
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	Tier 4	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)
<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 4	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 (budesonide-formoterol)	Tier 3	QL (30.6 GM per 30 days)
<b>Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled</b>		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	Tier 3	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Tier 3	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	Tier 3	QL (2 EA per 1 day)
<b>Glucocorticoids, Orally Inhaled</b>		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 4	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 4	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 3	QL (30 EA per 30 days)

Drug	Status	Notes
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTION, 200 MCG/ACTION, 50 MCG/ACTION	Tier 4	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, or Flovent HFA within the past 365 days; QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTION (30), 220 MCG/ ACTION (120), 220 MCG/ ACTION (30), 220 MCG/ ACTION (60)	Tier 4	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 2	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	Tier 2	QL (60 ML per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTION, 50 MCG/ACTION	Tier 3	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTION	Tier 3	QL (120 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTION	Tier 3	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTION	Tier 3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTION	Tier 3	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTION, 90 MCG/ACTION	Tier 4	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/ACTION, 80 MCG/ACTION	Tier 4	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)
<b>Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab</b>		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 4	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 4	PA

Drug	Status	Notes
<b>Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab</b>		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 4	PA
<b>Leukotriene Receptor Antagonists</b>		
montelukast oral granules in packet 4 mg (Singulair)	Tier 2	
montelukast oral tablet 10 mg (Singulair)	Tier 2	
montelukast oral tablet, chewable 4 mg, 5 mg (Singulair)	Tier 2	
zafirlukast oral tablet 10 mg, 20 mg (Accolate)	Tier 2	
<b>Mast Cell Stabilizers</b>		
cromolyn oral concentrate 100 mg/5 ml (Gastrocrom)	Tier 2	
<b>Mast Cell Stabilizers, Orally Inhaled</b>		
cromolyn inhalation solution for nebulization 20 mg/2 ml	Tier 2	
<b>Monoclonal Antibodies To Immunoglobulin E(Ige)</b>		
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 5	PA
<b>Monoclonal Antibody - Interleukin-5 Antagonists</b>		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 4	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 4	PA
<b>Phosphodiesterase-4 (Pde4) Inhibitors</b>		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Tier 3	ST: Requires prior prescription for Breo Ellipta, Fluticasone Propion/salmeterol, Serevent Diskus, Spiriva Respimat, or Spiriva within the past 120 days; QL (1 EA per 1 day)
<b>Respiratory Aids, Devices, Equipment</b>		
ACE AEROSOL CLOUD ENHANCER SPACER (inhalational spacing device)	Tier 4	
AEROCHAMBER MINI SPACER (inhalational spacing device)	Tier 4	
AEROCHAMBER MV SPACER (inhalational spacing device)	Tier 4	
AEROCHAMBER PLUS FLOW-VU SPACER (inhalational spacing device)	Tier 4	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER	Tier 4	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER	Tier 4	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	Tier 4	



Drug	Status	Notes
AEROCHAMBER PLUS Z STAT LG MSK SPACER	Tier 4	
AEROCHAMBER PLUS Z STAT MD MSK SPACER	Tier 4	
AEROCHAMBER PLUS Z STAT SM MSK SPACER	Tier 4	
AEROCHAMBER PLUS Z STAT SPACER	Tier 4	(inhalational spacing device)
AEROCHAMBER WITH FLOWSIGNAL SPACER	Tier 4	(inhalational spacing device)
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	Tier 4	(inhalational spacing device)
AEROECLIPSE II NEBULIZER	Tier 4	
AEROGEAR ACTION ASTHMA KIT KIT	Tier 4	
AERONEB GO NEBULIZER	Tier 4	
AEROTRACH PLUS SPACER	Tier 4	(inhalational spacing device)
AEROVENT PLUS SPACER	Tier 4	(inhalational spacing device)
AIRS DISPOSABLE NEBULIZER	Tier 4	
ALTERA NEBULIZER	Tier 4	
ALTERA NEBULIZER SYSTEM	Tier 4	
ASTHMAPACK CHILDREN'S KIT	Tier 4	
AURA PORTANEB	Tier 4	
BREATHERITE MDI SPACER SPACER	Tier 4	(inhalational spacing device)
BREATHERITE SPACER-MASK, NEO. SPACER	Tier 4	
BREATHERITE SPACER-MASK,ADULT SPACER	Tier 4	
BREATHERITE SPACER-MASK,CHILD SPACER	Tier 4	
BREATHERITE SPACER-MASK,INFANT SPACER	Tier 4	
BREATHERITE SPACER-MASK,S.CHLD SPACER	Tier 4	
BREATHERITE VALVED MDI CHAMBER SPACER	Tier 4	(inhalational spacing device)
BREATHERITE VALVED MDI SPACER SPACER	Tier 4	(inhalational spacing device)
CLEVER CHOICE CHAMBER-LRG MASK SPACER	Tier 4	
CLEVER CHOICE CHAMBER-MED MASK SPACER	Tier 4	
CLEVER CHOICE CHAMBER-SM MASK SPACER	Tier 4	
CLEVER CHOICE NEBULIZER DEVICE	Tier 4	(nebulizer and compressor)
CLEVER CHOICE WHISPER AIRE PED DEVICE	Tier 4	(nebulizer and compressor)

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
COMPACT SPACE CHAMBER PLUS SPACER	(inhalational spacing device)	Tier 4	
COMPACT SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 4	
COMPACT SPACE CHAMBER-LRG MASK SPACER		Tier 4	
COMPACT SPACE CHAMBER-MED MASK SPACER		Tier 4	
COMPACT SPACE CHAMBER-SM MASK SPACER		Tier 4	
COMP-AIR NEBULIZER COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 4	
DEVILBISS DISPOSABLE NEBULIZER		Tier 4	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE		Tier 4	
DEVILBISS PULMOMATE COMPRESSOR DEVICE		Tier 4	
DEVILBISS PULMONEB LT COMP-NEB DEVICE	(nebulizer and compressor)	Tier 4	
DEVILBISS TRAVELER COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 4	
EASIVENT HOLDING CHAMBER SPACER	(inhalational spacing device)	Tier 4	
EASIVENT MASK LARGE DEVICE		Tier 4	
EASIVENT MASK MEDIUM DEVICE		Tier 4	
EASIVENT MASK SMALL DEVICE		Tier 4	
EBASE CONTROLLER DEVICE		Tier 4	
FLEXICHAMBER SPACER	(inhalational spacing device)	Tier 4	
FLEXICHAMBER-LG CHILD MASK DEVICE		Tier 4	
FLEXICHAMBER-SM ADULT MASK DEVICE		Tier 4	
FLEXICHAMBER-SM CHILD MASK DEVICE		Tier 4	
FLYP NEBULIZER		Tier 4	
HOME NEBULIZER PLUS SIDESTREAM DEVICE	(nebulizer and compressor)	Tier 4	
INNOSPIRE DELUXE DEVICE	(nebulizer and compressor)	Tier 4	
INNOSPIRE ELEGANCE DEVICE	(nebulizer and compressor)	Tier 4	
INNOSPIRE ESSENCE DEVICE	(nebulizer and compressor)	Tier 4	
INNOSPIRE GO NEBULIZER		Tier 4	
INNOSPIRE MINI DEVICE	(nebulizer and compressor)	Tier 4	
INSPIRACHAMBER SPACER	(inhalational spacing device)	Tier 4	

Drug	Status	Notes
INSPIRACHAMBER WITH MASK-LARGE SPACER	Tier 4	
INSPIRACHAMBER WITH MASK-MED SPACER	Tier 4	
INSPIRACHAMBER WITH MASK-SMALL SPACER	Tier 4	
LC PLUS	Tier 4	
LC PLUS NEBULIZER-PED MASK	Tier 4	
LITE TOUCH-MEDIUM MASK DEVICE	Tier 4	
LITEAIRE MDI CHAMBER SPACER	(inhalational spacing device)	Tier 4
LITETOUCH-LARGE MASK DEVICE	Tier 4	
LITETOUCH-SMALL MASK DEVICE	Tier 4	
MICROAIR MESH NEBULIZER	Tier 4	
MICROCHAMBER SPACER	(inhalational spacing device)	Tier 4
MICROSPACER SPACER	(inhalational spacing device)	Tier 4
MINI PLUS NEBULIZER	Tier 4	
MINI WRIGHT PEAK FLOW METER DEVICE	(peak flow meter)	Tier 4
MISTASSIST DEVICE	Tier 4	
MISTASSIST KIT DEVICE	Tier 4	
<i>nebulizer and compressor device</i>	(Clever Choice Nebulizer)	Tier 4
OMBRA COMPRESSOR SYSTEM DEVICE	(nebulizer and compressor)	Tier 4
OPTICHAMBER ADULT MASK-LARGE DEVICE	Tier 4	
OPTICHAMBER DIAMOND LG MASK SPACER	Tier 4	
OPTICHAMBER DIAMOND VHC SPACER	(inhalational spacing device)	Tier 4
OPTICHAMBER DIAMOND-MED MSK SPACER	Tier 4	
OPTICHAMBER DIAMOND-SML MASK SPACER	Tier 4	
PARI LC SPRINT NEBULIZER SET	Tier 4	
PARI LC SPRINT SINUS	Tier 4	
PARI SINUS AEROSOL SYSTEM DEVICE	(nebulizer and compressor)	Tier 4
PARI TREK S COMBO PACK DEVICE	(nebulizer and compressor)	Tier 4
PARI TREK S COMPACT COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 4
PEDIATRIC BEAR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 4
PEDIATRIC COMP-AIR COMPRES NEB DEVICE	(nebulizer and compressor)	Tier 4

Drug	Status	Notes
PEDIATRIC DINOSAUR NEBULIZER DEVICE (nebulizer and compressor)	Tier 4	
PEDIATRIC DOG NEBULIZER DEVICE (nebulizer and compressor)	Tier 4	
PEDIATRIC FROG NEBULIZER DEVICE (nebulizer and compressor)	Tier 4	
PFLEX INSPIRATORY TRAINER DEVICE	Tier 4	
POCKET CHAMBER SPACER (inhalational spacing device)	Tier 4	
PORTABLE NEBULIZER SYSTEM DEVICE (nebulizer and compressor)	Tier 4	
PRIMEAIRE SPACER (inhalational spacing device)	Tier 4	
PRO COMFORT SPACER-ADULT MASK SPACER	Tier 4	
PRO COMFORT SPACER-CHILD MASK SPACER	Tier 4	
PROCARE COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 4	
PROCARE PEDIATRIC NEBULIZER DEVICE (nebulizer and compressor)	Tier 4	
PROCARE SPACER WITH ADULT MASK SPACER	Tier 4	
PROCARE SPACER WITH CHILD MASK SPACER	Tier 4	
PROCHAMBER SPACER (inhalational spacing device)	Tier 4	
PRODIGY MINI-MIST NEBULIZER	Tier 4	
PULMO-AIDE COMPRESSOR DEVICE	Tier 4	
PULMONEB LT COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 4	
RITEFLO AEROCHAMBER SPACER (inhalational spacing device)	Tier 4	
SAMI THE SEAL DEVICE (nebulizer and compressor)	Tier 4	
SIDESTREAM	Tier 4	
SIDESTREAM NEBULIZER	Tier 4	
SIDESTREAM PLUS	Tier 4	
SILICONE MASK - INFANT DEVICE	Tier 4	
SINUSTAR NEBULIZER	Tier 4	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 4	
SOOTHENEB MESH NEBULIZER	Tier 4	
SPACE CHAMBER PLUS SPACER (inhalational spacing device)	Tier 4	
SPACE CHAMBER SPACER (inhalational spacing device)	Tier 4	
SPACE CHAMBER WITH LARGE MASK SPACER	Tier 4	

Drug	Status	Notes
SPACE CHAMBER WITH MEDIUM MASK SPACER	Tier 4	
SPACE CHAMBER WITH SMALL MASK SPACER	Tier 4	
SUNRISE COMPRESSOR-NEBULIZER DEVICE	Tier 4	
THRESHOLD IMT TRAINER DEVICE	Tier 4	
THRESHOLD PEP DEVICE DEVICE	Tier 4	
TRUNEB NEBULIZER	Tier 4	
TRUZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 4	
VIOS AEROSOL DELIVERY SYSTEM DEVICE (nebulizer and compressor)	Tier 4	
VIXONE NEBULIZER	Tier 4	
VIXONE NEBULIZER-ADULT MASK	Tier 4	
VIXONE NEBULIZER-PEDIATRIC MSK	Tier 4	
VORTEX HOLDING CHAMBER SPACER (inhalational spacing device)	Tier 4	
VORTEX VHC FROG MASK-CHILD SPACER	Tier 4	
VORTEX VHC LADYBUG MASK-TODDLR SPACER	Tier 4	
WILLIS THE WHALE COMPRESSR NEB DEVICE (nebulizer and compressor)	Tier 4	
<b>Xanthines</b>		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 2	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML (theophylline)	Tier 2	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Tier 3	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG	Tier 2	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 300 MG (theophylline)	Tier 2	
<i>theophylline oral elixir 80 mg/15 ml</i> (Elixophyllin)	Tier 2	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 2	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	Tier 2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 2	

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

Drug	Status	Notes
<b>Behavioral Health - Antidepressants</b>		
<b>Alpha-2 Receptor Antagonist Antidepressants</b>		
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	Tier 2	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	Tier 2	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	Tier 2	
<b>Antidepressant - Nmda Receptor Antagonist</b>		
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 5	PA
<b>Maois - Non-Selective &amp; Irreversible</b>		
MARPLAN ORAL TABLET 10 MG	Tier 4	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	Tier 2	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	Tier 2	
<b>Norepinephrine And Dopamine Reuptake Inhib (Ndris)</b>		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	Tier 4	ST: Requires prior prescription for Bupropion HCL within the past 120 days; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	Tier 2	
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i> (Forfivo XL)	Tier 2	ST: Requires prior prescription for Bupropion HCL within the past 120 days; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	Tier 2	
<b>Selective Serotonin Reuptake Inhibitor (SsrIs)</b>		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 2	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	Tier 2	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	Tier 2	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	Tier 2	
<i>fluoxetine oral capsule, delayed release (dr/lec) 90 mg</i>	Tier 2	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 2	
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	Tier 2	

Drug	Status	Notes
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	Tier 2	ST: Requires prior prescription for Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine HCL, 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 2	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	Tier 2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	Tier 2	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	Tier 2	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	Tier 4	ST: Requires prior prescription for Paroxetine HCL within the past 120 days; QL (1 EA per 1 day)
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	Tier 2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	Tier 2	
<b>Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)</b>		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 2	
<b>Serotonin-Norepinephrine Reuptake-Inhib (Snris)</b>		
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 2	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, 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 2	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG	Tier 4	ST: Requires prior prescription for generic Duloxetine within the past 120 days; QL (1 EA per 1 day)



Drug	Status	Notes
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 60 MG	Tier 4	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 2	
<i>duloxetine oral capsule, delayed release(drlec) 40 mg</i>	Tier 2	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 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fetzima, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL within the past 365 days; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fetzima, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, 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 2	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 2	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 2	

Drug	Status	Notes
<b>Ssri &amp; 5Ht1a Partial Agonist Antidepressant</b>		
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 3	ST: Requires prior prescription for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, 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 3	ST: Requires prior prescription for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL within the past 120 days; QL (1 EA per 1 day)
<b>Ssri &amp; Serotonin Receptor Modulator Antidepressant</b>		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 3	ST: Requires prior prescription for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL within the past 120 days; QL (1 EA per 1 day)
<b>Tricyclic Antidepressant/Benzodiazepine Combinatns</b>		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 2	
<b>Tricyclic Antidepressant/Phenothiazine Combinatns</b>		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 2	
<b>Tricyclic Antidepressants &amp; Rel. Non-Sel. Ru-Inhib</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	

Drug	Status	Notes
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 2	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	Tier 2	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	Tier 2	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 2	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 2	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	Tier 2	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	
<b>Behavioral Health - Other</b>		
<b>Adrenergics, Aromatic, Non-Catecholamine</b>		
<i>ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG</i> (dextroamphetamine-amphetamine)	Tier 2	QL (1 EA per 1 day)
<i>ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG</i> (dextroamphetamine-amphetamine)	Tier 2	QL (2 EA per 1 day)
<i>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</i>	Tier 4	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>	Tier 2	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 2	PA
<i>dextroamphetamine oral capsule, extended release 10 mg, 5 mg</i> (Dexedrine Spansule)	Tier 2	QL (60 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i> (Dexedrine Spansule)	Tier 2	QL (120 EA per 30 days)
<i>dextroamphetamine oral solution 5 mg/5 ml</i> (ProCentra)	Tier 2	QL (1800 ML per 30 days)

Drug	Status	Notes
<i>dextroamphetamine oral tablet 10 mg</i> (Zenzedi)	Tier 2	QL (180 EA per 30 days)
<i>dextroamphetamine oral tablet 15 mg</i> (Zenzedi)	Tier 2	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> (Zenzedi)	Tier 2	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)
<i>dextroamphetamine oral tablet 5 mg</i> (Zenzedi)	Tier 2	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 2	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Tier 4	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 4	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 4	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 4	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 2	QL (150 EA per 30 days)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 3	QL (1 EA per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 3	QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 3	QL (1 EA per 1 day)

Drug	Status	Notes
ZENZEDI ORAL TABLET 10 MG (dextroamphetamine)	Tier 2	QL (180 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG (dextroamphetamine)	Tier 2	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)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	Tier 2	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 (dextroamphetamine)	Tier 2	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 (dextroamphetamine)	Tier 2	QL (90 EA per 30 days)
<b>Anti-Alcoholic Preparations</b>		
<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>	Tier 2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 2	
<b>Anti-Anxiety - Benzodiazepines</b>		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 3	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	Tier 2	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	Tier 2	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	Tier 2	
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	Tier 2	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML (diazepam)	Tier 2	
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	Tier 2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 2	

Drug	Status	Notes
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	Tier 2	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML (lorazepam)	Tier 2	
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	Tier 2	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	Tier 2	
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 2 MG, 3 MG	Tier 4	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 2	
<b>Anti-Anxiety Drugs</b>		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 2	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 2	
<b>Anti-Mania Drugs</b>		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 4	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 2	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 2	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	Tier 2	
<i>lithium carbonate oral tablet extended release 450 mg</i>	Tier 2	
<b>Anti-Narcolepsy &amp; Anti-Cataplexy, Sedative-Type Agt</b>		
XYREM ORAL SOLUTION 500 MG/ML	Tier 5	PA
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 5	PA
<b>Antipsych, Dopamine Antag., Diphenylbutylpiperidines</b>		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 2	
<b>Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed</b>		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 3	ST: At least 2 prior prescriptions for Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	Tier 3	ST: At least 2 prior prescriptions for Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (7 EA per 28 days)
<b>Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed</b>		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 5	PA; FL: 30 DAYS' SUPPLY PER FILL
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 5	PA
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 5	PA; FL: 30 DAYS' SUPPLY PER FILL
<i>aripiprazole oral solution 1 mg/ml</i>	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, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL within the past 365 days; QL (30 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	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, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL within the past 365 days; QL (3 EA per 1 day)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	Tier 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, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL within the past 365 days; QL (2 EA per 1 day)



Drug	Status	Notes
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 3	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, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL within the past 365 days; QL (1 EA per 1 day)
<b>Antipsychotics, Dopamine &amp; Serotonin Antagonists</b>		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 4	FL: 30 DAYS' SUPPLY PER FILL
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	
<b>Antipsychotics, Atypical, Dopamine, &amp; Serotonin Antag</b>		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	Tier 2	QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 42 MG	Tier 4	ST: At least 2 prior prescriptions for Aripiprazole, Asenapine Maleate, 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 2	QL (3 EA per 1 day)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 2	QL (3 EA per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 4	ST: At least 2 prior prescriptions for Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (2 EA per 1 day)

Drug	Status	Notes
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 4	ST: At least 2 prior prescriptions for Aripiprazole, Asenapine Maleate, 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 3	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	Tier 3	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 4	PA
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	Tier 2	QL (1 EA per 1 day)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	Tier 2	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i> (Invega)	Tier 2	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	Tier 2	QL (2 EA per 1 day)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	Tier 2	QL (3 EA per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	Tier 2	QL (1 EA per 1 day)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	Tier 2	QL (8 ML per 1 day)
<i>risperidone oral tablet 0.25 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	Tier 2	QL (2 EA per 1 day)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 2	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 4	ST: At least 2 prior prescriptions for Aripiprazole, Asenapine Maleate, 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 4	ST: At least 2 prior prescriptions for Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (18 ML per 1 day)

Drug	Status	Notes
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	Tier 2	QL (2 EA per 1 day)
<b>Antipsychotics,Dopamine Antagonists, Thioxanthenes</b>		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 2	
<b>Antipsychotics,Dopamine Antagonists,Butyrophenones</b>		
haloperidol lactate oral concentrate 2 mg/ml	Tier 2	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 2	
<b>Antipsychotics,Dopamine Antagonist,Dihydroindolones</b>		
molindone oral tablet 10 mg	Tier 2	QL (8 EA per 1 day)
molindone oral tablet 25 mg	Tier 2	QL (9 EA per 1 day)
molindone oral tablet 5 mg	Tier 2	
<b>Anti-Psychotics,Phenothiazines</b>		
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	Tier 2	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	
fluphenazine hcl oral concentrate 5 mg/ml	Tier 2	
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 2	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 2	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 2	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 2	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 2	
<b>Barbiturates</b>		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 2	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	Tier 2	
SECONAL SODIUM ORAL CAPSULE 100 MG	Tier 4	
<b>Hsdd Agents-Mixed Serotonin Agonist/Antagonists</b>		
ADDYI ORAL TABLET 100 MG	Tier 4	PA
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	Tier 4	PA
<b>Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists</b>		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 5	PA

Drug	Status	Notes
HETLIOZ ORAL CAPSULE 20 MG	Tier 5	PA
<i>ramelteon oral tablet 8 mg</i> (Rozerem)	Tier 2	ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day)
<b>Menopausal Symptoms Suppressant - Ssris</b>		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i> (Brisdelle)	Tier 2	ST: Requires prior prescription for Paroxetine HCL or Venlafaxine HCL within the past 120 days; QL (1 EA per 1 day)
<b>Monoamine Oxidase(Mao) Inhibitors</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 4	ST: Requires prior prescription for Marplan, Phenelzine Sulfate, or Tranylcypromine Sulfate within the past 120 days; QL (1 EA per 1 day)
<b>Narcolepsy And Sleep Disorder Therapy Agents</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)	Tier 2	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i> (Nuvigil)	Tier 2	QL (3 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	Tier 2	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 4	PA
<b>Narcolepsy Tx-H3- Recept.Antagonist/Inverse Agonist</b>		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 5	PA
<b>Narcotic Antagonists</b>		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	Tier 3	QL (4 EA per 30 days)
<i>naltrexone oral tablet 50 mg</i>	Tier 2	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	Tier 3	QL (4 EA per 30 days)
<b>Sedative-Hypnotics - Benzodiazepines</b>		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 2	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 2	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 2	
<i>quazepam oral tablet 15 mg</i> (Doral)	Tier 2	ST: Requires prior prescription for Eszopiclone, Flurazepam HCL, Temazepam, Zaleplon, or Zolpidem Tartrate within the past 120 days

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)	Tier 2	
<i>triazolam oral tablet 0.125 mg</i>	Tier 2	
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	Tier 2	
<b>Sedative-Hypnotics,Non-Barbiturate</b>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 4	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 2	ST: Requires prior prescription for Doxepin solution or 10mg capsules, Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day)
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	Tier 4	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 2	QL (1 EA per 1 day)
<i>ketamine sublingual troche 100 mg</i>	Tier 2	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	Tier 2	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	Tier 2	QL (1 EA per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	Tier 2	QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 1.75 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 3.5 mg</i> (Intermezzo)	Tier 2	QL (1 EA per 1 day)
ZOLPIMIST ORAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 4	ST: Requires prior prescription for Zolpidem Tartrate within the past 120 days; QL (7.7 ML per 30 days)
<b>Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)</b>		
NUPLAZID ORAL CAPSULE 34 MG	Tier 5	PA
NUPLAZID ORAL TABLET 10 MG	Tier 5	PA
<b>Ssri &amp;Antipsych,Atyp,Dopamine&amp;Serotonin Antag Comb</b>		
<i>olanzapine-fluoxetine oral capsule 12-25 mg</i>	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
<i>olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i> (Symbyax)	Tier 2	QL (1 EA per 1 day)
<b>Tx For Adhd - Selective Alpha-2A Receptor Agonist</b>		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i> (Kapvay)	Tier 2	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 2	QL (1 EA per 1 day)
<b>Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy</b>		
ADHANSIA XR ORAL CAPSULE, ER BIPHASIC 20-80 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	Tier 4	ST: Requires prior prescription for Methylphenidate HCL within the past 120 days; QL (1 EA per 1 day)
AZSTARYS ORAL CAPSULE 26.1 MG-5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG-10.4 MG	Tier 4	ST: Requires prior prescription for Methylphenidate HCL within the past 120 days; QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG (methylphenidate hcl)	Tier 2	QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG (methylphenidate hcl)	Tier 2	QL (2 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG	Tier 4	ST: Requires prior prescription for Methylphenidate HCL within the past 120 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG	Tier 4	ST: Requires prior prescription for Methylphenidate HCL 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 4	ST: Requires prior prescription for Methylphenidate HCL or Quillivant XR 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 2	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	Tier 2	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 4	ST: Requires prior prescription for Methylphenidate HCL within the past 120 days; QL (1 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG (methylphenidate hcl)	Tier 2	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 4	ST: Requires prior prescription for Methylphenidate HCL 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 2	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	Tier 2	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 2	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)	Tier 2	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	Tier 2	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	Tier 2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	Tier 2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i> (Relexxii)	Tier 2	ST: Requires prior prescription for Methylphenidate HCL 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 2	QL (90 EA per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 4	ST: Requires prior prescription for Methylphenidate HCL within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 4	ST: Requires prior prescription for Methylphenidate HCL 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 4	60mL BOTTLE; ST: Requires prior prescription for Methylphenidate HCL within the past 120 days; QL (60 ML per 30 days)

Drug	Status	Notes
<b>Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type</b>		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	Tier 2	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	Tier 2	QL (30 EA per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Tier 4	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 4	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)
<b>Cardiovascular Disease - Arrhythmia</b>		
<b>Antiarrhythmics</b>		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	Tier 2	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	Tier 2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	Tier 2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 2	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 2	
MULTAQ ORAL TABLET 400 MG	Tier 3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	Tier 3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG (disopyramide phosphate)	Tier 3	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (amiodarone)	Tier 2	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i> (Rythmol SR)	Tier 2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 2	



Drug	Status	Notes
<b>Cardiovascular Disease - Cardiac Stimulant</b>		
<b>Adrenergic Agents, Catecholamines</b>		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 2	
<b>Digitalis Glycosides</b>		
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Tier 2	
DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Tier 2	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 3	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	Tier 2	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Tier 3	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	Tier 4	
<b>Cardiovascular Disease - Hypertension</b>		
<b>Ace Inhibitor/Calcium Channel Blocker Combination</b>		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	Tier 2	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	Tier 2	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	Tier 4	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, 2-240 mg, 4-240 mg</i>	Tier 2	
<b>Ace Inhibitor/Thiazide &amp; Thiazide-Like Diuretic</b>		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	Tier 2	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	Tier 2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 2	

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

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

Drug	Status	Notes
<b>Antihypertensives, Angiotensin Receptor Antagonist</b>		
<i>candesartan oral tablet 16 mg, 32 mg, 48 mg, 8 mg</i> (Atacand)	Tier 2	
EDARBI ORAL TABLET 40 MG, 80 MG	Tier 3	ST: Requires prior prescription for an ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination within the past 120 days
<i>eprosartan oral tablet 600 mg</i>	Tier 2	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	Tier 2	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	Tier 2	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	Tier 2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	Tier 2	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	Tier 2	
<b>Antihypertensives, Ganglionic Blockers</b>		
VECAMYL ORAL TABLET 2.5 MG	Tier 4	PA
<b>Antihypertensives, Miscellaneous</b>		
DEMSEER ORAL CAPSULE 250 MG (metyrosine)	Tier 4	
<i>metyrosine oral capsule 250 mg</i> (Demser)	Tier 2	
<b>Antihypertensives, Sympatholytic</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 2	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	Tier 2	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	Tier 2	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	Tier 2	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 2	
<b>Antihypertensives, Vasodilators</b>		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 2	
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	Tier 2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 2	

Drug	Status	Notes
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (nebivolol)	Tier 3	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 4	ST: Requires prior prescription for generic Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days)
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	Tier 4	ST: Requires prior prescription for Propranolol HCL within the past 120 days
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	Tier 4	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 4	
LEVATOL ORAL TABLET 20 MG	Tier 4	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	Tier 2	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	Tier 2	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	Tier 2	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	Tier 2	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	Tier 2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	Tier 2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG (sotalol)	Tier 2	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)	Tier 2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (Sorine)	Tier 2	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 4	QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol HCL within the past 120 days
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	

Drug	Status	Notes
<b>Beta-Adrenergic Blocking Agents/Thiazide &amp; Related</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	Tier 2	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	Tier 2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> (Ziac)	Tier 2	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR 100-12.5 MG (metoprolol su-hydrochlorothiaz)	Tier 4	QL (2 EA per 1 day)
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR 25-12.5 MG, 50-12.5 MG (metoprolol su-hydrochlorothiaz)	Tier 4	QL (1 EA per 1 day)
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 2	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	Tier 2	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 2	
<b>Calcium Channel Blocking Agents</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	Tier 2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	Tier 4	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG (diltiazem hcl)	Tier 2	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	Tier 4	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (DILT-XR)	Tier 2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 2	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (Taztia XT)	Tier 2	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiadylt ER)	Tier 2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	Tier 2	
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i> (Cardizem CD)	Tier 2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	Tier 2	
<i>diltiazem hcl oral tablet 90 mg</i>	Tier 2	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	Tier 2	

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

Drug	Status	Notes
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 2	
<b>Potassium Sparing Diuretics</b>		
<i>amiloride oral tablet 5 mg</i>	Tier 2	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	Tier 4	ST: Requires prior prescription for Spironolactone tablets within the past 120 days; QL (600 ML per 30 days)
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	Tier 2	
KERENDIA ORAL TABLET 10 MG, 20 MG	Tier 4	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	Tier 2	
<i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)	Tier 2	
<b>Potassium Sparing Diuretics In Combination</b>		
ALDACTAZIDE ORAL TABLET 50-50 MG	Tier 4	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 2	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> (Aldactazide)	Tier 2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 2	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	Tier 2	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	Tier 2	
<b>Pulm Anti-Htn, Soluble Guanylate Cyclase Stimulator</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 4	PA
<b>Pulm. Anti-Htn, Sel. C-Gmp Phosphodiesterase T5 Inhib</b>		
ALYQ ORAL TABLET 20 MG (tadalafil (pulm. hypertension))	Tier 4	PA
<i>sildenafil (pulm. hypertension) oral suspension for reconstitution 10 mg/ml</i> (Revatio)	Tier 4	PA
<i>sildenafil (pulm. hypertension) oral tablet 20 mg</i> (Revatio)	Tier 2	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	Tier 4	PA; QL (1 EA per 5 days)
<b>Pulmonary Anti-Htn, Endothelin Receptor Antagonist</b>		
<i>ambisentan oral tablet 10 mg, 5 mg</i> (Letairis)	Tier 4	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	Tier 4	PA
OPSUMIT ORAL TABLET 10 MG	Tier 4	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 4	PA



Drug	Status	Notes
<b>Pulmonary Antihypertensives, Prostacyclin-Type</b>		
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 4	PA
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	Tier 4	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 5	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 5	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 5	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 5	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 4	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 4	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 5	PA
<b>Renin Inhibitor, Direct</b>		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	Tier 2	
<b>Renin Inhibitor, Direct/Thiazide Diuretic Comb</b>		
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	Tier 4	
<b>Thiazide And Related Diuretics</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 2	
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 4	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 2	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 2	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 2	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
THALITONE ORAL TABLET 15 MG	Tier 4	
<b>Vasodilators, Combination</b>		
BIDIL ORAL TABLET 20-37.5 MG	Tier 3	

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

Drug	Status	Notes
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Tier 4	ST: Requires prior prescription for generic Rosuvastatin Calcium within the past 120 days; QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 (simvastatin) MG/5 ML (4 MG/ML)	Tier 4	PA
FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)	Tier 4	PA
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	Tier 2	\$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 Altprev, 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 (Lescol XL) 24 hr 80 mg</i>	Tier 2	\$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 Altprev, 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 3	\$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 2	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

Drug	Status	Notes
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Tier 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)
rosuvastatin oral tablet 10 mg, 5 mg (Crestor)	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)
rosuvastatin oral tablet 20 mg, 40 mg (Crestor)	Tier 2	QL (1 EA per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg (Zocor)	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)
simvastatin oral tablet 5 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)
simvastatin oral tablet 80 mg (Zocor)	Tier 2	PA; QL (1 EA per 1 day)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	Tier 4	ST: Requires prior prescription for Livalo within the past 120 days; QL (1 EA per 1 day)
<b>Antihyperlipidemic - Mtp Inhibitor</b>		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	Tier 4	PA
<b>Antihyperlipidemic - Pcsk9 Inhibitors</b>		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 3	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 3	ST: Requires prior prescription for Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin within the past 120 days

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

Drug	Status	Notes
<b>Lipotropics</b>		
ANTARA ORAL CAPSULE 30 MG, 90 MG (fenofibrate micronized)	Tier 4	ST: Requires prior prescription for Antara, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Gemfibrozil, or Triglide within the past 120 days
ezetimibe oral tablet 10 mg (Zetia)	Tier 2	QL (1 EA per 1 day)
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	Tier 2	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg (Tricor)	Tier 2	
fenofibrate oral capsule 150 mg, 50 mg (Lipofen)	Tier 2	
fenofibrate oral tablet 120 mg, 40 mg (Fenoglide)	Tier 2	
fenofibrate oral tablet 160 mg, 54 mg	Tier 2	
fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg (Trilipix)	Tier 2	
fenofibric acid oral tablet 105 mg, 35 mg (Fibricor)	Tier 2	
gemfibrozil oral tablet 600 mg (Lopid)	Tier 2	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg (Niaspan Extended-Release)	Tier 2	
NIACOR ORAL TABLET 500 MG (niacin)	Tier 2	
omega-3 acid ethyl esters oral capsule 1 gram (Lovaza)	Tier 2	QL (4 EA per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM	Tier 2	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	Tier 2	QL (4 EA per 1 day)
<b>Cardiovascular Disease - Miscellaneous Agents</b>		
<b>Adrenergic Vasopressor Agents</b>		
droxidopa oral capsule 100 mg, 200 mg, 300 mg (Northera)	Tier 4	PA
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	
<b>Angiotensin Recept-Nepriylsin Inhibitor Comb(Arni)</b>		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 3	QL (2 EA per 1 day)
<b>Antianginal &amp; Anti-Ischemic Agents, Non-Hemodynamic</b>		
ranolazine oral tablet extended release 12 hr 1,000 mg (Ranexa)	Tier 2	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg (Ranexa)	Tier 2	QL (120 EA per 30 days)
<b>Antianginal, Heart Rate Reducing, I(F) Inhibitor</b>		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 3	QL (20 ML per 1 day)

Drug	Status	Notes
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 3	ST: Requires prior prescription for Bisoprolol Fumarate, Carvedilol, or Metoprolol Succinate within the past 120 days; QL (2 EA per 1 day)
<b>Antihyperlip - Hmg-Coa&amp;Calcium Channel Blocker Cb</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	Tier 2	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 2	QL (1 EA per 1 day)
<b>Protein Stabilizers</b>		
VYNDAMAX ORAL CAPSULE 61 MG	Tier 5	PA
VYNDAQEL ORAL CAPSULE 20 MG	Tier 5	PA
<b>Soluble Guanylate Cyclase (Sgc) Stimulator</b>		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 4	PA
<b>Cardiovascular Disease - Vasodilation Vasodilators, Coronary</b>		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 2	
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	Tier 4	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 2	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	Tier 2	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	Tier 2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 2	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (nitroglycerin)	Tier 2	
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	Tier 3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 3	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	Tier 2	
<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 2	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	Tier 2	

Drug	Status	Notes
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY (nitroglycerin)	Tier 4	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	Tier 2	
<b>Vasodilators, Peripheral</b>		
<i>ergoloid oral tablet 1 mg</i>	Tier 2	
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	Tier 2	
<i>papaverine injection solution 30 mg/ml</i>	Tier 2	
<b>Contraception/Oxytocics</b>		
<b>Contraceptives, Intravaginal, Systemic</b>		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	PREV	FL: 90/365 DAYS' SUPPLY PER FILL; 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 (etonogestrel-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL; QL (1 EA per 28 days)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)	PREV	FL: 90 DAYS' SUPPLY PER FILL; QL (1 EA per 28 days)
<b>Contraceptives, Implantable</b>		
NEXPLANON SUBDERMAL IMPLANT 68 MG	PREV	FL: 90 DAYS' SUPPLY PER FILL; QL (1 EA per 365 days)
<b>Contraceptives, Injectable</b>		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	PREV	FL: 90 DAYS' SUPPLY PER FILL; QL (0.65 ML per 84 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	PREV	FL: 90 DAYS' SUPPLY PER FILL; QL (1 ML per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	PREV	FL: 90 DAYS' SUPPLY PER FILL; QL (1 ML per 84 days)
<b>Contraceptives, Intravaginal</b>		
GYNOL II VAGINAL GEL 3 %	PREV	FL: 90 DAYS' SUPPLY PER FILL
PHEXXI VAGINAL GEL 1.8-1-0.4 %	Tier 4	PA; FL: 90 DAYS' SUPPLY PER FILL
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	PREV	FL: 90 DAYS' SUPPLY PER FILL
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	PREV	FL: 90 DAYS' SUPPLY PER FILL
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	PREV	FL: 90 DAYS' SUPPLY PER FILL
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	PREV	FL: 90 DAYS' SUPPLY PER FILL



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

Drug	Status	Notes	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7)	PREV	FL: 90 DAYS' SUPPLY PER FILL; 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	FL: 90 DAYS' SUPPLY PER FILL	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	FL: 90 DAYS' SUPPLY PER FILL
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	FL: 90 DAYS' SUPPLY PER FILL
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	FL: 90 DAYS' SUPPLY PER FILL
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	PREV	FL: 90 DAYS' SUPPLY PER FILL	
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	FL: 90 DAYS' SUPPLY PER FILL
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV	FL: 90/91 DAYS' SUPPLY PER FILL; QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV	FL: 90/91 DAYS' SUPPLY PER FILL; QL (91 EA per 84 days)
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	PREV	FL: 90 DAYS' SUPPLY PER FILL	
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	FL: 90 DAYS' SUPPLY PER FILL
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	PREV	FL: 90 DAYS' SUPPLY PER FILL
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	PREV	FL: 90 DAYS' SUPPLY PER FILL
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	PREV	FL: 90 DAYS' SUPPLY PER FILL	
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
CYRED ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	PREV	FL: 90 DAYS' SUPPLY PER FILL	
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV	FL: 90/91 DAYS' SUPPLY PER FILL; QL (91 EA per 84 days)

Drug	Status	Notes
DEBLITANE ORAL TABLET 0.35 MG (norethindrone (contraceptive))	PREV	FL: 90 DAYS' SUPPLY PER FILL
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Azurette (28))	PREV	FL: 90 DAYS' SUPPLY PER FILL
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> (Apri)	PREV	FL: 90 DAYS' SUPPLY PER FILL
DOLISHALE ORAL TABLET 90-20 MCG (28) (levonorgestrel-ethinyl estrad)	PREV	FL: 90 DAYS' SUPPLY PER FILL
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i> (Beyaz)	PREV	FL: 90 DAYS' SUPPLY PER FILL
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i> (Tydemy)	PREV	FL: 90 DAYS' SUPPLY PER FILL
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> (Jasmiel (28))	PREV	FL: 90 DAYS' SUPPLY PER FILL
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> (Ocella)	PREV	FL: 90 DAYS' SUPPLY PER FILL
ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)	PREV	FL: 90 DAYS' SUPPLY PER FILL
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	PREV	FL: 90 DAYS' SUPPLY PER FILL
ELINEST ORAL TABLET 0.3-30 MG-MCG (norgestrel-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
ELLA ORAL TABLET 30 MG	PREV	FL: 90 DAYS' SUPPLY PER FILL
EMOQUETTE ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) (levonorg-eth estrad triphasic)	PREV	FL: 90 DAYS' SUPPLY PER FILL
ENSKYCE ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
ERRIN ORAL TABLET 0.35 MG (norethindrone (contraceptive))	PREV	FL: 90 DAYS' SUPPLY PER FILL
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))	PREV	FL: 90 DAYS' SUPPLY PER FILL
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1-50 (28))	PREV	FL: 90 DAYS' SUPPLY PER FILL
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	PREV	FL: 90 DAYS' SUPPLY PER FILL
FEMYNOR ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	PREV	FL: 90 DAYS' SUPPLY PER FILL
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	PREV	FL: 90 DAYS' SUPPLY PER FILL
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	PREV	FL: 90 DAYS' SUPPLY PER FILL
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	PREV	FL: 90 DAYS' SUPPLY PER FILL

Drug		Status	Notes
HAILEY ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
HEATHER ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	FL: 90 DAYS' SUPPLY PER FILL
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	PREV	FL: 90/91 DAYS' SUPPLY PER FILL; QL (91 EA per 84 days)
INCASSIA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	FL: 90 DAYS' SUPPLY PER FILL
ISIBLOOM ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV	FL: 90/91 DAYS' SUPPLY PER FILL; QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
JENCYCLA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	FL: 90 DAYS' SUPPLY PER FILL
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	PREV	FL: 90/91 DAYS' SUPPLY PER FILL; QL (91 EA per 84 days)
JULEBER ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	FL: 90 DAYS' SUPPLY PER FILL
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	FL: 90 DAYS' SUPPLY PER FILL
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	FL: 90 DAYS' SUPPLY PER FILL
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	PREV	FL: 90 DAYS' SUPPLY PER FILL
KALLIGA ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
KELNOR 1-50 (28) ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
KURVELO (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	PREV	FL: 90 DAYS' SUPPLY PER FILL
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	(Camrese Lo)	PREV	FL: 90/91 DAYS' SUPPLY PER FILL; QL (91 EA per 84 days)

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

Drug	Status	Notes
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	PREV	FL: 90/91 DAYS' SUPPLY PER FILL; QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	PREV	FL: 90 DAYS' SUPPLY PER FILL
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	PREV	FL: 90 DAYS' SUPPLY PER FILL
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	PREV	FL: 90 DAYS' SUPPLY PER FILL
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	PREV	FL: 90 DAYS' SUPPLY PER FILL
LYLEQ ORAL TABLET 0.35 MG	PREV	FL: 90 DAYS' SUPPLY PER FILL
LYZA ORAL TABLET 0.35 MG	PREV	FL: 90 DAYS' SUPPLY PER FILL
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	PREV	FL: 90 DAYS' SUPPLY PER FILL
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	PREV	FL: 90 DAYS' SUPPLY PER FILL
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	PREV	FL: 90 DAYS' SUPPLY PER FILL
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	PREV	FL: 90 DAYS' SUPPLY PER FILL
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	PREV	FL: 90 DAYS' SUPPLY PER FILL
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	PREV	FL: 90 DAYS' SUPPLY PER FILL
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	PREV	FL: 90 DAYS' SUPPLY PER FILL
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	PREV	FL: 90 DAYS' SUPPLY PER FILL
MILI ORAL TABLET 0.25-35 MG-MCG	PREV	FL: 90 DAYS' SUPPLY PER FILL
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	PREV	FL: 90 DAYS' SUPPLY PER FILL
MY CHOICE ORAL TABLET 1.5 MG	PREV	FL: 90 DAYS' SUPPLY PER FILL
MY WAY ORAL TABLET 1.5 MG	PREV	FL: 90 DAYS' SUPPLY PER FILL
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	PREV	FL: 90 DAYS' SUPPLY PER FILL; 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	FL: 90 DAYS' SUPPLY PER FILL
NEW DAY ORAL TABLET 1.5 MG	PREV	FL: 90 DAYS' SUPPLY PER FILL

Drug	Status	Notes
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)	PREV	FL: 90 DAYS' SUPPLY PER FILL; ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
NORA-BE ORAL TABLET 0.35 MG (norethindrone (contraceptive))	PREV	FL: 90 DAYS' SUPPLY PER FILL
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Wymzya Fe)	PREV	FL: 90 DAYS' SUPPLY PER FILL
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i> (Kaitlib Fe)	PREV	FL: 90 DAYS' SUPPLY PER FILL
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	PREV	FL: 90 DAYS' SUPPLY PER FILL
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))	PREV	FL: 90 DAYS' SUPPLY PER FILL
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	PREV	FL: 90 DAYS' SUPPLY PER FILL
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (Gemmyly)	PREV	FL: 90 DAYS' SUPPLY PER FILL
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))	PREV	FL: 90 DAYS' SUPPLY PER FILL
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28))	PREV	FL: 90 DAYS' SUPPLY PER FILL
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i> (Charlotte 24 Fe)	PREV	FL: 90 DAYS' SUPPLY PER FILL
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	PREV	FL: 90 DAYS' SUPPLY PER FILL
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Tri Femynor)	PREV	FL: 90 DAYS' SUPPLY PER FILL
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)	PREV	FL: 90 DAYS' SUPPLY PER FILL
NORLYDA ORAL TABLET 0.35 MG (norethindrone (contraceptive))	PREV	FL: 90 DAYS' SUPPLY PER FILL
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	PREV	FL: 90 DAYS' SUPPLY PER FILL
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	PREV	FL: 90 DAYS' SUPPLY PER FILL
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	PREV	FL: 90 DAYS' SUPPLY PER FILL
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	PREV	FL: 90 DAYS' SUPPLY PER FILL

Drug	Status	Notes
NYMYO ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
OCELLA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	PREV	FL: 90 DAYS' SUPPLY PER FILL
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	PREV	FL: 90 DAYS' SUPPLY PER FILL
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	PREV	FL: 90 DAYS' SUPPLY PER FILL
PHILITH ORAL TABLET 0.4-35 MG-MCG	PREV	FL: 90 DAYS' SUPPLY PER FILL
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG	PREV	FL: 90 DAYS' SUPPLY PER FILL
PIRMELLA ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
PORTIA 28 ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	PREV	FL: 90 DAYS' SUPPLY PER FILL
PREVIFEM ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (l norgest/e.estradiol-e.estrad)	PREV	FL: 90/91 DAYS' SUPPLY PER FILL
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estrad)	PREV	FL: 90/91 DAYS' SUPPLY PER FILL; QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG (norethindrone (contraceptive))	PREV	FL: 90 DAYS' SUPPLY PER FILL
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	PREV	FL: 90/91 DAYS' SUPPLY PER FILL; QL (91 EA per 84 days)
SLYND ORAL TABLET 4 MG (28)	PREV	FL: 90 DAYS' SUPPLY PER FILL; ST: Requires prior prescription for a generic contraceptive within the past 120 days; QL (28 EA per 28 days)
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
SRONYX ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	PREV	FL: 90 DAYS' SUPPLY PER FILL
SYEDA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL



Drug	Status	Notes
TAKE ACTION ORAL TABLET 1.5 MG (levonorgestrel)	PREV	FL: 90 DAYS' SUPPLY PER FILL
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	PREV	FL: 90 DAYS' SUPPLY PER FILL
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	PREV	FL: 90 DAYS' SUPPLY PER FILL
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	PREV	FL: 90 DAYS' SUPPLY PER FILL
TAYSOFY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	PREV	FL: 90 DAYS' SUPPLY PER FILL
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	PREV	FL: 90 DAYS' SUPPLY PER FILL
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	PREV	FL: 90 DAYS' SUPPLY PER FILL
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (norgestimate-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (norgestimate-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (norgestimate-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (norgestimate-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) (levonorg-eth estrad triphasic)	PREV	FL: 90 DAYS' SUPPLY PER FILL
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (norgestimate-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
TULANA ORAL TABLET 0.35 MG (norethindrone (contraceptive))	PREV	FL: 90 DAYS' SUPPLY PER FILL
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	PREV	FL: 90 DAYS' SUPPLY PER FILL
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7) (drospirenone-e.estradiol-lm.fa)	PREV	FL: 90 DAYS' SUPPLY PER FILL

Drug	Status	Notes
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG- MCG	PREV	FL: 90 DAYS' SUPPLY PER FILL
VESTURA (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
VIENVA ORAL TABLET 0.1-20 MG- MCG (levonorgestrel-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog- e.estradiol/e.estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog- e.estradiol/e.estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	PREV	FL: 90 DAYS' SUPPLY PER FILL
VYLIBRA ORAL TABLET 0.25-35 MG- MCG (norgestimate-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
WERA (28) ORAL TABLET 0.5-35 MG- MCG	PREV	FL: 90 DAYS' SUPPLY PER FILL
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG- 35MCG(21) AND 75 MG (7) (noreth-ethinyl estradiol- iron)	PREV	FL: 90 DAYS' SUPPLY PER FILL
ZARAH ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG (ethynodiol diac-eth estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG (ethynodiol diac-eth estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
ZUMANDIMINE (28) ORAL TABLET 3- 0.03 MG (drospirenone-ethinyl estradiol)	PREV	FL: 90 DAYS' SUPPLY PER FILL
<b>Contraceptives, Transdermal</b>		
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	Tier 4	FL: 90 DAYS' SUPPLY PER FILL; QL (3 EA per 28 days)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	PREV	FL: 90 DAYS' SUPPLY PER FILL; QL (3 EA per 28 days)
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	PREV	FL: 90 DAYS' SUPPLY PER FILL; QL (3 EA per 28 days)
<b>Diaphragms/Cervical Cap</b>		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	PREV	FL: 90 DAYS' SUPPLY PER FILL
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	PREV	FL: 90 DAYS' SUPPLY PER FILL
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	PREV	FL: 90 DAYS' SUPPLY PER FILL
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	PREV	FL: 90 DAYS' SUPPLY PER FILL
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	PREV	FL: 90 DAYS' SUPPLY PER FILL

Drug	Status	Notes
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	PREV	FL: 90 DAYS' SUPPLY PER FILL
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	PREV	FL: 90 DAYS' SUPPLY PER FILL
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	PREV	FL: 90 DAYS' SUPPLY PER FILL
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	PREV	FL: 90 DAYS' SUPPLY PER FILL
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	PREV	FL: 90 DAYS' SUPPLY PER FILL
<b>Oxytocics</b>		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 4	
<i>methylergonovine oral tablet 0.2 mg</i> (Methergine)	Tier 2	QL (28 EA per 30 days)
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Tier 4	
<b>Cough And Cold</b>		
<b>1St Gen Antihistamine &amp; Decongestant Combinations</b>		
PROMETHAZINE VC ORAL SYRUP 6.25-5 MG/5 ML (promethazine-phenylephrine)	Tier 2	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i> (Promethazine VC)	Tier 2	
<b>1St Gen Antihist-Decongest-Anticholinergic Comb</b>		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 2	
<b>Antitussives,Non-Narcotic</b>		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 2	
<b>Narcotic Antituss-1St Gen. Antihistamine-Decongest</b>		
PROMETHAZINE VC-CODEINE ORAL SYRUP 6.25-5-10 MG/5 ML (promethazine-phenyleph-codeine)	Tier 2	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 2	QL (30 ML per 1 day); Age (Min 18 Years)
<b>Narcotic Antitussive-1St Generation Antihistamine</b>		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 2	QL (10 ML per 1 day); Age (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 2	QL (30 ML per 1 day); Age (Min 18 Years)
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG	Tier 4	QL (2 EA per 1 day); Age (Min 18 Years)

Drug	Status	Notes
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	Tier 4	FL: 10 DAYS' SUPPLY PER FILL; 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 4	FL: 10 DAYS' SUPPLY PER FILL; ST: At least 2 prior prescriptions for Montelukast Sodium, Promethazine HCL/codeine, or Zafirlukast within the past 365 days; QL (200 ML per 10 days); Age (Min 18 Years)
<b>Narcotic Antitussive-Anticholinergic Comb.</b>		
<i>hydrocodone-homatropine oral tablet 5- 1.5 mg</i>	Tier 2	QL (6 EA per 1 day); Age (Min 18 Years)
<b>Narcotic Antitussive-Expectorant Combination</b>		
OBREDON ORAL SOLUTION 2.5-200 (hydrocodone-guaifenesin) MG/5 ML	Tier 4	ST: Requires prior prescription for Hydrocodone/homatrop Methylbromide within the past 120 days; QL (600 ML per 10 days); Age (Min 18 Years)
<b>Non-Narc Antituss-1St Gen. Antihistamine-Decongest</b>		
BROMFED DM ORAL SYRUP 2-30-10 (brompheniramine- MG/5 ML pseudoeph-dm)	Tier 2	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i> (Bromfed DM)	Tier 2	
<b>Non-Narc Antitussive-1St Gen Antihistamine Comb.</b>		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 2	
<b>Nose Preparations, Vasoconstrictors (Rx)</b>		
<i>epinephrine hcl nasal solution 1 mg/ml</i> (Adrenalin)	Tier 2	
TYZINE NASAL DROPS 0.1 %	Tier 4	
TYZINE NASAL SPRAY, NON- AEROSOL 0.1 %	Tier 4	
<b>Dermatology - Acne</b>		
<b>Acne Agents, Systemic</b>		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	Tier 4	ST: Requires prior prescription for generic Isotretinoin within the past 120 days

Drug	Status	Notes
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (isotretinoin)	Tier 4	ST: Requires prior prescription for generic Isotretinoin within the past 120 days
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 2	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG (isotretinoin)	Tier 2	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 2	
<i>isotretinoin oral capsule 10 mg</i> (Amnesteem)	Tier 2	
<i>isotretinoin oral capsule 20 mg, 30 mg, 40 mg</i> (Accutane)	Tier 2	
<i>isotretinoin oral capsule 25 mg, 35 mg</i> (Absorica)	Tier 2	ST: Requires prior prescription for generic Isotretinoin within the past 120 days
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 2	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 2	
<b>Acne Agents, Topical</b>		
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> (Epiduo)	Tier 2	ST: Requires prior prescription for Adapalene 0.1% gel within the past 120 days; Age (Max 25 Years)
AZELEX TOPICAL CREAM 20 %	Tier 4	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 2	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i> (Benzacilin)	Tier 2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i> (Acanya)	Tier 2	ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i> (Benzaclin Pump)	Tier 2	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i> (Veltin)	Tier 2	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 4	
<i>dapsone topical gel 5 %</i> (Aczone)	Tier 2	
<i>dapsone topical gel with pump 7.5 %</i> (Aczone)	Tier 2	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 3	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 4	
NEUAC TOPICAL GEL 1.2 % (1 % BASE) -5 % (clindamycin-benzoyl peroxide)	Tier 2	
NUCARACLINPAK TOPICAL KIT, GEL AND LOTION 1 %- SPF 50	Tier 4	
NUCARARXPAK TOPICAL KIT, GEL AND LOTION 1 %-2.5 %- SPF 50	Tier 4	
ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) -3.75 %	Tier 3	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 2	
<b>Keratolytic-Glucocorticoid Combinations</b>		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	Tier 3	
<b>Rosacea Agents, Topical</b>		
<i>azelaic acid topical gel 15 %</i> (Finacea)	Tier 2	
FINACEA TOPICAL FOAM 15 %	Tier 3	

Drug	Status	Notes
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	Tier 2	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	Tier 2	
<i>metronidazole topical gel 1 %</i> (Metrogel)	Tier 2	
<i>metronidazole topical gel with pump 1 %</i>	Tier 2	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	Tier 2	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	Tier 4	
NORITATE TOPICAL CREAM 1 %	Tier 4	ST: Requires prior prescription for generic Metronidazole 0.75% gel, lotion, or cream within the past 120 days
RHOFADE TOPICAL CREAM 1 %	Tier 4	
ROSDAN TOPICAL CREAM 0.75 % (metronidazole)	Tier 2	
ROSDAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	Tier 4	
ROSDAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %	Tier 4	
SOOLANTRA TOPICAL CREAM 1 % (ivermectin)	Tier 2	ST: Requires prior prescription for Finacea gel or foam within the past 120 days
<b>Topical Antiandrogenic Agents</b>		
WINLEVI TOPICAL CREAM 1 %	Tier 4	PA
<b>Topical Preparations, Antibacterials</b>		
ALA-QUIN TOPICAL CREAM 3-0.5 %	Tier 4	
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	Tier 4	
AZADROX TOPICAL GEL IN PACKET	Tier 4	
BASADROX TOPICAL GEL IN PACKET	Tier 4	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	Tier 4	
<i>hydrocortisone-iodoquinol-aloe2 topical gel 2-1-1 %</i> (Alcortin A)	Tier 2	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i> (Corti-Sav)	Tier 2	
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i> (Vytone)	Tier 2	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	Tier 4	
IODOSORB TOPICAL GEL 0.9 %	Tier 4	
LUGOLS TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)	Tier 2	
NORMLGEL AG TOPICAL GEL 0.11 %	Tier 4	
QUINJA TOPICAL GEL 1.25-1 %	Tier 4	
<i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>	Tier 2	
SILVRSTAT TOPICAL GEL 32 PPM	Tier 4	
SOLOX GEL TOPICAL GEL 55 PPM	Tier 4	

Drug	Status	Notes
STRONG IODINE TOPICAL SOLUTION (iodine-potassium iodide) 5-10 %	Tier 2	
<b>Vitamin A Derivatives</b>		
<i>adapalene topical cream 0.1 %</i> (Differin)	Tier 2	Age (Max 25 Years)
<i>adapalene topical gel 0.1 %</i> (Effaclar Adapalene)	Tier 2	Age (Max 25 Years)
<i>adapalene topical gel 0.3 %</i> (Differin)	Tier 2	Age (Max 25 Years)
<i>adapalene topical gel with pump 0.3 %</i> (Differin)	Tier 2	Age (Max 25 Years)
<i>adapalene topical lotion 0.1 %</i> (Differin)	Tier 2	Age (Max 25 Years)
<i>adapalene topical solution 0.1 %</i>	Tier 4	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 2	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 4	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 4	Age (Max 25 Years)
AVITA TOPICAL CREAM 0.025 % (tretinoin)	Tier 2	Age (Max 25 Years)
AVITA TOPICAL GEL 0.025 % (tretinoin)	Tier 2	Age (Max 25 Years)
DIFFERIN TOPICAL LOTION 0.1 % (adapalene)	Tier 3	Age (Max 25 Years)
EFFACLAR ADAPALENE TOPICAL GEL 0.1 % (adapalene)	Tier 2	Age (Max 25 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	Tier 4	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 2	Age (Max 25 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i> (Retin-A Micro Pump)	Tier 2	Age (Max 25 Years)
<i>tretinoin topical cream 0.025 %</i> (Avita)	Tier 2	Age (Max 25 Years)
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	Tier 2	Age (Max 25 Years)
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	Tier 2	Age (Max 25 Years)
<i>tretinoin topical gel 0.025 %</i> (Avita)	Tier 2	Age (Max 25 Years)
<i>tretinoin topical gel 0.05 %</i> (Atralin)	Tier 2	Age (Max 25 Years)



Drug	Status	Notes
<b>Vitamin A Derivatives, Topical Acne Agents</b>		
ARAZLO TOPICAL LOTION 0.045 %	Tier 4	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 % (tazarotene)	Tier 4	ST: Requires prior prescription for Adapalene, Differin, Tazarotene, or Tretinoin within the past 120 days; Age (Min 12 Years)
<i>tazarotene topical foam 0.1 %</i> (Fabior)	Tier 2	ST: Requires prior prescription for Adapalene, Differin, Tazarotene, or Tretinoin within the past 120 days; Age (Min 12 Years)
<b>Dermatology - Antiinfective</b>		
<b>Topical Antibiotics</b>		
AMZEEQ TOPICAL FOAM 4 %	Tier 4	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 4	
CLINDACIN ETZ TOPICAL KIT 1 %	Tier 4	
CLINDACIN PAC TOPICAL KIT 1 %	Tier 4	
<i>clindamycin phosphate topical foam 1 %</i> (Evoclin)	Tier 2	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 2	
<i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel)	Tier 2	ST: Requires prior prescription for Clindamycin Phosphate 1% gel within the past 120 days
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	Tier 2	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	Tier 2	
ERY PADS TOPICAL SWAB 2 % (erythromycin with ethanol)	Tier 2	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	Tier 2	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 2	QL (180 ML per 1 FILL)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	Tier 2	
<i>gentamicin topical cream 0.1 %</i>	Tier 2	QL (90 GM per 1 FILL)
<i>gentamicin topical ointment 0.1 %</i>	Tier 2	QL (90 GM per 1 FILL)
<i>mupirocin calcium topical cream 2 %</i>	Tier 2	QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i> (Centany)	Tier 2	QL (90 GM per 1 FILL)
XEPI TOPICAL CREAM 1 %	Tier 4	ST: Requires prior prescription for Mupirocin within the past 120 days
ZILXI TOPICAL FOAM 1.5 %	Tier 4	ST: Requires prior prescription for generic Metronidazole 0.75% gel, lotion, or cream within the past 120 days; QL (30 GM per 30 days)
<b>Topical Antifungal/Anti-inflammatory, Steroid Agent</b>		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 2	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 2	
DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 %	Tier 4	
TRIAMAZOLE TOPICAL COMBO PACK, OINTMENT AND CREAM 1-0.1 %	Tier 4	
TRILOCICLO TOPICAL KIT, OINTMENT AND LIQUID 8-0.1 %	Tier 4	
<b>Topical Antifungals</b>		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	Tier 4	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	Tier 2	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel 0.77 %</i>	Tier 2	
<i>ciclopirox topical shampoo 1 %</i> (Loprox)	Tier 2	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	Tier 2	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	Tier 2	QL (180 ML per 1 FILL)
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> (Ciclodan Kit)	Tier 2	QL (19.8 ML per 1 FILL)
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	Tier 2	
<i>clotrimazole topical solution 1 %</i>	Tier 2	
<i>econazole topical cream 1 %</i>	Tier 2	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 %	Tier 4	

Drug	Status	Notes
ERTACZO TOPICAL CREAM 2 %	Tier 4	
EXELDERM TOPICAL CREAM 1 % (sulconazole)	Tier 3	
EXELDERM TOPICAL SOLUTION 1 % (sulconazole)	Tier 3	
EXODERM TOPICAL LOTION 25-1 %	Tier 2	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %	Tier 4	
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	Tier 4	PA
<i>ketoconazole topical cream 2 %</i>	Tier 2	QL (180 GM per 1 FILL)
<i>ketoconazole topical foam 2 %</i> (Ketodan)	Tier 2	ST: Requires prior prescription for Ketoconazole 2% cream or shampoo within the past 120 days
<i>ketoconazole topical shampoo 2 %</i>	Tier 2	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 %	Tier 4	
KETODAN TOPICAL FOAM 2 % (ketoconazole)	Tier 2	ST: Requires prior prescription for Ketoconazole 2% cream or shampoo within the past 120 days
LOPROX KIT TOPICAL COMBO PACK 0.77 %	Tier 4	
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	Tier 4	
<i>luliconazole topical cream 1 %</i> (Luzu)	Tier 2	ST: Requires prior prescriptions for Clotrimazole and Ketoconazole within the past 365 days; QL (60 GM per 28 days)
MENTAX TOPICAL CREAM 1 % (butenafine)	Tier 4	
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> (Vusion)	Tier 2	
<i>naftifine topical cream 1 %</i>	Tier 2	
<i>naftifine topical cream 2 %</i>	Tier 2	QL (180 GM per 1 FILL)
<i>naftifine topical gel 1 %</i> (Naftin)	Tier 2	
NAFTIN TOPICAL GEL 2 %	Tier 4	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 2	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 2	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 2	QL (90 GM per 1 FILL)
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	Tier 2	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 2	QL (180 GM per 1 FILL)

Drug	Status	Notes
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 2	
<i>oxiconazole topical cream 1 %</i> (Oxistat)	Tier 2	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %	Tier 4	
PEDIZOL PAK TOPICAL KIT, CREAM AND SOLUTION 2-2 %	Tier 4	
<i>sulconazole topical cream 1 %</i> (Exelderm)	Tier 2	
<i>sulconazole topical solution 1 %</i> (Exelderm)	Tier 2	
<i>tavorole topical solution with applicator 5 %</i> (Kerydin)	Tier 2	PA
XOLEGEL TOPICAL GEL 2 %	Tier 4	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 4	
<b>Topical Antiparasitics</b>		
CROTAN TOPICAL LOTION 10 %	Tier 4	
EURAX TOPICAL CREAM 10 %	Tier 4	
EURAX TOPICAL LOTION 10 %	Tier 4	
<i>lindane topical shampoo 1 %</i>	Tier 2	
<i>malathion topical lotion 0.5 %</i> (Ovide)	Tier 2	
<i>permethrin topical cream 5 %</i> (Elimite)	Tier 2	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	Tier 2	
ULESFIA TOPICAL LOTION 5 %	Tier 4	
<b>Topical Antivirals</b>		
<i>acyclovir topical cream 5 %</i> (Zovirax)	Tier 2	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 2	
DENAVIR TOPICAL CREAM 1 %	Tier 4	ST: At least 2 prior prescriptions for Acyclovir, Famciclovir, or Valacyclovir HCL within the past 365 days
<b>Topical Antivirals/Anti-inflammatory, Steroid Agent</b>		
XERESE TOPICAL CREAM 5-1 %	Tier 4	ST: Requires prior prescription for Acyclovir, Famciclovir, Sitavig, or Valacyclovir HCL within the past 120 days; QL (10 GM per 365 days)

Drug	Status	Notes
<b>Topical Genital Wart-Hpv Treatment Agents</b>		
VEREGEN TOPICAL OINTMENT 15 %	Tier 4	ST: Requires prior prescriptions for Imiquimod (5%) and Podofilox within the past 120 days
<b>Topical Pleuromutilin Derivatives</b>		
ALTABAX TOPICAL OINTMENT 1 %	Tier 4	ST: Requires prior prescription for Mupirocin within the past 120 days
<b>Topical Sulfonamides</b>		
AVAR LS TOPICAL FOAM 10-2 %	Tier 4	
AVAR LS TOPICAL PADS, MEDICATED 10-2 %	Tier 4	
AVAR TOPICAL PADS, MEDICATED 9.5-5 %	Tier 4	
BP 10-1 TOPICAL CLEANSER 10-1 % (sulfacetamide sodium-sulfur)	Tier 2	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sod-sulfur-urea)	Tier 2	
CLENIA PLUS TOPICAL SUSPENSION 9-4.25 %	Tier 4	
<i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)	Tier 2	
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 % (sulfacetamide sodium-sulfur)	Tier 4	
ROSANIL TOPICAL CLEANSER 10-5 % (W/W) (sulfacetamide sodium-sulfur)	Tier 4	QL (1419 GM per 1 FILL)
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (sulfacetamide sodium-sulfur)	Tier 2	
ROSULA TOPICAL CLEANSER 10-4.5 %	Tier 4	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	Tier 2	
SSD TOPICAL CREAM 1 % (silver sulfadiazine)	Tier 2	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W) (sulfacetamide sodium-sulfur)	Tier 2	
SSS 10-5 TOPICAL FOAM 10-5 % (sulfacetamide sodium-sulfur)	Tier 2	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)	Tier 2	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Rosanil)	Tier 2	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i> (Plexion)	Tier 2	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i> (Sumaxin)	Tier 2	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4.5 %</i> (Sumadan)	Tier 2	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i> (SSS 10-5)	Tier 2	

Drug	Status	Notes
sulfacetamide sodium-sulfur topical cream 9.8-4.8 % (Plexion)	Tier 2	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)	Tier 2	
sulfacetamide sodium-sulfur topical lotion 9.8-4.8 % (Plexion)	Tier 2	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 % (Sumaxin)	Tier 2	
sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 % (Plexion Cleansing Cloths)	Tier 2	
sulfacetamide sodium-sulfur topical suspension 10-5 %	Tier 2	
sulfacetamide sodium-sulfur topical suspension 8-4 % (SulfaCleanse 8-4)	Tier 2	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	Tier 2	QL (1419 ML per 1 FILL)
sulfacetamide-sulfur-cleansr23 topical kit 9-4.5 % (Sumadan)	Tier 2	
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 % (sulfacetamide sodium-sulfur)	Tier 2	
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 4	
SULFAMYLON TOPICAL PACKET 50 GRAM (mafenide acetate)	Tier 4	
SUMADAN TOPICAL KIT 9-4.5 % (sulfacetamide-sulfur-cleansr23)	Tier 4	
SUMAXIN CP TOPICAL KIT 10-4 %	Tier 4	
<b>Dermatology - Antiinflammatory</b>		
<b>Top. Anti-Inflam., Phosphodiesterase-4 (Pde4) Inhib</b>		
EUCRISA TOPICAL OINTMENT 2 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<b>Topical Antibiotics/Antiinflammatory, Steroidal</b>		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 4	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 4	ST: At least 2 prior prescriptions for Bacitracin Zinc, Bacitracin, Capex Shampoo, Fluocinolone Acetonide, Iluvien, Retisert, or Yutiq within the past 365 days

Drug	Status	Notes
<b>Topical Anti-Inflammatory Steroidal</b>		
ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)	Tier 2	
ALA-SCALP TOPICAL LOTION 2 %	Tier 2	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
<i>alclometasone topical cream 0.05 %</i>	Tier 2	
<i>alclometasone topical ointment 0.05 %</i>	Tier 2	
<i>amcinonide topical cream 0.1 %</i>	Tier 2	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 2	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 4	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 4	
BESER KIT TOPICAL KIT, LOTION AND CREAM, EMOLLIENT 0.05 %	Tier 4	
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 2	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 2	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>betamethasone valerate topical lotion</i> 0.1 %	Tier 2	
<i>betamethasone valerate topical ointment</i> 0.1 %	Tier 2	
<i>betamethasone, augmented topical cream</i> 0.05 %	Tier 2	
<i>betamethasone, augmented topical gel</i> 0.05 %	Tier 2	
<i>betamethasone, augmented topical lotion</i> 0.05 %	Tier 2	
<i>betamethasone, augmented topical ointment</i> 0.05 % (Diprolene (augmented))	Tier 2	
BRYHALI TOPICAL LOTION 0.01 %	Tier 4	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 4	
<i>clobetasol scalp solution</i> 0.05 %	Tier 2	
<i>clobetasol topical cream</i> 0.05 %	Tier 2	
<i>clobetasol topical foam</i> 0.05 % (Olux)	Tier 2	
<i>clobetasol topical gel</i> 0.05 %	Tier 2	
<i>clobetasol topical lotion</i> 0.05 % (Clobex)	Tier 2	
<i>clobetasol topical ointment</i> 0.05 % (Temovate)	Tier 2	
<i>clobetasol topical shampoo</i> 0.05 % (Clobex)	Tier 2	
<i>clobetasol topical spray,non-aerosol</i> 0.05 % (Clobex)	Tier 2	
<i>clobetasol-emollient topical cream</i> 0.05 %	Tier 2	
<i>clobetasol-emollient topical foam</i> 0.05 % (Olux-E)	Tier 2	
CLOBETAVIX TOPICAL KIT 0.05 %- 4" X 4"	Tier 4	
CLOBETEX KIT 0.05 %- 5 MG	Tier 4	
<i>clocortolone pivalate topical cream</i> 0.1 % (Cloderm)	Tier 2	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 4	



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

Drug	Status	Notes
<i>desoximetasone topical spray,non-aerosol 0.25 %</i> (Topicort)	Tier 2	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 % (desonide)	Tier 4	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 2	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 2	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 2	
<i>fluocinolone and shower cap scalp oil 0.01 %</i> (Derma-Smoothe/FS Scalp Oil)	Tier 2	
<i>fluocinolone topical cream 0.01 %</i>	Tier 2	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	Tier 2	
<i>fluocinolone topical oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)	Tier 2	

Drug	Status	Notes
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	Tier 2	
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	Tier 2	
<i>fluocinonide topical cream 0.05 %</i>	Tier 2	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	Tier 2	
<i>fluocinonide topical gel 0.05 %</i>	Tier 2	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 2	
<i>fluocinonide topical solution 0.05 %</i>	Tier 2	
FLUOCINONIDE-E TOPICAL CREAM (fluocinonide-emollient) 0.05 %	Tier 2	
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	Tier 2	
FLUOPAR TOPICAL KIT 0.1-5 %	Tier 4	
FLUOVIX PLUS TOPICAL KIT 0.1 %	Tier 4	
FLUOVIX TOPICAL KIT 0.1 %	Tier 4	
<i>flurandrenolide topical cream 0.05 %</i> (Cordran)	Tier 2	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>flurandrenolide topical lotion 0.05 %</i> (Cordran)	Tier 2	
<i>flurandrenolide topical ointment 0.05 %</i> (Cordran)	Tier 2	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days; QL (180 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	Tier 2	
<i>fluticasone propionate topical lotion 0.05 %</i> (Beser)	Tier 2	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 2	
<i>halcinonide topical cream 0.1 %</i> (Halog)	Tier 2	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 2	

Drug	Status	Notes
<i>halobetasol propionate topical foam 0.05 %</i> (Lexette)	Tier 2	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 2	
HALOG TOPICAL OINTMENT 0.1 %	Tier 4	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 4	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 2	
<i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid)	Tier 2	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (236 ML per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 2	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>hydrocortisone butyrate topical solution</i> 0.1 %	Tier 2	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	Tier 2	
<i>hydrocortisone topical cream 2.5 %</i>	Tier 2	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	Tier 2	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 2	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	Tier 2	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 2	
<i>hydrocortisone valerate topical cream</i> 0.2 %	Tier 2	
<i>hydrocortisone valerate topical ointment</i> 0.2 %	Tier 2	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 4	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 4	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 % (halobetasol propionate)	Tier 4	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 2	
<i>mometasone topical ointment 0.1 %</i>	Tier 2	
<i>mometasone topical solution 0.1 %</i>	Tier 2	
NOXIPAK TOPICAL KIT 0.01-20 %	Tier 4	
NUCORT TOPICAL LOTION 2 % (hydrocortisone acet-aloe vera)	Tier 4	

Drug	Status	Notes
PANDEL TOPICAL CREAM 0.1 %	Tier 4	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 2	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 2	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 2	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 2	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 2	
QUINIXIL TOPICAL CREAM 0.1-5 %	Tier 4	
SANADERMRX TOPICAL KIT 0.1-5 %	Tier 2	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 3	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Tier 4	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 4	
SILALITE PAK TOPICAL KIT, OINTMENT AND SHEET 0.1 %	Tier 4	
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	Tier 4	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM 0.025 %	Tier 4	QL (375 GM per 30 days)
SYNALAR TS TOPICAL KIT 0.01 %	Tier 4	
TASOPROL TOPICAL KIT 0.05 %- 4" X 4"	Tier 4	

Drug	Status	Notes
TEXACORT TOPICAL SOLUTION 2.5 %	Tier 3	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
TOVET KIT TOPICAL COMBO PACK 0.05 %	Tier 4	
<i>triamcinolone acetonide topical aerosol</i> (Kenalog) 0.147 mg/gram	Tier 2	
<i>triamcinolone acetonide topical cream</i> 0.025 %	Tier 2	
<i>triamcinolone acetonide topical cream</i> (Triderm) 0.1 %	Tier 2	
<i>triamcinolone acetonide topical cream</i> (Triderm) 0.5 %	Tier 2	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i> 0.025 %, 0.1 %	Tier 2	
<i>triamcinolone acetonide topical ointment</i> 0.025 %, 0.1 %, 0.5 %	Tier 2	
<i>triamcinolone acetonide topical ointment</i> (Trianex) 0.05 %	Tier 2	QL (430 GM per 30 days)
TRIANEX TOPICAL OINTMENT 0.05 % (triamcinolone acetonide)	Tier 2	QL (430 GM per 30 days)
TRIDERM TOPICAL CREAM 0.1 % (triamcinolone acetonide)	Tier 2	
TRIDERM TOPICAL CREAM 0.5 % (triamcinolone acetonide)	Tier 2	QL (454 GM per 30 days)
ULTRAVATE TOPICAL LOTION 0.05 %	Tier 4	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 4	ST: Requires prior prescription for Fluocinolone Acetonide 0.01% body oil within the past 120 days
XILAPAK TOPICAL KIT 0.01 %	Tier 4	
<b>Topical Anti-Inflammatory, Nsaids</b>		
CAPSFENAC PAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Tier 4	
CLOFENAX TOPICAL KIT 1.5 %	Tier 4	
DICLO GEL TOPICAL KIT 1 %	Tier 4	
DICLO GEL-XRYLIX SHEET TOPICAL KIT 1 %	Tier 4	
<i>diclofenac epolamine transdermal patch</i> (Flector) 12 hour 1.3 %	Tier 2	
<i>diclofenac sodium topical drops</i> 1.5 %	Tier 2	

Drug	Status	Notes
<i>diclofenac sodium topical gel 1 %</i> (Arthritis Pain (diclofenac))	Tier 2	
DICLOFONO TOPICAL GEL IN PACKET 1.6 %	Tier 4	
DICLOHEAL-60 TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Tier 4	
DICLOPAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Tier 4	
DICLOPR TOPICAL COMBO PACK, CREAM AND GEL 1-30-10 %	Tier 4	
DICLOTREX TOPICAL KIT 1.5-10-4 %	Tier 4	
DICLOVIX M TOPICAL KIT 1.5-8 %	Tier 4	
DICLOZOR TOPICAL KIT 1 %	Tier 4	
DIMENTHO TOPICAL KIT 1.5-10 %	Tier 4	
DITHOL TOPICAL COMBO PACK 1.5-10 %	Tier 4	
FROTEK TOPICAL CREAM IN PACKET 10 %	Tier 4	
FROTEK TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 4	
INFLAMMA-K TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-10-6-3.1 %	Tier 4	
LEXIXRYL TOPICAL KIT 1.5 %	Tier 4	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Tier 4	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 4	
PENNSAICIN TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Tier 4	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	Tier 4	ST: Requires prior prescription for Diclofenac Sodium within the past 120 days
PENNSAID TOPICAL SOLUTION IN PACKET 2 %	Tier 4	ST: Requires prior prescription for Diclofenac Sodium within the past 120 days
VAROPHEN (DICLOFENAC) TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %	Tier 4	
VENNGEL ONE TOPICAL KIT 1 %	Tier 2	
XRYLIX (DICLOFENAC-KINES TAPE) TOPICAL KIT 1.5 %	Tier 4	
<b>Topical Janus Kinase (Jak) Inhibitors</b>		
OPZELURA TOPICAL CREAM 1.5 %	Tier 5	PA



Drug	Status	Notes
<b>Dermatology - Antipruritic Drugs</b>		
<b>Antipruritics, Topical</b>		
<i>doxepin topical cream 5 %</i> (Prudoxin)	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
LEVICYN ANTIPRURITIC TOPICAL GEL	Tier 4	
<b>Dermatology - Miscellaneous</b>		
<b>Antiperspirants</b>		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 3	
DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 3	
<b>Antiseborrheic Agents</b>		
LOUTREX TOPICAL CREAM	Tier 2	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (sulfacetamide sodium)	Tier 3	
OVACE PLUS TOPICAL CREAM 10 %	Tier 4	
OVACE PLUS TOPICAL FOAM 9.8 %	Tier 4	
OVACE PLUS TOPICAL LOTION 9.8 %	Tier 4	ST: Requires prior prescription for Ciclopirox or Ketoconazole within the past 120 days
PROMISEB TOPICAL CREAM	Tier 4	
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 2	
<i>selenium sulfide topical shampoo 2.25 %</i>	Tier 2	
<i>selenium sulfide topical shampoo 2.3 %</i> (SelRx)	Tier 2	
<i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace)	Tier 2	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i> (Ovace Plus Wash)	Tier 2	
TERSI FOAM TOPICAL FOAM 2.25 %	Tier 4	
<b>Antiseptics, Miscellaneous</b>		
<i>guaiaicol liquid</i>	Tier 4	
<b>Emollients</b>		
<i>ammonium lactate topical cream 12 %</i>	Tier 2	
<i>ammonium lactate topical lotion 12 %</i> (Skin Treatment)	Tier 2	
ATOPADERM TOPICAL CREAM	Tier 4	
ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL	Tier 4	
ATRAPRO HYDROGEL TOPICAL GEL	Tier 4	
AVO CREAM TOPICAL EMULSION	Tier 2	
CELACYN TOPICAL GEL WITH PUMP	Tier 4	
CERACADE TOPICAL EMULSION	Tier 4	
CERAMAX TOPICAL CREAM	Tier 4	
CERAMAX TOPICAL LOTION	Tier 4	
DEXERYL TOPICAL CREAM	Tier 4	
EMULSION SB TOPICAL EMULSION	Tier 2	

Drug	Status	Notes
EPICERAM TOPICAL EMULSION, EXTENDED RELEASE	Tier 4	
HPR PLUS HYDROGEL TOPICAL KIT,CREAM AND GEL	Tier 2	
HPR PLUS TOPICAL CREAM	Tier 4	
HPR PLUS TOPICAL FOAM	Tier 4	
HPR PLUS-MB HYDROGEL TOPICAL COMBO PACK,GEL AND FOAM 96.53- 3-0.4 -0.066 %	Tier 2	
HPR TOPICAL FOAM	Tier 4	
HYLAGUARD TOPICAL CREAM	Tier 4	
HYLATOPIC TOPICAL FOAM	Tier 4	
HYLATOPICPLUS TOPICAL CREAM	Tier 4	
HYLATOPICPLUS TOPICAL LOTION	Tier 4	
KIVIK TOPICAL EMULSION	Tier 4	
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL	Tier 4	
LOYON TOPICAL SPRAY,NON- AEROSOL	Tier 4	
LUXAMEND TOPICAL CREAM	Tier 4	
MB HYDROGEL (CYCLOMETHICONE) TOPICAL KIT,CREAM AND GEL	Tier 2	
MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 %	Tier 2	
MINERIN CREME TOPICAL CREAM	Tier 2	
NEOSALUS TOPICAL CREAM	Tier 4	
NEOSALUS TOPICAL FOAM	Tier 4	
NEOSALUS TOPICAL LOTION	Tier 4	
NIVATOPIC PLUS TOPICAL CREAM	Tier 4	
NUTRASEB TOPICAL CREAM	Tier 4	
PHLAG SPRAY TOPICAL SPRAY,NON- AEROSOL	Tier 4	
PRESERA TOPICAL FOAM	Tier 4	
PRUCLAIR TOPICAL CREAM	Tier 2	
PRUMYX TOPICAL CREAM	Tier 2	
SEBUDERM TOPICAL GEL	Tier 4	
SONAFINE TOPICAL EMULSION	Tier 2	
SYNERDERM TOPICAL SPRAY,NON- AEROSOL	Tier 4	
THERAPEUTIC MOISTURIZING CREAM TOPICAL CREAM	Tier 2	
XCLAIR TOPICAL CREAM	Tier 4	
<b>Iodine Antiseptics</b>		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	(povidone-iodine) Tier 4	
<b>Irrigants</b>		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 2	
AQUA CARE SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 %	(sodium chloride) Tier 2	

Drug	Status	Notes
AQUA CARE STERILE WATER (water for irrigation, sterile) IRRIGATION SOLUTION	Tier 2	
<i>lactated ringers irrigation solution</i>	Tier 4	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 2	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 4	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 4	
<i>ringer's irrigation solution</i>	Tier 2	
<i>sodium chloride irrigation solution 0.9 %</i> (Aqua Care Sodium Chloride)	Tier 2	
<i>sorbitol irrigation solution 3 %</i>	Tier 2	
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	Tier 2	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML	Tier 4	
VASHE WOUND THERAPY IRRIGATION IRRIGATION SOLUTION 0.033 %	Tier 4	
<i>water for irrigation, sterile irrigation solution</i> (Aqua Care Sterile Water)	Tier 2	
<b>Irritants/Counter-Irritants</b>		
<i>methyl salicylate oil</i> (Wintergreen Oil)	Tier 2	
<i>methyl salicylate topical liquid</i>	Tier 2	
QUTENZA TOPICAL KIT 8 %	Tier 4	PA
<b>Keratolytics</b>		
BENSAL HP TOPICAL OINTMENT 3 % (salicylic acid)	Tier 4	
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	Tier 2	
BENZEPRO TOPICAL TOWELETTE 6 %	Tier 2	
<i>benzoyl peroxide topical cleanser 7 %</i> (BP Wash)	Tier 2	
<i>benzoyl peroxide topical foam 9.8 %</i> (BenzePrO)	Tier 2	
BPO TOPICAL GEL 8 % (benzoyl peroxide)	Tier 2	
CEM-UREA TOPICAL GEL 45 % (urea)	Tier 2	
CONDYLOX TOPICAL GEL 0.5 %	Tier 4	ST: Requires prior prescription for Podofilox within the past 120 days
GEAMETDRAY TOPICAL GEL 17 %-2 %- 5 %	Tier 4	
HYDRO 35 TOPICAL FOAM 35 % (urea)	Tier 4	
INOVA 4-1 TOPICAL COMBO PACK 1-4-5 %	Tier 4	
INOVA 8-2 TOPICAL COMBO PACK 2-8-5 %	Tier 4	
INOVA TOPICAL COMBO PACK 4-5 %, 8-5 %	Tier 4	

Drug	Status	Notes
KERALYT SCALP COMPLETE TOPICAL KIT, SHAMPOO AND GEL 6-6 %	Tier 4	
PACNEX HP TOPICAL PADS, MEDICATED 7 %	Tier 4	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %	Tier 4	
PODOCON TOPICAL LIQUID 25 %	Tier 2	
<i>podofilox topical solution 0.5 %</i>	Tier 2	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	Tier 2	
RYNODERM TOPICAL CREAM 37.5 %	Tier 4	
<i>salicylic acid topical cream 6 %</i> (Salimez)	Tier 2	
<i>salicylic acid topical cream, extended release 6 %</i>	Tier 2	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i> (Virasal)	Tier 2	
<i>salicylic acid topical foam 6 %</i> (Salvax)	Tier 2	
<i>salicylic acid topical gel 6 %</i> (Keralyt Rx)	Tier 2	
<i>salicylic acid topical liquid 26 %</i>	Tier 2	
<i>salicylic acid topical lotion 6 %</i>	Tier 2	
<i>salicylic acid topical lotion, extended release 6 %</i>	Tier 2	
<i>salicylic acid topical shampoo 6 %</i> (Keralyt)	Tier 2	
<i>salicylic acid-ceramides no.1 topical kit, cleanser and cream er 6 %</i>	Tier 2	
SALVAX DUO PLUS TOPICAL FOAM 6-35 %	Tier 4	
SALVAX TOPICAL FOAM 6 % (salicylic acid)	Tier 2	
<i>silver nitrate applicators topical stick 75-25 %</i>	Tier 2	
<i>silver nitrate topical solution 10 %</i>	Tier 2	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (salicylic acid)	Tier 4	
UMECTA TOPICAL FOAM 40 %	Tier 2	
URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 %	Tier 4	
URAMAXIN TOPICAL FOAM 20 %	Tier 4	
URAMAXIN TOPICAL LOTION 45 % (urea)	Tier 4	
UREA NAIL STICK TOPICAL SOLUTION 50 % (urea)	Tier 2	
<i>urea topical cream 39 %</i> (Uredeb)	Tier 2	
<i>urea topical cream 40 %</i>	Tier 2	
<i>urea topical cream 41 %</i> (Utopic)	Tier 2	
<i>urea topical cream 45 %</i> (Uramaxin)	Tier 2	
<i>urea topical cream 47 %</i> (Keralac)	Tier 2	
<i>urea topical cream 50 %</i> (Ure-K)	Tier 2	
<i>urea topical foam 35 %</i> (Hydro 35)	Tier 2	
<i>urea topical gel 45 %</i> (CEM-Urea)	Tier 2	

Drug	Status	Notes
urea topical lotion 40 %	Tier 2	
UREVAZ TOPICAL CREAM 44 %	Tier 4	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	Tier 4	
<b>Oxidizing Agents</b>		
ATRAPRO DERMAL SPRAY TOPICAL SPRAY, NON-AEROSOL 0.003-0.004 %	Tier 4	
DELUO TOPICAL SPRAY, NON- AEROSOL 0.018 %-0.004 % -0.06 %	Tier 4	
EPICYN TOPICAL SPRAY, NON- AEROSOL	Tier 4	
HYCLODEX TOPICAL SPRAY, NON- AEROSOL 0.012 %-0.002 % -0.046 %	Tier 4	
LEVICYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.009 %	Tier 4	
MICROCYN TOPICAL SPRAY, NON- AEROSOL 0.003 %-0.004 % -0.023 %	Tier 4	
<b>Protectives</b>		
BEAU RX TOPICAL GEL	Tier 4	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 4	
BIONECT TOPICAL FOAM 0.2 %	Tier 4	
BIONECT TOPICAL GEL 0.2 % (sodium hyaluronate)	Tier 4	
DERMELLE TOPICAL GEL	Tier 4	
DERPIXA TOPICAL GEL	Tier 4	
GENADUR TOPICAL LIQUID	Tier 4	
HYGEL TOPICAL GEL 2.5 %	Tier 4	
KELARX TOPICAL GEL	Tier 4	
NUVAIL TOPICAL NAIL FILM SOLUTION 16 %	Tier 4	
PR CREAM TOPICAL CREAM	Tier 2	
PROSILK GEL TOPICAL GEL	Tier 4	
RADIAPLEXRX TOPICAL GEL	Tier 4	
SCARCARE TOPICAL KIT 2 X 5.5 "	Tier 4	
SCARCIN GEL TOPICAL GEL	Tier 4	
SCARCIN ROLL-ON TOPICAL LIQUID ROLL-ON	Tier 4	
SCARSILK GEL TOPICAL GEL	Tier 4	
SILIPAC TOPICAL KIT	Tier 4	
STRATAMARK TOPICAL GEL	Tier 4	
STRATATRIZ TOPICAL GEL	Tier 4	
TETRIX TOPICAL CREAM	Tier 4	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %	Tier 4	

Drug	Status	Notes
<b>Topical Anti-Inflammatory Nsaid-Local Anesthetic</b>		
DICLOVIX TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-2.5-4-2 %	Tier 4	
TRIXYLITRAL TOPICAL KIT, CREAM AND SOLUTION 1.5-3.88 %	Tier 4	
<b>Topical Anti-Inflammatory Steroid-Local Anesthetic</b>		
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Tier 3	
EPIFOAM TOPICAL FOAM 1-1 %	Tier 4	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 2	
<i>hydrocortisone-pramoxine topical cream</i> (Pramosone) 2.5-1 %	Tier 2	
<i>lidocaine hcl-hydrocortison ac topical cream</i> (Lidocort) 3-0.5 %	Tier 2	
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 %	Tier 4	
PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone-pramoxine)	Tier 3	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 3	
PRAMOSONE TOPICAL OINTMENT 1-1 %	Tier 3	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (hydrocortisone-pramoxine)	Tier 3	
<b>Topical Antineoplastic &amp; Premalignant Lesion Agnts</b>		
<i>diclofenac sodium topical gel</i> 3 %	Tier 2	QL (100 GM per 1 FILL)
FLUOROPLEX TOPICAL CREAM 1 %	Tier 4	PA
<i>fluorouracil topical cream</i> 0.5 % (Carac)	Tier 2	PA
<i>fluorouracil topical cream</i> 5 % (Efudex)	Tier 2	
<i>fluorouracil topical solution</i> 2 %, 5 %	Tier 2	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	Tier 4	PA
PANRETIN TOPICAL GEL 0.1 %	Tier 5	QL (60 GM per 28 days)
PICATO TOPICAL GEL 0.015 %, 0.05 %	Tier 4	PA
SOLARAVIX TOPICAL KIT 3 %- 1.59" X 59"	Tier 4	

Drug	Status	Notes
TARGRETIN TOPICAL GEL 1 %	Tier 4	PA
TOLAK TOPICAL CREAM 4 %	Tier 3	
VALCHLOR TOPICAL GEL 0.016 %	Tier 4	PA
<b>Topical Local Anesthetics</b>		
ADAZIN TOPICAL CREAM 2-2-10-0.035 %	Tier 4	
ANACAINE TOPICAL OINTMENT 10 %	Tier 4	
ANASTIA TOPICAL LOTION 2.75 %	Tier 4	
ASTERO TOPICAL GEL WITH PUMP 4 %	Tier 4	
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %	Tier 4	
CETACAINE TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC)	Tier 4	
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %	Tier 4	
DERMACINRX PHN PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5 %	Tier 4	
DERMACINRX ZRM PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5-5 %	Tier 4	
DERMALID TOPICAL COMBO PACK 5 %	Tier 2	
DERMAZYL KIT TOPICAL KIT, PATCH, MEDICATED, CREAM 5-5 %	Tier 4	
DOLOTRANZ TOPICAL KIT, CREAM AND GEL 4-2.5-2.5 %	Tier 4	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %	Tier 4	
<i>ethyl chloride topical aerosol, spray 100 %</i>	Tier 2	
FORAXA TOPICAL GEL 2 %-1 %-1.2 %	Tier 4	
ILIDERM TOPICAL SPRAY, NON-AEROSOL	Tier 4	
KAMDOY TOPICAL SPRAY, NON-AEROSOL	Tier 4	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %	Tier 4	
LDO PLUS TOPICAL GEL WITH PUMP 4 %	Tier 4	
<i>lidocaine hcl laryngotracheal solution 4 %</i> (LTA Pre-Attached)	Tier 2	
<i>lidocaine hcl topical cream 3 %</i> (Lidopin)	Tier 2	
<i>lidocaine hcl topical cream 3.88 %</i> (Lidotral)	Tier 2	
<i>lidocaine hcl topical lotion 3 %</i> (Lido-K)	Tier 2	
<i>lidocaine topical adhesive patch, medicated 5 %</i> (Lidoderm)	Tier 2	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	Tier 2	QL (240 GM per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 2	

Drug	Status	Notes
<i>lidocaine-tetracaine topical cream 7-7 %</i> (Pliaaglis)	Tier 2	
LIDOPAC TOPICAL KIT 5 %	Tier 4	
LIDOPIN TOPICAL CREAM 3.25 %	Tier 4	
LIDOPURE PATCH TOPICAL COMBO PACK 5 %	Tier 2	
LIDORX TOPICAL GEL WITH PUMP 3 %	Tier 4	
LIDORXKIT TOPICAL COMBO PACK,OINTMENT AND CREAM 5 %	Tier 4	
LIDOTRANS 5 PAK TOPICAL KIT 5 %- 6 CM X 7 CM	Tier 4	
LIDOTREX (WITH VITAMIN E) TOPICAL GEL 2 %	Tier 4	
LIDOTREX TOPICAL GEL 2 %-1 % -1.2 %	Tier 4	
LIDOVEX TOPICAL CREAM 3.75 %	Tier 4	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 4	
LMR PLUS TOPICAL KIT 5-6 %	Tier 4	
MENTHO-CAINE TOPICAL KIT,OINTMENT AND SPRAY 5-8 %	Tier 4	
NEURCAINE TOPICAL KIT, PATCH, MEDICATED, CREAM 5 %	Tier 4	
NUMBONEX TOPICAL LOTION 2.75 %	Tier 4	
PAIN EASE MEDIUM STREAM SPRAY TOPICAL AEROSOL,SPRAY	Tier 4	
PAIN EASE MIST SPRAY TOPICAL AEROSOL,SPRAY	Tier 4	
PAINGO KFT TOPICAL CREAM 2.5- 2.5-30-10 %	Tier 4	
PONTOCAINE TOPICAL SOLUTION 2 %	Tier 4	
PRILO PATCH II TOPICAL KIT, PATCH, MEDICATED, CREAM 5-2.5-2.5 %	Tier 4	
PRILO PATCH TOPICAL KIT, PATCH, MEDICATED, CREAM 5-2.5-2.5 %	Tier 4	
PRIZOTRAL-II TOPICAL CREAM 2.5- 2.5-3.88 %	Tier 4	
REGENECARE TOPICAL GEL 2 %	Tier 4	
REGENECARE WITH ALOE TOPICAL GEL 2 %	Tier 4	
SOLUPAK TOPICAL KIT,OINTMENT AND SPRAY 5-10-3 %	Tier 4	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY	Tier 4	
SUVICORT TOPICAL GEL 2 %-1 % -1 %	Tier 4	
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING 70-70 MG	Tier 4	
TRANZAREL TOPICAL GEL 4 %	Tier 4	



Drug	Status	Notes
VEXASYN TOPICAL GEL 2 %-1 % -1.2 %	Tier 4	
WPR PLUS TOPICAL KIT, CREAM AND GEL 4-30-10 %	Tier 4	
XRYLIDERM TOPICAL KIT 5 %	Tier 4	
ZEYOCAINE TOPICAL KIT, OINTMENT AND TAPE 5 %	Tier 4	
ZILACAINE PATCH TOPICAL COMBO PACK 5 %	Tier 4	
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	Tier 4	ST: Requires prior prescription for Lidocaine within the past 120 days; QL (90 EA per 30 days)
<b>Topical Preparations, Miscellaneous</b>		
MEDIHONEY (HONEY) TOPICAL PASTE 100 %	Tier 4	
<i>sodium chloride topical solution 0.9 %</i> (Saljet Saline Rinse)	Tier 2	
<b>Topical/Mucous Membr./Subcut. Enzymes</b>		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 4	
<b>Dermatology - Psoriasis/Eczema</b>		
<b>Antipsoriatic Agents, Systemic</b>		
<i>acitretin oral capsule 10 mg, 25 mg</i> (Soriatane)	Tier 4	
<i>acitretin oral capsule 17.5 mg</i>	Tier 4	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 4	PA
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	Tier 2	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	Tier 5	PA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	Tier 4	PA
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	Tier 4	PA
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 5	PA

Drug	Status	Notes
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 5	PA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 5	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	Tier 5	PA
TREMIFYA SUBCUTANEOUS AUTO- INJECTOR 100 MG/ML	Tier 4	PA
TREMIFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 4	PA
<b>Antipsoriatics Agents</b>		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene topical foam 0.005 %</i> (Sorilux)	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene topical ointment 0.005 %</i>	Tier 2	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 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
DUOBRII TOPICAL LOTION 0.01-0.045 %	Tier 4	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 4	

Drug	Status	Notes
SORILUX TOPICAL FOAM 0.005 % (calcipotriene)	Tier 4	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	Tier 2	
TAZORAC TOPICAL CREAM 0.05 %	Tier 3	
TAZORAC TOPICAL GEL 0.05 %	Tier 4	
TAZORAC TOPICAL GEL 0.1 %	Tier 4	ST: Requires prior prescription for Adapalene, Differin, Tazarotene, or Tretinoin within the past 120 days
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 4	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<b>Topical Agents, Miscellaneous</b>		
COLLATYL TOPICAL GEL 1 %	Tier 4	
NEURAPTINE TOPICAL CREAM IN PACKET 10 %	Tier 4	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 4	
PROTYL AG TOPICAL GEL 1 %	Tier 4	
<b>Topical Immunosuppressive Agents</b>		
<i>pimecrolimus topical cream 1 %</i> (Elidel)	Tier 2	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 2	
<b>Topical Vit D Analog/Anti-inflammatory, Steroidal</b>		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i> (Taclonex)	Tier 2	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 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Tier 4	ST: Requires prior prescription for Calcipotriene/Betamethasone within the past 120 days
WYNZORA TOPICAL CREAM 0.005-0.064 %	Tier 4	ST: Requires prior prescription for Calcipotriene/Betamethasone within the past 120 days

Drug	Status	Notes
<b>Diabetes</b>		
<b>Antihypergly, (Dpp-4) Inhibitor &amp; Biguanide Comb.</b>		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i> (Kazano)	Tier 4	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 3	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	Tier 3	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	Tier 3	QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 4	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 4	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 4	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 4	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 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
<b>Antihypergly,Dpp-4 Enzyme Inhib &amp;Thiazolidinedione</b>		
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i> (Oseni)	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
<b>Antihypergly, Incretin Mimetic (Glp-1 Recep. Agonist)</b>		
ADLYXIN SUBCUTANEOUS PEN INJECTOR 10 MCG/0.2 ML- 20 MCG/0.2 ML, 20 MCG/0.2 ML	Tier 4	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 3	QL (0.85 ML per 7 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	Tier 3	QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 3	QL (1.2 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	Tier 3	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 3	QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 3	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 3	QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 3	QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 3	QL (9 ML per 30 days)
<b>Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib</b>		
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 3	QL (1 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 4	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 3	QL (1 EA per 1 day)

Drug	Status	Notes
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 4	ST: Requires prior prescription for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (1 EA per 1 day)
<b>Antihyperglycemic - Dopamine Receptor Agonists</b>		
CYCLOSET ORAL TABLET 0.8 MG	Tier 4	ST: Requires prior prescription for Glipizide/Metformin HCL, Glyburide/Metformin HCL, Metformin HCL, or Riomet ER within the past 180 days
<b>Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	Tier 2	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	
<b>Antihyperglycemic, Amylin Analog-Type</b>		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 3	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 3	
<b>Antihyperglycemic, Dpp-4 Inhibitors</b>		
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i> (Nesina)	Tier 4	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 3	QL (1 EA per 1 day)
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	Tier 4	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 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
<b>Antihyperglycemic, Insulin-Release Stimulant Type</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> (Amaryl)	Tier 2	
<i>glipizide oral tablet 10 mg</i> (Glucotrol)	Tier 2	
<i>glipizide oral tablet 5 mg</i>	Tier 2	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> (Glucotrol XL)	Tier 2	

Drug	Status	Notes
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	Tier 2	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 2	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 2	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<b>Antihyperglycemic, Insulin-Response Enhancer (N-S)</b>		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	Tier 2	
<b>Antihyperglycemic, Sglt-2 &amp; Dpp-4 Inhibitor Comb.</b>		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 4	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 4	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 4	ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (1 EA per 1 day)
<b>Antihyperglycemic, Biguanide Type(Non-Sulfonylurea)</b>		
DM2 COMBO PACK, TABLET AND STRIP 500 MG	Tier 4	ST: Requires prior prescription for 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 2	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 2	

Drug	Status	Notes
<i>metformin oral tablet extended release</i> 24 hr 500 mg, 750 mg	Tier 2	
<i>metformin oral tablet extended release</i> 24hr 1,000 mg, 500 mg	Tier 2	ST: Requires prior prescription for Metformin HCL within the past 120 days
<i>metformin oral tablet,er gast.retention 24</i> (Glumetza) <i>hr 1,000 mg, 500 mg</i>	Tier 2	ST: Requires prior prescription for Metformin HCL within the past 120 days
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML	Tier 4	ST: Requires prior prescription for Metformin HCL within the past 120 days; QL (20 ML per 1 day)
<b>Antihyperglycemic,Insulin &amp; Glp-1 Receptor Agonist</b>		
SOLQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 3	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 3	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)
<b>Antihyperglycemic,Insulin-Rel Stim.&amp; Biguanide Cmb</b>		
<i>glipizide-metformin oral tablet 2.5-250</i> <i>mg, 2.5-500 mg, 5-500 mg</i>	Tier 2	
<i>glyburide-metformin oral tablet 1.25-250</i> <i>mg, 2.5-500 mg, 5-500 mg</i>	Tier 2	
<i>repaglinide-metformin oral tablet 1-500</i> <i>mg, 2-500 mg</i>	Tier 2	



Drug	Status	Notes
<b>Antihyperglycemic, Insulin-Response &amp; Release Comb.</b>		
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	Tier 2	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
<b>Antihyperglycemic-Glucocorticoid Receptor Blocker</b>		
KORLYM ORAL TABLET 300 MG	Tier 4	PA
<b>Antihyperglycemic-SglT2 Inhibitor &amp; Biguanide Comb</b>		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 4	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 4	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 4	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 3	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Tier 3	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	Tier 3	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 3	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	Tier 3	QL (2 EA per 1 day)

Drug	Status	Notes
<b>Antihyperglycm,Insul-Resp.Enhancer &amp; Biguanide Cmb</b>		
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i> (Actoplus MET)	Tier 2	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
<b>Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb</b>		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	Tier 4	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 4	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)
<b>Blood Sugar Diagnostics</b>		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ACCUTREND GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ADVOCATE REDI-CODE STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
ADVOCATE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
BIONIME RIGHTEST TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CARESENS N TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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
CARETOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CHOICEDM CLARUS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE MICRO TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE TALK TEST STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE VOICE+ TEST STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CONTOUR NEXT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
COOL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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
DARIO BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
DIATRUE PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY GLUCO G2 STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY STEP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 TALK GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY TOUCH BLU LINK TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY TOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY TRAK II TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 PLUS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASYGLUCO TEST STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASYMAX 15 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ELEMENT COMPACT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
ELEMENT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EMBRACE EVO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EMBRACE TALK TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 G2 STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EVENCARE G3 TEST STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EVENCARE TEST STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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
EVOLUTION TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EZ SMART PLUS TEST STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EZ SMART TEST STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA 6 CONNECT GLUCOSE STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 D15G STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA D20 STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA D40-G31 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA G30-PREMIUM V10 TEST STRP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 GD50 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA TN'G VOICE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
FORA V10 STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA V12 GLUCOSE STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA V30A STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)



Drug	Status	Notes
FORACARE GD20 STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORTISCARE G1 TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)

Drug	Status	Notes
FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FREESTYLE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
GENSTRIP TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GENULTIMATE TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCO NAVII TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
GLUCOCARD SHINE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GM100 STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
GOJJI BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GOODLIFE AC-302 TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic) STRIP	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
IGLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
INFINITY TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
INFINITY VOICE TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
MYGLUCOHEALTH STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
NEUTEK 2TEK TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ON CALL PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
ON CALL VIVID TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
OPTIUM TEST STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)



Drug	Status	Notes
OPTUMRX STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PHARMACIST CHOICE STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRECISION PCX PLUS TEST STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

Drug	Status	Notes
PRECISION Q-I-D TEST STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PREMIER TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRO VOICE V8-V9 TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
QUINTET AC STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RELION CONFIRM-MICRO STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RELION ULTIMA STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
REVEAL TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GS260 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GS700 TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GT333 TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
SURE-TEST EASYPLUS MINI STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
TELCARE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
TRUE METRIX GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
TRUE METRIX PRO TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
TRUETRACK TEST STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ULTRATRAK STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ULTRATRAK ULTIMATE STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
VERASENS TEST STRIP STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, 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 (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
WAVESENSE JAZZ STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
WAVESENSE PRESTO STRIP (blood sugar diagnostic)	Tier 4	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
<b>Diabetic Supplies</b>		
DEXCOM G4 RECEIVER	Tier 4	PA
DEXCOM G4 RECEIVER PEDIATRIC	Tier 4	PA
DEXCOM G4 RECEIVER-SHARE (PED)	Tier 4	PA
DEXCOM G4 RECEIVER-SHARE KIT	Tier 4	PA
DEXCOM G4 TRANSMITTER DEVICE	Tier 4	PA
DEXCOM G5 RECEIVER	Tier 4	PA
DEXCOM G5 TRANSMITTER DEVICE	Tier 4	PA
DEXCOM G5-G4 SENSOR DEVICE	Tier 4	PA
DEXCOM G6 RECEIVER	Tier 3	PA
DEXCOM G6 SENSOR DEVICE	Tier 3	PA
DEXCOM G6 TRANSMITTER DEVICE	Tier 3	PA
DEXCOM RECEIVER	Tier 4	PA
ENLITE GLUCOSE SENSOR DEVICE	Tier 4	
EVERSENSE SMART TRANSMITTER DEVICE	Tier 4	PA
FREESTYLE LIBRE 14 DAY READER	Tier 4	PA
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 4	PA
FREESTYLE LIBRE 2 READER	Tier 4	PA
FREESTYLE LIBRE 2 SENSOR KIT	Tier 4	PA

Drug	Status	Notes
GUARDIAN CONNECT TRANSMITTER DEVICE	Tier 4	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE	Tier 4	
GUARDIAN SENSOR 3 DEVICE	Tier 4	PA
OMNIPOD DASH 5 PACK POD SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD DASH PDM KIT	Tier 3	QL (1 EA per 365 days)
OMNIPOD INSULIN MANAGEMENT	Tier 3	QL (1 EA per 365 days)
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE	Tier 3	
ONETOUCH SURESOFT LANCING DEV 18 GAUGE	Tier 3	
ONETOUCH SURESOFT LANCING DEV 21 GAUGE (lancets)	Tier 3	
V-GO 20 DEVICE	Tier 3	
V-GO 30 DEVICE	Tier 3	
V-GO 40 DEVICE	Tier 3	
<b>Diabetic Ulcer Preparations, Topical</b>		
REGRANEX TOPICAL GEL 0.01 %	Tier 3	
<b>Hyperglycemics</b>		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Tier 3	QL (4 EA per 1 FILL)
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	Tier 2	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	Tier 2	QL (4 EA per 1 FILL)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 3	QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 3	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 3	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	Tier 3	QL (0.4 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	Tier 3	QL (0.4 ML per 1 FILL)

Drug	Status	Notes
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	Tier 3	QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	Tier 3	QL (2.4 ML per 1 FILL)
<b>Insulins</b>		
ADMELOG SOLOSTAR U-100 INSULIN (insulin lispro) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 4	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 (insulin lispro) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	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 4	PA
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 4	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)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	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 3	QL (30 ML per 28 days)

Drug	Status	Notes
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	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 4	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 4	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 (insulin lispro) SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	Tier 3	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN (insulin lispro) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 3	QL (12 ML per 28 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Tier 3	QL (40 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 3	QL (30 ML per 28 days)
HUMALOG MIX 75-25 KWIKPEN (insulin lispro protamin- SUBCUTANEOUS INSULIN PEN 100 lispro) UNIT/ML (75-25)	Tier 3	QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 3	QL (40 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 3	QL (30 ML per 28 days)
HUMALOG U-100 INSULIN (insulin lispro) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)

Drug	Status	Notes
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 3	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 3	QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	QL (40 ML per 28 days)
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	Tier 3	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 3	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 3	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 4 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 4 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 4 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 insulin pen 100 unit/ml (3 ml)</i>	(Novolog Flexpen U-100 Insulin)	Tier 4 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 solution 100 unit/ml</i> (Novolog U-100 Insulin aspart)	Tier 4	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 4	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 (insulin glargine)	Tier 4	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 3	QL (30 ML per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 3	QL (12 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	QL (40 ML per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 4	ST: Requires prior prescription for Humulin 70-30 or Humulin 70/30 Kwikpen within the past 120 days; QL (40 ML per 28 days)

Drug	Status	Notes
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 4	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 4	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 4	ST: Requires prior prescription for Humulin R within the past 120 days; QL (30 ML per 28 days)
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 4	ST: Requires prior prescription for Humulin R within the past 120 days; QL (40 ML per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN (insulin aspart u-100) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	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 INSULN (insulin asp prt-insulin SUBCUTANEOUS SOLUTION 100 aspart) UNIT/ML (70-30)	Tier 4	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 (insulin asp prt-insulin SUBCUTANEOUS INSULIN PEN 100 aspart) UNIT/ML (70-30)	Tier 4	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)
SEMGLEE PEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: Requires prior prescription for Basaglar Kwikpen U-100, Levemir Flextouch, Levemir, Tresiba Flextouch U-100, Tresiba Flextouch U-200, or Tresiba within the past 120 days; QL (30 ML per 28 days)

Drug	Status	Notes
SEMGLEE U-100 INSULIN (insulin glargine) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	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)
SEMGLEE(INSULIN GLARGINE-YFGN) (insulin glargine-yfgn) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	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)
SEMGLEE(INSULIN GLARG-YFGN)PEN (insulin glargine-yfgn) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	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)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	Tier 4	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 4	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 3	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 3	QL (18 ML per 28 days)



Drug	Status	Notes
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	QL (40 ML per 28 days)
<b>Ear - General Disorders</b>		
<b>Ear Preparations Anti-Inflammatory</b>		
<i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil) <i>drops 0.01 %</i>	Tier 2	
<b>Ear Preparations, Misc. Anti-Infectives</b>		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 2	
CORTANE-B TOPICAL LOTION 1-1-0.1 %	Tier 4	
<i>hydrocortisone-acetic acid otic (ear)</i> <i>drops 1-2 %</i>	Tier 2	
<b>Ear Preparations, Antibiotics</b>		
<i>ciprofloxacin hcl otic (ear) dropperette</i> (Cetraxal) <i>0.2 %</i>	Tier 2	
CORTISPORIN-TC OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 4	
<i>neomycin-polymyxin-hc otic (ear)</i> <i>drops, suspension 3.5-10,000-1 mg/ml-</i> <i>unit/ml-%</i>	Tier 2	
<i>neomycin-polymyxin-hc otic (ear)</i> <i>solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 2	
<b>Otic Preparations, Anti-Inflammatory- Antibiotics</b>		
CIPRO HC OTIC (EAR) DROPS, SUSPENSION 0.2-1 %	Tier 4	
<i>ciprofloxacin-dexamethasone otic (ear)</i> (Ciprodex) <i>drops, suspension 0.3-0.1 %</i>	Tier 2	
<b>Electrolyte Regulation</b>		
<b>Arginine Vasopressin (Avp) Receptor Antagonists</b>		
<i>tolvaptan oral tablet 15 mg</i> (Samsca)	Tier 4	QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i> (Samsca)	Tier 4	QL (60 EA per 365 days)
<b>Electrolyte Depleters</b>		
AURYXIA ORAL TABLET 210 MG IRON	Tier 4	QL (12 EA per 1 day)
<i>calcium acetate(phosphat bind) oral</i> <i>capsule 667 mg</i>	Tier 2	
<i>calcium acetate(phosphat bind) oral</i> <i>tablet 667 mg</i>	Tier 2	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 4	
<i>lanthanum oral tablet, chewable 1,000</i> (Fosrenol) <i>mg, 500 mg, 750 mg</i>	Tier 2	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 3	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	Tier 4	

Drug	Status	Notes
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram (Renvela)	Tier 2	
sevelamer carbonate oral tablet 800 mg (Renvela)	Tier 2	
sevelamer hcl oral tablet 400 mg	Tier 2	
sevelamer hcl oral tablet 800 mg (Renagel)	Tier 2	
sodium polystyrene sulfonate oral powder	Tier 2	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 2	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 4	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Tier 3	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	Tier 4	PA
<b>Potassium Replacement</b>		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 4	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarb-citric acid)	Tier 2	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ (potassium chloride)	Tier 2	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ (potassium chloride)	Tier 2	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ (potassium chloride)	Tier 2	
potassium chloride oral capsule, extended release 10 meq, 8 meq	Tier 2	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	Tier 2	
potassium chloride oral packet 20 meq (Klor-Con)	Tier 2	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq (K-Tab)	Tier 2	
potassium chloride oral tablet,er particles/crystals 10 meq (Klor-Con M10)	Tier 2	
potassium chloride oral tablet,er particles/crystals 15 meq (Klor-Con M15)	Tier 2	
potassium chloride oral tablet,er particles/crystals 20 meq (Klor-Con M20)	Tier 2	
<b>Sodium/Saline Preparations</b>		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 2	
BD PRE-FILLED NORMAL SALINE INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 2	
BD PRE-FILLED SALINE BLUNT CAN INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 2	
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 2	

Drug	Status	Notes
NORMAL SALINE FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 2	
sodium chlor 0.9% bacteriostat injection solution 0.9 %	Tier 2	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	Tier 2	
sodium chloride 0.9 % (flush) injection syringe (BD PosiFlush Normal Saline 0.9)	Tier 2	
sodium chloride 0.9 % injection solution	Tier 2	
sodium chloride 0.9 % intravenous parenteral solution	Tier 2	
sodium chloride 0.9 % intravenous piggyback	Tier 2	
sodium chloride injection syringe 0.9 %	Tier 2	
<b>Endocrine Disorder - Fertility</b>		
<b>Drugs To Treat Impotency</b>		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 4	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	Tier 4	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	Tier 4	QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Tier 4	QL: 6 INJECTIONS IN 30 DAYS
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML (papav-phentolamine in water)	Tier 2	
IFE-PG20 INTRACAVERNOSAL SOLUTION 20 MCG/ML	Tier 2	
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG	Tier 4	QL (1 EA per 5 days)
sildenafil oral tablet 100 mg, 25 mg, 50 mg (Viagra)	Tier 2	QL (1 EA per 5 days)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 4	ST: Requires prior prescription for Sildenafil Citrate within the past 365 days; QL (1 EA per 5 days)
tadalafil oral tablet 10 mg, 20 mg (Cialis)	Tier 2	QL (1 EA per 5 days)
tadalafil oral tablet 2.5 mg, 5 mg (Cialis)	Tier 2	PA; QL (1 EA per 1 day)
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG	Tier 4	
vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 2	ST: Requires prior prescription for Sildenafil Citrate within the past 365 days; QL (1 EA per 5 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>vardenafil oral tablet,disintegrating 10 mg</i>	Tier 2	ST: Requires prior prescription for Sildenafil Citrate within the past 365 days; QL (1 EA per 5 days)
<b>Endocrine Disorder - Other</b>		
<b>Adrenal Steroid Inhibitors</b>		
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	Tier 5	PA
<b>Adrenocorticotrophic Hormones</b>		
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 5	PA
<b>Antidiuretic And Vasopressor Hormones</b>		
DDAVP NASAL SOLUTION 0.1 MG/ML (desmopressin) (REFRIGERATE)	Tier 3	
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	Tier 2	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 2	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	Tier 2	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Tier 4	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Tier 4	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 4	QL (3.8 GM per 30 days)
<b>Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.</b>		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 4	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 4	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 4	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 4	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 4	PA
<b>Bone Formation Stim. Agents - Parathyroid Hormone</b>		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	Tier 4	PA; FL: 728 DAYS OF TREATMENT PER LIFETIME; QL (2.4 ML per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	Tier 5	PA; QL (2.4 ML per 28 days)

Drug	Status	Notes
<b>Bone Formation Stimulating Agts - Pth Rel Peptides</b>		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 4	PA
<b>Bone Resorption Inhibitor &amp; Vitamin D Combinations</b>		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 3	
<b>Bone Resorption Inhibitors</b>		
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 2	QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	Tier 2	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	Tier 2	
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	Tier 4	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 2	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 2	
<i>etidronate disodium oral tablet 200 mg</i>	Tier 2	
<i>ibandronate oral tablet 150 mg</i> (Boniva)	Tier 2	
<i>raloxifene oral tablet 60 mg</i> (Evista)	Tier 2	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>risedronate oral tablet 150 mg</i> (Actonel)	Tier 2	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 2	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 2	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)

Drug	Status	Notes
<i>risedronate oral tablet, delayed release (Atelvia) (dr/ec) 35 mg</i>	Tier 2	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)
<b>Calcimimetic, Parathyroid Calcium Enhancer</b>		
<i>cinacalcet oral tablet 30 mg, 60 mg (Sensipar)</i>	Tier 4	QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg (Sensipar)</i>	Tier 4	QL (4 EA per 1 day)
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 4	
<b>Growth Hormone Releasing Hormone (Ghrh) &amp; Analogs</b>		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 5	PA
<b>Growth Hormones</b>		
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 5	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Tier 5	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	Tier 5	PA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	Tier 5	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 4	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	Tier 5	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 5	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 5	PA
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	Tier 5	PA

Drug	Status	Notes
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	Tier 5	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 5	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 5	PA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	Tier 5	PA
<b>Hyperparathyroid Tx Agents - Vitamin D Analog-Type</b>		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 2	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	Tier 2	
<i>paricalcitol oral capsule 4 mcg</i>	Tier 2	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 3	QL (2 EA per 1 day)
<b>Insulin-Like Growth Factor-1 (Igf-1) Hormones</b>		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 5	PA
<b>Leptin Hormone Analogs</b>		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 5	QL (1 EA per 1 day)
<b>Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb</b>		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 3	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 3	PA
<b>Lhrh(Gnrh) Agonist Analog Pituitary Suppressants</b>		
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	Tier 5	PA
<b>Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents</b>		
ORLISSA ORAL TABLET 150 MG, 200 MG	Tier 3	PA
<b>Menopausal Sympt Supp-Sel Estrogen Recep Modulator</b>		
OSPHENA ORAL TABLET 60 MG	Tier 3	QL (1 EA per 1 day)
<b>Parathyroid Hormones</b>		
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	Tier 5	PA
<b>Pituitary Suppressive Agents</b>		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 2	

Drug	Status	Notes
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 2	
<b>Endocrine Disorder - Thyroid</b>		
<b>Antithyroid Preparations</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 2	
<b>Iodine Containing Agents</b>		
SSKI ORAL SOLUTION 1 GRAM/ML	Tier 2	
STRONG IODINE ORAL SOLUTION 5 %	Tier 2	
<b>Thyroid Hormones</b>		
ARMOUR THYROID ORAL TABLET (thyroid (pork)) 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 3	
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	Tier 3	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (liothyronine)	Tier 3	
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 2	
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 (levothyroxine)	Tier 3	
<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 2	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 2	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	Tier 2	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 3	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	Tier 2	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Tier 2	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 3	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	Tier 4	
THYROLAR-1 ORAL TABLET 12.5-50 MCG	Tier 4	



Drug	Status	Notes
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG	Tier 4	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG	Tier 4	
THYROLAR-2 ORAL TABLET 25-100 MCG	Tier 4	
THYROLAR-3 ORAL TABLET 37.5-150 MCG	Tier 4	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 4	PA
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Tier 4	PA
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 3	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 2	
<b>Eye - General Disorders</b>		
<b>Eye Antibiotic, Glucocorticoid And Nsaid Comb.</b>		
<i>prednisol ace-gatiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 2	
<i>prednisoln sp-gatiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 2	
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 2	
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>	Tier 2	
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 2	
<b>Eye Antibiotic-Corticoid Combinations</b>		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1% (Neo-Polycin HC)</i>	Tier 2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 % (Maxitrol)</i>	Tier 2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 % (Maxitrol)</i>	Tier 2	

Drug	Status	Notes
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 2	
NEO-POLYICIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1% (neomycin-bacitracin-poly-hc)	Tier 2	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %	Tier 4	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	Tier 4	
<i>prednisolone acet-gatifloxacin ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 2	
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>	Tier 2	
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	Tier 3	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	Tier 4	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> (TobraDex)	Tier 2	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 3	
<b>Eye Antihistamines</b>		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 2	QL (12 ML per 30 days)
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i> (Bepreve)	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 30 days)
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 % (bepotastine besilate)	Tier 4	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 2	QL (10 ML per 30 days)
LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4	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 Rif)	Tier 2	

Drug	Status	Notes
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	Tier 2	QL (3 ML per 30 days)
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	Tier 4	QL (60 EA per 30 days)
<b>Eye Antiinflammatory Agents</b>		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 4	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 3	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 2	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 4	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 2	QL (15 ML per 14 days)
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 2	QL (10 ML per 14 days)
<i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)	Tier 2	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4	PA
FLAREX 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 (15 ML per 14 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	Tier 2	QL (10 ML per 14 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 2	

Drug	Status	Notes
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	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 3	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 3	QL (3.4 ML per 16 days)
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 4	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 2	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	Tier 2	QL (20 ML per 30 days)
KLARITY-B (BETAMETH-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 4	
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.2-0.25 %, 0.5-0.25 %	Tier 4	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 3	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 3	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)	Tier 2	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)	Tier 2	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 4	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 4	ST: At least 2 prior prescriptions for DiclofenacSodium, Ilevro, KetorolacTromethamine, or Prolensa within the past 365 days; QL (9 ML per 16 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 3	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 2	QL (20 ML per 14 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	Tier 2	QL (20 ML per 14 days)
<i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>	Tier 2	
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 2	QL (20 ML per 14 days)
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	Tier 3	QL (3 ML per 16 days)
<b>Eye Antivirals</b>		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 3	
<b>Eye Local Anesthetics</b>		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Tier 4	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 % (proparacaine)	Tier 2	
ALTACAIN OPHTHALMIC (EYE) DROPS 0.5 % (tetracaine hcl)	Tier 2	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (fluorescein-benoxinate)	Tier 2	
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 2	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 2	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)	Tier 2	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i> (Altacaine)	Tier 2	
<b>Eye Sulfonamides</b>		
BLEPH-10 OPHTHALMIC (EYE) DROPS 10 % (sulfacetamide sodium)	Tier 2	
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	Tier 3	

Drug	Status	Notes
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	Tier 3	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> (Bleph-10)	Tier 2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 2	
<b>Eye Vasoconstrictors (Rx Only)</b>		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 2	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 4	
<b>Ophthalmic Antibiotics</b>		
AK-POLY-BAC OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM (bacitracin-polymyxin b)	Tier 2	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	Tier 4	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (AK-Poly-Bac)	Tier 2	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 3	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> (Ciloxan)	Tier 2	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 2	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> (Zymaxid)	Tier 2	
GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM) (gentamicin)	Tier 2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 2	
KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 %	Tier 4	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	Tier 2	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i> (Moxeza)	Tier 2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	Tier 2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 2	

Drug	Status	Notes
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G (neomycin-bacitracin-polymyxin)	Tier 2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	Tier 2	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM (bacitracin-polymyxin b)	Tier 2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> (Polytrim)	Tier 2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i> (Tobrex)	Tier 2	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 3	
<b>Ophthalmic Antifungal Agents</b>		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 4	
<b>Ophthalmic Anti-Inflammatory Immunomodulator-Type</b>		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Tier 4	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 2	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 3	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	Tier 3	QL (60 EA per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 3	QL (60 EA per 30 days)
<b>Ophthalmic Human Nerve Growth Factor (Hngf)</b>		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 5	PA
<b>Ophthalmic Mast Cell Stabilizers</b>		
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	Tier 3	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 3	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 2	QL (50 ML per 30 days)
<b>Ophthalmic Preparations, Miscellaneous</b>		
ACUCICYN TOPICAL SPRAY, NON-AEROSOL 0.01 %	Tier 4	

Drug	Status	Notes
AVENOVA TOPICAL SPRAY, NON-AEROSOL 0.01 %	Tier 4	
HYPOCYN TOPICAL SPRAY, NON-AEROSOL 0.01 %	Tier 4	
<b>Eye - Glaucoma</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 2	
<b>Miotics/Other Intraoc. Pressure Reducers</b>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	Tier 3	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 2	
AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1 % (brinzolamide)	Tier 2	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 2	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	Tier 4	
BETOPTIC S OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 %	Tier 4	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 2	QL (1 ML per 12 days)
<i>brimonidine ophthalmic (eye) drops 0.15 %</i> (Alphagan P)	Tier 2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 2	
<i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>	Tier 2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 2	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	Tier 3	
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i> (Trusopt)	Tier 2	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> (Cosopt (PF))	Tier 2	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 2	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	Tier 2	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 4	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>latanoprost (pf) ophthalmic (eye) drops</i> 0.005 %	Tier 2	
<i>latanoprost ophthalmic (eye) drops 0.005</i> (Xalatan) %	Tier 2	
<i>levobunolol ophthalmic (eye) drops 0.5</i> %	Tier 2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 3	QL (2.5 ML per 25 days)
<i>pilocarpine hcl ophthalmic (eye) drops 1</i> (Isopto Carpine) %, 2 %	Tier 2	
<i>pilocarpine hcl ophthalmic (eye) drops 4</i> %	Tier 2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 4	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 4	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 3	
<i>timol-brimon-dorzo-latanop(pf)</i> <i>ophthalmic (eye) drops 0.5 %-0.15 %- 2</i> <i>%-0.005 %</i>	Tier 2	
<i>timolol maleate (pf) ophthalmic (eye)</i> (Timoptic Ocudose (PF)) <i>dropperette 0.5 %</i>	Tier 2	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 2	
<i>timolol maleate ophthalmic (eye) drops,</i> (Istalol) <i>once daily 0.5 %</i>	Tier 2	
<i>timolol maleate ophthalmic (eye) gel</i> (Timoptic-XE) <i>forming solution 0.25 %, 0.5 %</i>	Tier 2	
<i>timolol-brimonidi-dorzolam(pf)</i> <i>ophthalmic (eye) drops 0.5-0.15-2 %</i>	Tier 2	
<i>timolol-dorzolamid-latanop(pf)</i> <i>ophthalmic (eye) drops 0.5-2-0.005 %</i>	Tier 2	
<i>timolol-latanoprost(pf) ophthalmic (eye)</i> <i>drops 0.5-0.005 %</i>	Tier 2	

Drug	Status	Notes
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	Tier 4	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 2	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 4	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 4	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 4	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)
<b>Mydriatics</b>		
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	Tier 2	
<i>atropine ophthalmic (eye) drops, emulsion 0.01 %</i>	Tier 2	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 2	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 4	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)	Tier 2	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	Tier 2	
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %</i>	Tier 2	
HOMATROPAIRE OPHTHALMIC (EYE) (homatropine hbr) DROPS 5 %	Tier 2	
PAREMYD OPHTHALMIC (EYE) DROPS 1-0.25 %	Tier 4	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Tier 2	

Drug	Status	Notes
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydracil)	Tier 2	
<b>Ophthalmic Antifibrotic Agents</b>		
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 4	
<b>Eye - Miscellaneous</b>		
<b>Artificial Tears</b>		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	Tier 4	
<b>Eye Mydriatic And Nsaid Combinations</b>		
MYDRIATIC4(TROP-PROP-PE-KTRLC) (tropic-proparacai-pe-ophthalmic (eye) drops 1-0.5-2.5-0.5 % (ketr-wat)	Tier 2	
<i>tropic-proparacai-pe-ketr-wat ophthalmic (eye) drops 1-0.5-2.5-0.5 %</i> (Mydriatic4(trop-prop-PE-ktrlc))	Tier 2	
<b>Eye Preparations, Miscellaneous (Otc)</b>		
GELFILM OPHTHALMIC (EYE) FILM	Tier 4	
<b>Ophthalmic Cystine Depleting Agents</b>		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 4	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 4	PA
<b>Fluid Replacement</b>		
<b>Nucleic Acid/Nucleotide Supplements</b>		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 4	PA
<b>Gout And Related Diseases</b>		
<b>Colchicine</b>		
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	Tier 2	QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	Tier 2	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Tier 4	ST: Requires prior prescription for Colchicine capsules or tablets within the past 120 days; QL (10 ML per 1 day)
<b>Hyperuricemia Tx - Purine Inhibitors</b>		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	Tier 2	
<i>allopurinol oral tablet 300 mg</i>	Tier 2	
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	Tier 2	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)
<b>Uricosuric Agents</b>		
<i>probenecid oral tablet 500 mg</i>	Tier 2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 2	

Drug	Status	Notes
<b>Uricosuric And Xanthine Oxidase Inhibitor Comb.</b>		
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	Tier 4	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day)
<b>Hematological Disorders</b>		
<b>Agents To Tx Thrombotic Thrombocytopenic Purpura</b>		
CABLIVI INJECTION KIT 11 MG	Tier 5	PA
CABLIVI INJECTION RECON SOLN 11 MG	Tier 5	PA
<b>Anticoagulants, Coumarin Type</b>		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (warfarin)	Tier 2	
<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 2	
<b>Antifibrinolytic Agents</b>		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar)	Tier 2	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> (Amicar)	Tier 2	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	Tier 2	
<b>Antihemophilic Factors</b>		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Tier 4	
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 4	
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	Tier 4	
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	Tier 4	

Drug	Status	Notes
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	Tier 4	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 4	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Tier 4	
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Tier 4	
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	Tier 4	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	Tier 4	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	Tier 4	
NUWIQ INTRAVENOUS RECON SOLN 1000 (+/-) UNIT, 2,000 (+/-) UNIT, 2,500 UNIT, 250 (+/-) UNIT, 3,000 UNIT, 4,000 UNIT, 500 (+/-) UNIT	Tier 4	
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 4	
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	

Drug	Status	Notes
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	Tier 4	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 4	
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
<b>Blood Factors,Miscellaneous</b>		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 5	
<b>Citrates As Anticoagulants</b>		
ACD-A SOLUTION , 2.45-2.2 GRAM-730 MG/100 ML	Tier 4	
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 2	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L	Tier 4	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 2	
<b>Complement (C3) Inhibitors</b>		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 5	PA
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 3	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 3	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 3	QL (74 EA per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Tier 4	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 3	QL (51 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 3	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 3	QL (2 EA per 1 day)
<b>Factor Ix Complex (Pcc) Preparations</b>		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	

Drug	Status	Notes
<b>Factor Ix Preparations</b>		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 4	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 4	
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 4	
MONONINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	Tier 4	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 4	
<b>Factor X Preparations</b>		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 5	
<b>Factor XIII Preparations</b>		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 5	
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 5	
<b>Hematinics, Other</b>		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 5	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 5	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 5	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 5	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 5	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 4	PA
<b>Hemophilia Treatment Agents, Non-Factor Replacement</b>		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	Tier 4	PA
<b>Hemorrhologic Agents</b>		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 2	
<b>Heparin And Related Preparations</b>		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	Tier 4	FL: 30 DAYS' SUPPLY PER FILL; QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox)	Tier 4	FL: 30 DAYS' SUPPLY PER FILL
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	Tier 4	FL: 30 DAYS' SUPPLY PER FILL; QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	Tier 4	FL: 30 DAYS' SUPPLY PER FILL; QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	Tier 4	FL: 30 DAYS' SUPPLY PER FILL; QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	Tier 4	FL: 30 DAYS' SUPPLY PER FILL; QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 4	FL: 30 DAYS' SUPPLY PER FILL; QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 4	FL: 30 DAYS' SUPPLY PER FILL; QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 4	FL: 30 DAYS' SUPPLY PER FILL; QL (30 ML per 30 days)



Drug	Status	Notes
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 4	FL: 30 DAYS' SUPPLY PER FILL; QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 4	FL: 30 DAYS' SUPPLY PER FILL; QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	Tier 4	FL: 30 DAYS' SUPPLY PER FILL; QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 4	FL: 30 DAYS' SUPPLY PER FILL; QL (18 ML per 30 days)
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	Tier 2	
<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 2	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 2	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 2	
<i>heparin flush(porcine)-0.9nacl intravenous kit 100 unit/ml</i>	Tier 2	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 2	
<i>heparin lock flush (porcine) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 2	
HEPARIN LOCK FLUSH INTRAVENOUS SYRINGE 10 UNIT/ML	Tier 2	
HEPARIN LOCK INTRAVENOUS SOLUTION 100 UNIT/ML	(heparin lock flush (porcine)) Tier 2	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	(heparin, porcine (pf)) Tier 2	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 2	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 2	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 2	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	(Heparin LockFlush(Porcine)(PF)) Tier 2	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 2	

Drug	Status	Notes
<b>Human Monoclonal Antibody Complement(C5) Inhibitor</b>		
TAVNEOS ORAL CAPSULE 10 MG	Tier 5	PA
<b>Leukocyte (Wbc) Stimulants</b>		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 5	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 4	PA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 5	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 5	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 4	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
<b>Platelet Aggregation Inhibitors</b>		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PREV	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PREV	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (aspirin)	PREV	
ASPIRIN LOW DOSE ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PREV	
<i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)	PREV	
<i>aspirin oral tablet,delayered release (dr/ec) 81 mg</i> (Adult Aspirin Regimen)	PREV	

Drug	Status	Notes
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 2	
<i>aspirin-omeprazole oral tablet,ir,delayed rel,biphasic 325-40 mg, 81-40 mg</i> (Yosprala)	Tier 2	PA
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 3	QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	PREV	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 2	
<i>clopidogrel oral tablet 300 mg</i>	Tier 2	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	Tier 2	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 2	
DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR 162.5 MG	Tier 4	PA
LO-DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PREV	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	Tier 2	QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	PREV	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PREV	
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG (aspirin-omeprazole)	Tier 4	PA
ZONTIVITY ORAL TABLET 2.08 MG	Tier 4	QL (1 EA per 1 day)
<b>Platelet Reducing Agents</b>		
<i>anagrelide oral capsule 0.5 mg</i> (Agraylin)	Tier 2	
<i>anagrelide oral capsule 1 mg</i>	Tier 2	
<b>Sickle Cell Anemia Agents</b>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 4	
ENDARI ORAL POWDER IN PACKET 5 GRAM	Tier 5	PA
OXBRYTA ORAL TABLET 500 MG	Tier 5	PA
SIKLOS ORAL TABLET 1,000 MG	Tier 4	ST: Requires prior prescription for Droxia or Hydroxyurea within the past 365 days
SIKLOS ORAL TABLET 100 MG	Tier 4	QL (2 EA per 1 day)
<b>Spleen Tyrosine Kinase Inhibitors</b>		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 5	PA

Drug	Status	Notes
<b>Thrombin Inhibitors, Selective, Direct, &amp; Reversible</b>		
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	Tier 4	ST: Requires prior prescriptions for Eliquis and Xarelto within the past 120 days; QL (2 EA per 1 day)
<b>Thrombopoietin Receptor Agonists</b>		
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	Tier 5	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 5	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 5	PA
MULPLETA ORAL TABLET 3 MG	Tier 5	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	Tier 4	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 4	PA
<b>Topical Hemostatics</b>		
ASTRINGYN TOPICAL SOLUTION 259 MG/G	Tier 4	
AVITENE FLOUR TOPICAL POWDER	Tier 4	
AVITENE TOPICAL POWDER IN PACKET	Tier 4	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM	Tier 4	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Tier 4	
EVARREST TOPICAL ADHESIVE PATCH, MEDICATED 2 X 4 ", 4 X 4 "	Tier 4	
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 4	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 4	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Tier 4	
GELFOAM TOPICAL SPONGE 4	Tier 4	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT	Tier 4	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 4	
SYRINGE AVITENE TOPICAL POWDER	Tier 4	
TACHOSIL TOPICAL ADHESIVE PATCH, MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM	Tier 4	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT	Tier 2	

Drug	Status	Notes
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 2	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT	Tier 2	
THROMBIN-JMI TOPICAL SPRAY, NON-AEROSOL 20,000 UNIT	Tier 2	
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 4	
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 4	
<b>Vitamin K Preparations</b>		
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> (Vitamin K1)	Tier 2	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i> (Mephyton)	Tier 2	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML	Tier 2	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML (phytonadione (vitamin k1))	Tier 2	
<b>Hormonal Deficiency</b>		
<b>Androgen/Estrogen Preps For Female Sexual Dysfunc</b>		
INTRAROSA VAGINAL INSERT 6.5 MG	Tier 3	QL (1 EA per 1 day)
<b>Androgenic Agents</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	Tier 4	PA
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Tier 4	PA
METHITEST ORAL TABLET 10 MG (methyltestosterone)	Tier 4	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 2	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	Tier 4	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	Tier 2	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	Tier 2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 2	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)	Tier 2	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram lactuation</i> (Fortesta)	Tier 2	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	Tier 2	PA

Drug	Status	Notes
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel) Tier 2	PA
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)	(AndroGel) Tier 2	PA
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	Tier 2	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 4	PA
<b>Estrogen &amp; Progestin With Antimineralocorticoid Cb</b>		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 4	
<b>Estrogen &amp; Selective Estrogen Recept Mod(Serm)Comb</b>		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 3	
<b>Estrogen And Progestin Combinations</b>		
BIJUVA ORAL CAPSULE 1-100 MG	Tier 4	
<b>Estrogen/Androgen Combinations</b>		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone) Tier 2	
COVARYX ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone) Tier 2	
EEMT HS ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone) Tier 2	
EEMT ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone) Tier 2	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg	(Covaryx H.S.) Tier 2	
estrogens-methyltestosterone oral tablet 1.25-2.5 mg	(Covaryx) Tier 2	
<b>Estrogenic Agents</b>		
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol) Tier 3	QL (2 EA per 7 days)
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	(estradiol-norethindrone acet) Tier 2	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	Tier 4	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 3	QL (2 EA per 7 days)

Drug	Status	Notes
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 3	
DOTTI TRANSDERMAL PATCH (estradiol) 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 2	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	Tier 4	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	Tier 2	
<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 2	QL (2 EA per 7 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	Tier 2	QL (1 EA per 7 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (Amabelz)	Tier 2	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	Tier 4	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Tier 4	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 (norethindrone ac-eth estradiol)	Tier 2	
JINTELI ORAL TABLET 1-5 MG-MCG (norethindrone ac-eth estradiol)	Tier 2	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol)	Tier 2	QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	Tier 3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	Tier 4	QL (1 EA per 7 days)
MIMVEY ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	Tier 2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	Tier 2	
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15)	Tier 4	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	Tier 3	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	Tier 3	

Drug	Status	Notes
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	Tier 3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 3	
<b>Lhrh (Gnrh) Agonist Analog And Progestin Comb</b>		
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG -5 MG (30)	Tier 5	PA
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90)	Tier 5	PA
<b>Progestational Agents</b>		
CRINONE VAGINAL GEL 4 %	Tier 4	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	Tier 2	
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	Tier 2	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	Tier 2	
<b>Immunization</b>		
<b>Antisera</b>		
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	Tier 5	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 5	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 5	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 5	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 5	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 5	PA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 5	PA



Drug	Status	Notes
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 5	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 5	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 5	PA
<b>Enteric Virus Vaccines</b>		
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	Tier 4	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 4	
<b>Gram Negative Cocci Vaccines</b>		
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)
<b>Gram Positive Cocci Vaccines</b>		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	Tier 4	\$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 4	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days); Age (Min 2 Years)
<b>Influenza Virus Vaccines</b>		
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)

Drug	Status	Notes
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)
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 3	FL: 1 IN 180 DAYS
FLUZONE QUAD SOUTHERN HEM 2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	FL: 1 IN 180 DAYS
<b>Vaccine/Toxoid</b>		
<b>Preparations, Combinations</b>		
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)

Drug	Status	Notes
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 (tetanus-diphtheria SUSPENSION 2-2 LF UNIT/0.5 ML toxoids-td)	PREV	QL (0.5 ML per 365 days); Age (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	PREV	QL (0.5 ML per 365 days); Age (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	PREV	QL (0.5 ML per 365 days); Age (Min 18 Years)
<b>Viral/Tumorigenic Vaccines</b>		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	PREV	QL (3 ML per 365 days); Age (Min 18 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	PREV	QL (3 ML per 365 days); Age (Min 18 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	Tier 4	\$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 4	\$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)

Drug	Status	Notes
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)
<b>Immunosuppression/Modulation</b>		
<b>immunomodulators</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 5	PA
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 5	
<i>imiquimod topical cream in metered-dose pump 3.75 %</i> (Zyclara)	Tier 2	PA
<i>imiquimod topical cream in packet 3.75 %</i> (Zyclara)	Tier 2	PA
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	Tier 2	QL (24 EA per 30 days)
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	Tier 4	PA
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	Tier 4	PA
ZYCLARA TOPICAL CREAM IN PACKET 3.75 % (imiquimod)	Tier 4	PA
<b>Immunosuppressives</b>		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Tier 4	FL: 30 DAYS' SUPPLY PER FILL
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	Tier 4	
<i>azathioprine oral tablet 50 mg</i> (Imuran)	Tier 4	
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	Tier 4	FL: 30 DAYS' SUPPLY PER FILL
<i>cyclosporine modified oral capsule 50 mg</i>	Tier 4	FL: 30 DAYS' SUPPLY PER FILL
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	Tier 4	FL: 30 DAYS' SUPPLY PER FILL
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	Tier 4	FL: 30 DAYS' SUPPLY PER FILL
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 4	FL: 30 DAYS' SUPPLY PER FILL
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i> (Zortress)	Tier 4	FL: 30 DAYS' SUPPLY PER FILL
GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Tier 4	FL: 30 DAYS' SUPPLY PER FILL
GENGRAF ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Tier 4	FL: 30 DAYS' SUPPLY PER FILL

Drug	Status	Notes
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 5	PA
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	Tier 4	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	Tier 4	
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	Tier 4	
<i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i> (Myfortic)	Tier 4	
NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Tier 5	FL: 30 DAYS' SUPPLY PER FILL
NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Tier 5	FL: 30 DAYS' SUPPLY PER FILL
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 5	FL: 30 DAYS' SUPPLY PER FILL
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Tier 4	FL: 30 DAYS' SUPPLY PER FILL
RAPAMUNE ORAL SOLUTION 1 MG/ML (sirolimus)	Tier 5	FL: 30 DAYS' SUPPLY PER FILL
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (sirolimus)	Tier 5	FL: 30 DAYS' SUPPLY PER FILL
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)	Tier 5	FL: 30 DAYS' SUPPLY PER FILL
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	Tier 4	FL: 30 DAYS' SUPPLY PER FILL
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	Tier 4	FL: 30 DAYS' SUPPLY PER FILL
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	Tier 4	FL: 30 DAYS' SUPPLY PER FILL
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	Tier 4	FL: 30 DAYS' SUPPLY PER FILL
ZORTRESS ORAL TABLET 1 MG	Tier 4	FL: 30 DAYS' SUPPLY PER FILL
<b>Rho Kinase Inhibitor</b>		
REZUROCK ORAL TABLET 200 MG	Tier 4	PA
<b>Infectious Disease - Bacterial</b>		
<b>Absorbable Sulfonamides</b>		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	Tier 2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	Tier 2	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	Tier 2	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole-trimethoprim)	Tier 2	
<b>Betalactams</b>		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 4	PA

Drug	Status	Notes
<b>Carbapenems (Thienamycins)</b>		
MERREM INTRAVENOUS RECON SOLN 500 MG (meropenem)	Tier 6	Medical service drug is not covered under the pharmacy benefit. Please contact the health plan at 1-855-823-8872 for further assistance.
<b>Cephalosporins - 1St Generation</b>		
cefadroxil oral capsule 500 mg	Tier 2	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	Tier 2	
cefadroxil oral tablet 1 gram	Tier 2	
cephalexin oral capsule 250 mg, 500 mg	Tier 2	
cephalexin oral capsule 750 mg (Keflex)	Tier 2	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 2	
cephalexin oral tablet 250 mg, 500 mg	Tier 2	
<b>Cephalosporins - 2Nd Generation</b>		
cefaclor oral capsule 250 mg, 500 mg	Tier 2	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	Tier 2	
cefaclor oral tablet extended release 12 hr 500 mg	Tier 2	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 2	
cefprozil oral tablet 250 mg, 500 mg	Tier 2	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 2	
<b>Cephalosporins - 3Rd Generation</b>		
cefdinir oral capsule 300 mg	Tier 2	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 2	
cefditoren pivoxil oral tablet 200 mg	Tier 2	
cefditoren pivoxil oral tablet 400 mg (Spectracef)	Tier 2	
cefixime oral capsule 400 mg (Suprax)	Tier 2	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Suprax)	Tier 2	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	Tier 2	
cefpodoxime oral tablet 100 mg, 200 mg	Tier 2	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 3	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	Tier 3	
<b>Chemotherapeutics, Antibacterial, Misc.</b>		
fosfomycin tromethamine oral packet 3 gram (Monurol)	Tier 2	

Drug	Status	Notes
HYOPHEN ORAL TABLET 81.6-0.12-10.8 MG	Tier 2	
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	Tier 2	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	Tier 2	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i> (Urogescic-Blue)	Tier 2	
PHOSPHASAL ORAL TABLET 81.6-10.8-40.8 MG	Tier 3	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 3	
<i>trimethoprim oral tablet 100 mg</i>	Tier 2	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Tier 3	
URO-458 ORAL TABLET 81-10.8-40.8 MG	Tier 2	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (methen-sod phos-meth blue-hyos)	Tier 2	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG	Tier 2	
USTELL ORAL CAPSULE 120-0.12 MG	Tier 2	
<b>Macrolides</b>		
<i>azithromycin oral packet 1 gram</i> (Zithromax)	Tier 2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	Tier 2	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	Tier 2	
<i>azithromycin oral tablet 600 mg</i>	Tier 2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Tier 3	ST: Requires prior prescription for Vancomycin oral capsules within the past 120 days; QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG	Tier 3	ST: Requires prior prescription for Vancomycin oral capsules within the past 120 days; QL (20 EA per 30 days)
E.E.S. 400 ORAL TABLET 400 MG (erythromycin ethylsuccinate)	Tier 2	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG (erythromycin)	Tier 2	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (erythromycin stearate)	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	Tier 2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	Tier 2	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	Tier 2	
<i>erythromycin oral capsule, delayed release(drlec) 250 mg</i>	Tier 2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>erythromycin oral tablet, delayed release (drlec) 250 mg, 333 mg, 500 mg</i> (Ery-Tab)	Tier 2	
<b>Nitrofurantoin Derivatives</b>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> (Macrochantin)	Tier 2	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i> (Macrochantin)	Tier 2	QL (4 EA per 1 day)
<i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i> (Macrobid)	Tier 2	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	Tier 2	
<b>Oxazolidinones</b>		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	Tier 2	
<i>linezolid oral tablet 600 mg</i> (Zyvox)	Tier 2	
SIVEXTRO ORAL TABLET 200 MG	Tier 3	ST: Requires prior prescription for Linezolid (600mg tablets) within the past 120 days; QL (6 EA per 6 days)
<b>Penicillins</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 2	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 2	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	Tier 2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	Tier 2	



Drug	Status	Notes
<i>amoxicillin-pot clavulanate oral tablet</i> (Augmentin) 500-125 mg, 875-125 mg	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet</i> (Augmentin XR) <i>extended release 12 hr 1,000-62.5 mg</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i> 200-28.5 mg, 400-57 mg	Tier 2	
<i>ampicillin oral capsule</i> 500 mg	Tier 2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	Tier 4	ST: Requires prior prescription for Amoxicillin/potassium Clav within the past 120 days; QL (150 ML per 30 days)
<i>dicloxacillin oral capsule</i> 250 mg, 500 mg	Tier 2	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (amoxicillin)	Tier 4	
<i>penicillin v potassium oral recon soln</i> 125 mg/5 ml, 250 mg/5 ml	Tier 2	
<i>penicillin v potassium oral tablet</i> 250 mg, 500 mg	Tier 2	
<b>Pleuromutilin Derivatives</b>		
XENLETA ORAL TABLET 600 MG	Tier 4	PA
<b>Quinolones</b>		
BAXDELA ORAL TABLET 450 MG	Tier 4	PA
CIPRO ORAL (ciprofloxacin) SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	Tier 3	
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 1,000 MG, 500 MG	Tier 4	
<i>ciprofloxacin hcl oral tablet</i> 100 mg, 750 mg	Tier 2	
<i>ciprofloxacin hcl oral tablet</i> 250 mg, 500 mg (Cipro)	Tier 2	
<i>ciprofloxacin oral suspension, microcapsule recon</i> 250 mg/5 ml, 500 mg/5 ml (Cipro)	Tier 2	
FACTIVE ORAL TABLET 320 MG	Tier 4	
<i>levofloxacin oral solution</i> 250 mg/10 ml	Tier 2	
<i>levofloxacin oral tablet</i> 250 mg, 500 mg, 750 mg	Tier 2	
<i>moxifloxacin oral tablet</i> 400 mg	Tier 2	
<i>ofloxacin oral tablet</i> 300 mg, 400 mg	Tier 2	
<b>Tetracyclines</b>		
AVIDOXY DK KIT 100 MG-2 % -SPF 30	Tier 4	ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days)

Drug	Status	Notes
BENZODOX 30 KIT, CLEANSER ER AND TABLET 100-4.4 MG-%	Tier 4	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 4	ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days)
COREMINO ORAL TABLET (minocycline) EXTENDED RELEASE 24 HR 135 MG, 45 MG, 90 MG	Tier 2	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 2	
DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC) 120 MG	Tier 4	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 2	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i> (LymePak)	Tier 2	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 150 mg</i> (Acticlate)	Tier 2	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 2	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 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg</i>	Tier 2	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 2	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 2	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 2	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 2	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) 80 mg</i> (Doryx)	Tier 2	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 2	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	Tier 2	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)	Tier 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>doxycycline monohydrate oral capsule,ir</i> (Oracea) - <i>delay rel,biphase 40 mg</i>	Tier 2	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 2	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	Tier 2	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 2	
<i>minocycline oral capsule,extended release 24hr 135 mg, 45 mg, 90 mg</i> (Ximino)	Tier 2	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 2	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 55 mg, 65 mg, 80 mg</i> (Solodyn)	Tier 2	ST: Requires prior prescription for generic immediate-release Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i> (CoreMino)	Tier 2	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 4	ST: Requires prior prescription for generic immediate-release Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
MONDOXYNE NL ORAL CAPSULE 100 MG (doxycycline monohydrate)	Tier 2	QL (2 EA per 1 day)
MONDOXYNE NL ORAL CAPSULE 75 MG (doxycycline monohydrate)	Tier 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
MORGIDOX 1X 50 KIT 50 MG	Tier 4	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 4	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 4	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 4	PA
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	Tier 4	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 2	
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML	Tier 3	
XIMINO ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG (minocycline)	Tier 4	ST: Requires prior prescription for generic immediate-release Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<b>Infectious Disease - Fungal</b>		
<b>Antifungal Agents</b>		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 2	
CRESEMBA ORAL CAPSULE 186 MG	Tier 4	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	Tier 2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	Tier 2	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	Tier 2	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	Tier 2	
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	Tier 2	
<i>ketoconazole oral tablet 200 mg</i>	Tier 2	

Drug	Status	Notes
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) (posaconazole)	Tier 4	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 4	
<i>posaconazole oral tablet, delayed release (drlec) 100 mg</i> (Noxafil)	Tier 2	PA
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 2	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	Tier 4	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	Tier 2	
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	Tier 2	
<b>Antifungal Antibiotics</b>		
BREXAFEMME ORAL TABLET 150 MG	Tier 4	PA
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 2	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 2	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 2	
<i>nystatin oral tablet 500,000 unit</i>	Tier 2	
<b>Infectious Disease - Miscellaneous</b>		
<b>Aminoglycosides</b>		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 5	PA
<i>neomycin oral tablet 500 mg</i>	Tier 2	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 4	PA
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	Tier 4	PA
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	Tier 4	PA
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak)	Tier 4	PA
<b>Antibacterial Agents, Miscellaneous</b>		
<i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)	Tier 2	
<b>Antileprotics</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 2	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 4	PA; QL (2 EA per 1 day)
<b>Anti-Mycobacterium Agents</b>		
<i>ethambutol oral tablet 100 mg</i>	Tier 2	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	Tier 2	
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 2	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Tier 4	

Drug	Status	Notes
<i>pyrazinamide oral tablet 500 mg</i>	Tier 2	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	Tier 2	
TRECATOR ORAL TABLET 250 MG	Tier 4	
<b>Antitubercular Antibiotics</b>		
<i>cycloserine oral capsule 250 mg</i>	Tier 2	
<i>pretomanid oral tablet 200 mg</i>	Tier 4	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG	Tier 4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 2	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 5	PA
<b>Lincosamides</b>		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	Tier 2	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)	Tier 2	
<b>Rifamycins And Related Derivative Antibiotics</b>		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	Tier 4	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 4	PA
XIFAXAN ORAL TABLET 550 MG	Tier 3	PA
<b>Vancomycin And Derivatives</b>		
FIRVANQ ORAL RECON SOLN 25 MG/ML	Tier 3	QL (300 ML per 1 FILL)
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	Tier 2	QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	Tier 2	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)	Tier 2	QL (600 ML per 1 FILL)
<b>Infectious Disease - Parasitic</b>		
<b>2Nd Gen. Anaerobic Antiprotozoal-Antibacterial</b>		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Tier 4	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 2	
<b>Amebacides</b>		
<i>paromomycin oral capsule 250 mg</i> (Humatin)	Tier 2	

Drug	Status	Notes
<b>Anaerobic Antiprotozoal-Antibacterial Agents</b>		
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	Tier 2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 2	
<b>Anthelmintics</b>		
<i>albendazole oral tablet 200 mg</i> (Albenza)	Tier 2	
EGATEN ORAL TABLET 250 MG	Tier 4	
EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)	Tier 4	PA
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	Tier 2	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	Tier 2	
<b>Antimalarial Drugs</b>		
ARAKODA ORAL TABLET 100 MG	Tier 4	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	Tier 2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	Tier 2	
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 2	QL (36 EA per 16 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 2	QL (18 EA per 16 days)
COARTEM ORAL TABLET 20-120 MG	Tier 4	
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	Tier 2	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg, 400 mg</i>	Tier 2	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG	Tier 3	QL (2 EA per 1 FILL)
<i>mefloquine oral tablet 250 mg</i>	Tier 2	
<i>primaquine oral tablet 26.3 mg</i>	Tier 3	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	Tier 4	PA
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	Tier 2	
<b>Antiparasitics</b>		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 4	QL (50 ML per 1 day)
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	Tier 2	QL (2 EA per 1 day)
<b>Antiprotozoal Drugs,Miscellaneous</b>		
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	Tier 2	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 2	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 4	PA
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 4	
NEBUPENT INHALATION RECON SOLN 300 MG (pentamidine)	Tier 3	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	Tier 2	



Drug	Status	Notes
<b>Infectious Disease - Viral</b>		
<b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>		
JULUCA ORAL TABLET 50-25 MG	Tier 3	QL (1 EA per 1 day)
<b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>		
DOVATO ORAL TABLET 50-300 MG	Tier 3	QL (1 EA per 1 day)
<b>Antiretroviral-Nucleoside,Nucleotide,Protease Inh.</b>		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 3	QL (1 EA per 1 day)
<b>Antivirals, General</b>		
<i>acyclovir oral capsule 200 mg</i>	Tier 2	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	Tier 2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 2	
ACYCLOVIX KIT,GEL AND CAPSULE 200 MG- 10 %	Tier 4	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 2	
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	Tier 2	QL (40 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	Tier 2	QL (20 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	Tier 2	QL (360 ML per 180 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 4	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 4	QL (40 EA per 180 days)
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	Tier 2	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	Tier 2	
SITAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 4	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)
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG	Tier 4	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	Tier 2	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	Tier 2	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	Tier 2	
XOFLUZA ORAL TABLET 20 MG, 40 MG	Tier 3	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG	Tier 3	QL (2 EA per 180 days)
<b>Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib</b>		
APTIVUS ORAL CAPSULE 250 MG	Tier 3	QL (4 EA per 1 day)

Drug	Status	Notes
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 3	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 3	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 3	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 600 MG	Tier 3	QL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 3	QL (16 EA per 1 day)
PREZISTA ORAL TABLET 800 MG	Tier 3	QL (1 EA per 1 day)
<b>Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog</b>		
CIMDUO ORAL TABLET 300-300 MG	Tier 3	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	Tier 3	\$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 2	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	Tier 2	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
TEMIXYS ORAL TABLET 300-300 MG	Tier 3	QL (1 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (emtricitabine-tenofovir (tdf))	Tier 3	QL (1 EA per 1 day)
<b>Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb</b>		
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	Tier 2	QL (1 EA per 1 day)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	Tier 2	QL (2 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	Tier 2	QL (2 EA per 1 day)
<b>Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.</b>		
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 3	QL (31 ML per 1 day)
SELZENTRY ORAL TABLET 150 MG, 75 MG	Tier 3	QL (2 EA per 1 day)
SELZENTRY ORAL TABLET 25 MG, 300 MG	Tier 3	QL (4 EA per 1 day)
<b>Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor</b>		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 3	PA
<b>Antivirals, Hiv-Specific, Fusion Inhibitors</b>		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 3	QL (2 EA per 1 day)

Drug	Status	Notes
<b>Antivirals, Hiv-Specific, Non-Nucleoside, Rti</b>		
EDURANT ORAL TABLET 25 MG	Tier 3	QL (1 EA per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i> (Sustiva)	Tier 2	
<i>efavirenz oral tablet 600 mg</i> (Sustiva)	Tier 2	
<i>etravirine oral tablet 100 mg</i> (Intelence)	Tier 2	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i> (Intelence)	Tier 2	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	Tier 3	QL (4 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 2	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i> (Viramune XR)	Tier 2	QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG (efavirenz)	Tier 3	
<b>Antivirals, Hiv-Specific, Nucleoside Analog, Rti</b>		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	Tier 2	QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i> (Ziagen)	Tier 2	QL (2 EA per 1 day)
<i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	Tier 2	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 3	QL (850 ML per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	Tier 2	QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i> (Epivir)	Tier 2	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	Tier 2	QL (1 EA per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	Tier 2	QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	Tier 2	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 2	QL (2 EA per 1 day)
<b>Antivirals, Hiv-Specific, Nucleotide Analog, Rti</b>		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	Tier 2	\$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 3	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 3	QL (1 EA per 1 day)

Drug	Status	Notes
<b>Antivirals, Hiv-Specific, Protease Inhibitor Comb</b>		
KALETRA ORAL TABLET 100-25 MG (lopinavir-ritonavir)	Tier 3	QL (10 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG (lopinavir-ritonavir)	Tier 3	QL (4 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	Tier 2	QL (480 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	Tier 2	QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	Tier 2	QL (4 EA per 1 day)
<b>Antivirals, Hiv-Specific, Protease Inhibitors</b>		
<i>atazanavir oral capsule 150 mg, 200 mg</i> (Reyataz)	Tier 2	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	Tier 2	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	Tier 3	QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	Tier 2	QL (4 EA per 1 day)
INVIRASE ORAL TABLET 500 MG	Tier 3	QL (4 EA per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 3	QL (1800 ML per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 3	QL (12 EA per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML	Tier 3	QL (480 ML per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 3	QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i> (Norvir)	Tier 2	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 3	
<b>Antivirals, Hiv-1 Integrase Strand Transfer Inhibtr</b>		
ISENTRESS HD ORAL TABLET 600 MG	Tier 3	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 3	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	Tier 3	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	Tier 3	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 3	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 3	QL (6 EA per 1 day)
VOCABRIA ORAL TABLET 30 MG	Tier 3	QL (1 EA per 1 day); Age (Min 18 Years)
<b>Artv Cmb Nucleoside, Nucleotide, &amp; Non-Nucleoside Rti</b>		
COMPLERA ORAL TABLET 200-25-300 MG	Tier 3	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 3	QL (1 EA per 1 day)
<i>efavirenz-emtricitabin-tenofof oral tablet 600-200-300 mg</i> (Atripla)	Tier 2	QL (1 EA per 1 day)
<i>efavirenz-lamivuv-tenofof disop oral tablet 400-300-300 mg</i> (Symfi Lo)	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)	Tier 2	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 3	QL (1 EA per 1 day)
<b>Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor</b>		
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 3	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 3	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 3	QL (1 EA per 1 day)
<b>Arv Comb-Nrtis &amp; Integrase Inhibitor</b>		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 3	QL (1 EA per 1 day)
<b>Cytochrome P450 Inhibitors</b>		
TYBOST ORAL TABLET 150 MG	Tier 3	QL (1 EA per 1 day)
<b>Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo</b>		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 4	PA
<b>Hep C Virus - Ns5a &amp; Ns5b Polymerase Inhib. Combo.</b>		
EPCLUSA ORAL TABLET 200-50 MG	Tier 4	PA
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	Tier 4	PA
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 4	PA
HARVONI ORAL TABLET 45-200 MG	Tier 4	PA
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	Tier 4	PA
<b>Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh</b>		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Tier 5	PA
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 5	PA
<b>Hepatitis B Treatment Agents</b>		
<i>adefovir oral tablet 10 mg</i> (Hepsera)	Tier 4	QL (1 EA per 1 day)
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	Tier 4	QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	Tier 4	QL (1 EA per 1 day)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	Tier 3	QL (720 ML per 30 days)
<i>lamivudine oral tablet 100 mg</i> (EpiVir HBV)	Tier 2	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	Tier 5	ST: Requires prior prescription for Tenofovir Disoproxil Fumarate within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
<b>Hepatitis C Treatment Agents</b>		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 4	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 4	PA
<i>ribavirin oral capsule 200 mg</i>	Tier 2	
<i>ribavirin oral tablet 200 mg</i>	Tier 2	
<b>Hepatitis C Virus - Ns5a, Ns3/4A, Ns5b Inhib Cmb.</b>		
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	Tier 5	PA
<b>Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb</b>		
MAVYRET ORAL TABLET 100-40 MG	Tier 5	PA
ZEPATIER ORAL TABLET 50-100 MG	Tier 5	PA
<b>Inflammatory Disease</b>		
<b>Anti-Arthritic And Chelating Agents</b>		
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 5	PA
D-PENAMINE ORAL TABLET 125 MG	Tier 4	PA
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	Tier 4	PA
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	Tier 4	PA
<b>Anti-Arthritic, Folate Antagonist Agents</b>		
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Tier 3	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	Tier 4	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 4	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 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	Tier 4	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 4	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 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.8 ML per 28 days)

Drug	Status	Notes
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	Tier 4	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 4	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 4	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 4	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 4	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 4	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 4	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 4	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 4	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 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (4 ML per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 7.5 MG/0.3 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.2 ML per 28 days)
<b>Anti-Flam. Interleukin-1 Receptor Antagonist</b>		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 5	
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 5	PA

Drug	Status	Notes
<b>Anti-Inflammatory Tumor Necrosis Factor Inhibitor</b>		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 5	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 5	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 5	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 4	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	Tier 4	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 4	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 4	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 4	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 4	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 4	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 4	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 4	PA



Drug	Status	Notes
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 5	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 5	PA
<b>Anti-Inflammatory, Pyrimidine Synthesis Inhibitor</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	Tier 2	
<b>Anti-Inflammatory, Phosphodiesterase-4 (Pde4) Inhib.</b>		
OTEZLA ORAL TABLET 30 MG	Tier 4	PA
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG (19)	Tier 4	PA
<b>Anti-inflammatory, Sel. Costim. Mod., T-Cell Inhibitor</b>		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 5	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	Tier 5	PA
<b>Bradykinin B2 Receptor Antagonists</b>		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)	Tier 4	PA
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML (icatibant)	Tier 4	PA
<b>C1 Esterase Inhibitors</b>		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 5	PA
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	Tier 5	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 5	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 5	PA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Tier 5	PA
<b>Glucocorticoids</b>		
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 5	PA
<i>budesonide oral capsule, delayed, extend. release 3 mg</i> (Entocort EC)	Tier 2	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i> (Uceris)	Tier 2	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 (dexamethasone)	Tier 2	

Drug	Status	Notes
DEXABLISS ORAL TABLETS,DOSE PACK 1.5 MG (39 TABS)	Tier 2	ST: Requires prior prescription for generic Dexamethasone 1.5mg tablets within the past 120 days
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 4	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 2	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i> (Decadron)	Tier 2	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>	Tier 2	
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs)</i> (HiDex)	Tier 2	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 2	ST: Requires prior prescription for generic Dexamethasone 1.5mg tablets within the past 120 days
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Tier 4	
DMT SUIK KIT 10 MG/ML	Tier 4	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Tier 5	PA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Tier 5	PA
HEMADY ORAL TABLET 20 MG	Tier 4	
HIDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS) (dexamethasone)	Tier 2	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 2	
MEDROL ORAL TABLET 2 MG	Tier 3	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)	Tier 2	
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	Tier 2	
MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS), 5 MG (48 TABS)	Tier 3	
MILLIPRED ORAL TABLET 5 MG (prednisolone)	Tier 3	
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG	Tier 4	PA

Drug	Status	Notes
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 2	
<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 2	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	Tier 2	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	Tier 2	
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	Tier 2	
PREDNISON INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 3	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 2	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	Tier 2	
RAYOS ORAL TABLET, DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	Tier 4	PA
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (21 TABS) (dexamethasone)	Tier 2	ST: Requires prior prescription for generic Dexamethasone 1.5mg tablets within the past 120 days
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (27 TABS), 1.5 MG (49 TABS)	Tier 2	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 4	ST: Requires prior prescription for generic Dexamethasone 1.5mg tablets within the past 120 days
<b>Gold Salts</b>		
RIDAURA ORAL CAPSULE 3 MG	Tier 4	
<b>Immunomodulator, B-Lymphocyte Stim(Blys)-Spec Inhib</b>		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 5	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 5	PA
<b>Interleukin-6 (Il-6) Receptor Inhibitors</b>		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 5	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 5	PA
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 5	PA

Drug	Status	Notes
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 5	PA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 5	PA
<b>Janus Kinase (Jak) Inhibitors</b>		
OLUMIANT ORAL TABLET 1 MG, 2 MG	Tier 5	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	Tier 4	PA
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 4	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 4	PA
<b>Mineralocorticoids</b>		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 2	
<b>Monoclonal Antibody-Human Interleukin 12/23 Inhib</b>		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 4	PA; FL: 90 DAYS' SUPPLY PER FILL
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 4	PA; FL: 90 DAYS' SUPPLY PER FILL
<b>Nasal Nsaids, Cox Non-Selective, Systemic Analgesic</b>		
<i>ketorolac nasal spray, non-aerosol 15.75 mg/spray</i> (Sprix)	Tier 2	ST: Requires prior prescription for a generic Nonsteroidal Anti-Inflammatory Drug (NSAID) within the past 120 days; QL (5 EA per 30 days)
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY (ketorolac)	Tier 4	ST: Requires prior prescription for a generic Nonsteroidal Anti-Inflammatory Drug (NSAID) within the past 120 days; QL (5 EA per 30 days)
<b>Nsaid &amp; Histamine H2 Receptor Antagonist Comb.</b>		
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i> (Duexis)	Tier 2	ST: Requires prior prescription for generic prescription strength Ibuprofen (400, 600, or 800mg) within the past 120 days; QL (3 EA per 1 day)
<b>Nsaid &amp; Topical Irritant Counter-Irritant Comb.</b>		
COMFORT PAC-IBUPROFEN KIT 800 MG	Tier 4	
COMFORT PAC-MELOXICAM KIT 15 MG	Tier 4	

Drug	Status	Notes
COMFORT PAC-NAPROXEN KIT 500 MG	Tier 4	
FLEXIPAK KIT 75 MG- 0.025 %	Tier 4	
INAVIX KIT 75 MG- 0.025 %	Tier 4	
INFLAMMACIN KIT 75 MG- 0.025 %	Tier 4	
INFLATHERM(DICLOFENAC-MENTHOL) KIT, GEL AND TABLET DELAY REL 75 MG-3 %- 3 %	Tier 4	
NUDICLO TABPAK KIT 75 MG- 0.025 %	Tier 4	
NUDROXIPAK DSDR-50 KIT, LIQUID AND TABLET DEL REL 50 MG-0.025 %- 25 %-6 %	Tier 4	
NUDROXIPAK DSDR-75 KIT, LIQUID AND TABLET DEL REL 75 MG-0.025 %- 25 %-6 %	Tier 4	
NUDROXIPAK E-400 KIT, LIQUID AND TABLET 400 MG-0.025 %- 25 %-6 %	Tier 4	
NUDROXIPAK I-800 KIT, LIQUID AND TABLET 800 MG-0.025 %- 25 %-6 %	Tier 4	
NUDROXIPAK N-500 KIT, LIQUID AND TABLET 500 MG-0.025 %- 25 %-6 %	Tier 4	
XENAFLAMM KIT 75 MG- 0.025 %	Tier 4	
<b>Nsaid, Cox Inhibitor-Type &amp; Proton Pump Inhib Comb</b>		
<i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg, 500-20 mg</i> (Vimovo)	Tier 2	ST: Requires prior prescription for Naprelan, Naproxen Sodium, or Naproxen within the past 120 days
<b>Nsaids (Cox Non-Specific Inhib)&amp; Prostaglandin Cmb</b>		
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50)	Tier 2	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75)	Tier 2	
<b>Nsaids, Cyclooxygenase 2 Inhibitor - Type</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	Tier 2	
<b>Nsaids, Cyclooxygenase Inhibitor-Type</b>		
<i>diclofenac potassium oral tablet 25 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>diclofenac potassium oral tablet 50 mg</i> (Cataflam)	Tier 2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 2	
<i>diclofenac sodium oral tablet,delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>diclofenac submicronized oral capsule</i> (Zorvolex) 35 mg	Tier 2	ST: Requires prior prescription for Diclo Gel, Diclofenac Sodium, Diclofono, Diclozor, Dyloject, or Pennsaid within the past 120 days; QL (3 EA per 1 day)
EC-NAPROXEN ORAL (naproxen) TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	Tier 2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 2	
<i>etodolac oral tablet 400 mg</i> (Lodine)	Tier 2	
<i>etodolac oral tablet 500 mg</i>	Tier 2	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 2	
<i>fenoprofen oral capsule 200 mg</i> (Fenortho)	Tier 2	
<i>fenoprofen oral capsule 400 mg</i> (Nalfon)	Tier 2	
<i>fenoprofen oral tablet 600 mg</i> (Nalfon)	Tier 2	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 2	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG (ibuprofen)	Tier 2	
IBUPAK ORAL KIT 600 MG	Tier 4	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	Tier 2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	Tier 2	
INDOCIN ORAL SUSPENSION 25 MG/5 ML	Tier 3	
INDOCIN RECTAL SUPPOSITORY 50 MG (indomethacin)	Tier 4	PA
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 2	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 2	
<i>indomethacin submicronized oral capsule 20 mg</i> (Tivorbex)	Tier 2	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 2	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	Tier 2	
<i>ketorolac injection cartridge 15 mg/ml, 30 mg/ml</i>	Tier 2	FL: 5 DAYS' SUPPLY PER FILL
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	Tier 2	FL: 5 DAYS' SUPPLY PER FILL
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	Tier 2	FL: 5 DAYS' SUPPLY PER FILL
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 2	FL: 5 DAYS' SUPPLY PER FILL

Drug	Status	Notes
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 2	FL: 5 DAYS' SUPPLY PER FILL
<i>ketorolac oral tablet 10 mg</i>	Tier 2	QL (20 EA per 5 days)
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 2	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 2	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Tier 2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)	Tier 2	
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i> (Vivlodex)	Tier 2	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 2	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG (naproxen sodium)	Tier 4	
<i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)	Tier 2	
<i>naproxen oral tablet 250 mg, 375 mg</i>	Tier 2	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	Tier 2	
<i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i> (EC-Naproxen)	Tier 2	
<i>naproxen sodium oral tablet 275 mg</i>	Tier 2	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	Tier 2	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg</i> (Naprelan CR)	Tier 2	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	Tier 2	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	Tier 2	
RELAFEN DS ORAL TABLET 1,000 MG	Tier 4	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 2	
TIVORBEX ORAL CAPSULE 20 MG (indomethacin submicronized)	Tier 4	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 2	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	Tier 2	
VIVLODEX ORAL CAPSULE 10 MG, 5 MG (meloxicam submicronized)	Tier 4	ST: At least 2 prior prescriptions for Diclofenac Potassium, Diclofenac Sodium, or Meloxicam within the past 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
ZIPSOR ORAL CAPSULE 25 MG	Tier 4	ST: Requires prior prescription for Diclo Gel, Diclofenac Sodium, Diclofenac Sodium/misoprostol, Diclofono, Diclozor, Dyloject, or Pennsaid within the past 120 days; QL (4 EA per 1 day)
ZORVOLEX ORAL CAPSULE 18 MG	Tier 4	ST: Requires prior prescription for Diclo Gel, Diclofenac Sodium, Diclofono, Diclozor, Dyloject, or Pennsaid within the past 120 days; QL (3 EA per 1 day)
ZORVOLEX ORAL CAPSULE 35 MG (diclofenac submicronized)	Tier 4	ST: Requires prior prescription for Diclo Gel, Diclofenac Sodium, Diclofono, Diclozor, Dyloject, or Pennsaid within the past 120 days; QL (3 EA per 1 day)
<b>Nsaids,Cox-2 Sel.Inhib.(Syst)- Top.Irritant Ctr-Irr</b>		
NUDROXIPAK KIT, LIQUID AND CAPSULE 200 MG-0.025 %- 25 %-6 %	Tier 4	
<b>Plasma Kallikrein Inhibitors</b>		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 5	PA
<b>Local Anesthesia</b>		
<b>Local Anesthetics</b>		
ACCUCAINE KIT KIT 10 MG/ML (1 %)	Tier 4	
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 % (lidocaine hcl)	Tier 2	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 2	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	Tier 2	
<i>lidocaine hcl mucous membrane solution 2 %</i> (Lidocaine Viscous)	Tier 2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 2	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 % (lidocaine hcl)	Tier 2	
LIDOMARK 1-5 KIT 10 MG/ML (1 %)	Tier 4	
LIDOMARK 2-5 KIT 20 MG/ML (2 %)	Tier 4	



Drug	Status	Notes
<b>Periodontal Anesthetics</b>		
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %	Tier 4	
<b>Lower Gastrointestinal Disorders - Bowel Inflammation</b>		
<b>Chronic Inflammation. Colon Disease, 5-A-Salicylates, Rectal Treatment</b>		
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	Tier 2	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	Tier 2	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i> (Rowasa)	Tier 2	
<b>Drug Treatment-Chronic Inflammation. Colon Disease, 5-Aminosalicylates</b>		
<i>balsalazide oral capsule 750 mg</i> (Colazal)	Tier 2	
DIPENTUM ORAL CAPSULE 250 MG	Tier 4	ST: Requires prior prescription for Balsalazide Disodium, Mesalamine, or Pentasa within the past 120 days
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM (mesalamine)	Tier 2	
<i>mesalamine oral capsule (with delayed release tablets) 400 mg</i> (Delzicol)	Tier 2	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 2	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i> (Asacol HD)	Tier 2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	Tier 3	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	Tier 2	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	Tier 2	
<b>Hemorrhoidal Preparation, Anti-Inflammation Steroid/Local Anesthetic</b>		
ANA-LEX KIT RECTAL KIT 2-2 % (lidocaine-hydrocortisone-aloe)	Tier 2	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i> (Analpram-HC)	Tier 2	
<i>lidocaine hcl-hydrocortisone ac rectal cream 3-0.5 %</i>	Tier 2	
<i>lidocaine hcl-hydrocortisone ac rectal gel 3 %-2.5 % (7 gram)</i>	Tier 2	
<i>lidocaine hcl-hydrocortisone ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	Tier 2	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	Tier 2	

Drug	Status	Notes
<i>lidocaine-hydrocortisone-aloe rectal kit</i> 3-2.5 % (7 gram)	Tier 2	
PROCORT RECTAL CREAM 1.85-1.15 %	Tier 4	
PROCTOFOAM HC RECTAL FOAM 1-1 %	Tier 3	
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 %	Tier 4	
<b>Ibs Agents, Mixed Opioid Recept Agonists/Antagonists</b>		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 4	PA
<b>Irritable Bowel Agents, Guanylate Cylase-C Agonist</b>		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 3	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG	Tier 4	ST: Requires prior prescription for Linzess within the past 120 days; QL (1 EA per 1 day)
<b>Local Anorectal Nitrate Preparations</b>		
RECTIV RECTAL OINTMENT 0.4 % (W/W)	Tier 4	
<b>Rectal Preparations</b>		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 2	
<i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)	Tier 2	
<i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC)	Tier 2	
<b>Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)</b>		
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Tier 4	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	Tier 2	
UCERIS RECTAL FOAM 2 MG/ACTUATION	Tier 4	ST: Requires prior prescription for Mesalamine W/cleansing Wipes or Mesalamine within the past 120 days
<b>Lower Gastrointestinal Disorders - Other</b>		
<b>Ammonia Inhibitors</b>		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	Tier 5	
ENULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 2	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 2	
LITHOSTAT ORAL TABLET 250 MG	Tier 4	

Drug	Status	Notes
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Tier 5	PA
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)	Tier 4	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	Tier 4	PA
<b>Antidiarrheal - G.I. Chloride Channel Inhibitors</b>		
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	Tier 4	ST: Requires prior prescription for Antiretrovirals within the past 120 days; QL (2 EA per 1 day)
<b>Antidiarrheal - Tryptophan Hydroxylase Inhibitor</b>		
XERMELO ORAL TABLET 250 MG	Tier 4	PA
<b>Antidiarrheals</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	Tier 2	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	Tier 2	
MOTOFEN ORAL TABLET 1-0.025 MG	Tier 4	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 2	
<b>Bile Salts</b>		
CHENODAL ORAL TABLET 250 MG	Tier 5	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 5	PA
RELTONE ORAL CAPSULE 200 MG, 400 MG (ursodiol)	Tier 4	PA
<i>ursodiol oral capsule 200 mg, 400 mg</i> (Reltone)	Tier 2	PA
<i>ursodiol oral capsule 300 mg</i>	Tier 2	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	Tier 2	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	Tier 2	
<b>Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog</b>		
OCALIVA ORAL TABLET 10 MG, 5 MG	Tier 4	PA
<b>Ileal Bile Acid Transporter (Ibat) Inhibitor</b>		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Tier 5	PA
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	Tier 5	PA
LIVMARLI ORAL SOLUTION 9.5 MG/ML	Tier 5	PA

Drug	Status	Notes
<b>Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type</b>		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	Tier 2	
<b>Irritable Bowel Synd. Agent,5Ht-4 Partial Agonist</b>		
ZELNORM ORAL TABLET 6 MG	Tier 4	ST: Requires prior prescription for Linzess within the past 120 days; QL (2 EA per 1 day); Age (Max 64 Years)
<b>Laxatives And Cathartics</b>		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	Tier 3	FL: 2 IN 365 DAYS; \$0 COPAY IF AGE 45-75 YEARS
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 2	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350-electrolytes)	Tier 2	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 (peg 3350-electrolytes)	Tier 2	FL: 2 IN 365 DAYS; \$0 COPAY IF AGE 45-75 YEARS
GAVILYTE-N ORAL RECON SOLN 420 GRAM (peg-electrolyte soln)	Tier 2	FL: 2 IN 365 DAYS; \$0 COPAY IF AGE 45-75 YEARS
KRISTALOSE ORAL PACKET 10 GRAM (lactulose)	Tier 4	ST: Requires prior prescription for Lactulose solution within the past 120 days; QL (3 EA per 1 day)
KRISTALOSE ORAL PACKET 20 GRAM	Tier 4	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 2	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 2	
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	Tier 2	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	Tier 2	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 (peg-electrolyte soln)	Tier 3	FL: 2 IN 365 DAYS; \$0 COPAY IF AGE 45-75 YEARS
OSMOPREP ORAL TABLET 1.5 GRAM	Tier 4	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 2	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 2	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 2	FL: 2 IN 365 DAYS; \$0 COPAY IF AGE 45-75 YEARS
PEG-PREP ORAL KIT 5-210 MG-GRAM	Tier 2	FL: 2 IN 365 DAYS; \$0 COPAY IF AGE 45-75 YEARS
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	Tier 4	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 3	FL: 2 IN 365 DAYS; \$0 COPAY IF AGE 45-75 YEARS
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	Tier 3	FL: 2 IN 365 DAYS; \$0 COPAY IF AGE 45-75 YEARS
<b>Narcotic Antagonists, Peripherally-Acting</b>		
<i>alvimopan oral capsule 12 mg</i> (Entereg)	Tier 2	
ENTEREG ORAL CAPSULE 12 MG (alvimopan)	Tier 4	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 3	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Tier 4	PA; QL (3 EA per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 4	PA; QL (0.6 ML per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	Tier 4	PA; QL (0.6 ML per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	Tier 4	PA; QL (0.4 ML per 1 day)
SYMPROIC ORAL TABLET 0.2 MG	Tier 4	ST: Requires prior prescription for Movantik within the past 120 days; QL (1 EA per 1 day)
<b>Sbs - Glucagon-Like Peptide-2 (Glp-2) Analog</b>		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	PA
<b>Medical Supplies</b>		
<b>Bandages And Related Supplies</b>		
ACTICOAT 7 DRESSING TOPICAL BANDAGE 2 X 2 ", 4 X 5 ", 6 X 6 "	Tier 4	
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 4	

Drug	Status	Notes
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 4	
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 4	
ACTICOAT SURGICAL DRESSING TOPICAL BANDAGE 4 X 10 ", 4 X 13 3/4 ", 4 X 4 3/4 ", 4 X 8 "	Tier 4	
ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 3 X 3 ", 5 X 5 ", 7 X 7 ", 9 X 9 "	Tier 4	
ALLEVYN AG ADHESIVE TOPICAL BANDAGE 5 %- 3" X 3", 5 %- 5" X 5", 5 %- 7" X 7"	Tier 4	
ALLEVYN AG GENTLE DRESSING TOPICAL BANDAGE 5 %- 2" X 2", 5 %- 4" X 4", 5 %- 6" X 6", 5 %- 8" X 8"	Tier 4	
ALLEVYN AG TOPICAL BANDAGE 5 %- 2" X 2", 5 %- 4" X 4", 5 %- 6" X 6", 5 %- 8" X 8"	Tier 4	
ALLEVYN HEEL TOPICAL BANDAGE 4 1/2 X 5 1/2 "	Tier 4	
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 4	
ALLEVYN TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 6 X 6 ", 8 X 8 "	Tier 4	
BIOSTEP AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 "	Tier 4	
BIOSTEP TOPICAL BANDAGE 2 X 2 ", 4 X 4 "	Tier 4	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"	Tier 4	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET	Tier 4	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 "	Tier 4	
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 4	
KERAGEL TOPICAL GEL	Tier 4	
KERAGELT TOPICAL GEL	Tier 4	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD	Tier 4	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75"	Tier 4	

Drug	Status	Notes
MEDIHONEY (CAL ALGINATE-HONEY) TOPICAL BANDAGE 2 X 2 ", 3/4 X 12 ", 4 X 5 "	Tier 4	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 "	Tier 4	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 "	Tier 4	
XEROFORM NON-OCCLUSIVE TOPICAL BANDAGE 4 X 3 "-YARD	Tier 4	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 1 X 8 ", 2 X 2 ", 4 X 3 "-YARD, 4 X 4 ", 5 X 9 "	Tier 4	
XEROFORM PETROLATUM OVERWRAP TOPICAL BANDAGE 1 X 8 ", 5 X 9 "	Tier 4	
XEROFORM TOPICAL BANDAGE 5 X 9 "	Tier 4	
<b>Catheters And Related Devices</b>		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 16- 16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR- "	Tier 4	
ADVANCE PLUS INTERMITTENT 14-16 (catheter) FR-"	Tier 4	
APOGEE IC INTERMIT CATHETER 14- 6 FR-"	Tier 4	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-"	Tier 4	
BARDEX I.C. FOLEY CATHETER 24 FR	Tier 4	
CURITY DRAINAGE BAG 2,000 ML	Tier 4	
DOVER FOLEY CATHETER 24 FR	Tier 4	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR	Tier 4	
DOVER RED RUBBER ROBINSON CATH 8 FR	Tier 4	
DOVER UNIVERSAL TRAY (catheterization tray)	Tier 4	
FEMALE CATHETER 14 FR	Tier 4	
KENGUARD FOLEY CATHETER 18-16 FR-"	Tier 4	
KENGUARD FOLEY CATHETER TRAY (catheterization tray)	Tier 4	
LOFRIC 12-16 FR-"	Tier 4	
LOFRIC 14-16 FR-" (catheter)	Tier 4	
LOFRIC ORIGO 14-16 FR-" (catheter)	Tier 4	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-"	Tier 4	
LOFRIC SENSE NELATON CATHETER 14-6 FR-"	Tier 4	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-"	Tier 4	
MONO-FLO DRAINAGE BAG 2,000 ML	Tier 4	

Drug	Status	Notes
ROBINSON CLEAR VINYL CATHETER 16 FR	Tier 4	
SELF-CATHETER, FEMALE 14 FR	Tier 4	
SILASTIC FOLEY CATHETER 20 FR	Tier 4	
SPEEDICATH (FEMALE) 16 FR	Tier 4	
TOUCH-TROL 10 FR	Tier 4	
<b>Durable Medical Equipment,Misc</b>		
AERONEB GO (nebulizer accessories)	Tier 4	
ALL FLOW 1000 KIT (nebulizer accessories)	Tier 4	
ALL FLOW 1000 PFT FILTER (nebulizer accessories)	Tier 4	
ALL FLOW 3000 KIT (nebulizer accessories)	Tier 4	
ALL FLOW 3000 PFT FILTER (nebulizer accessories)	Tier 4	
ALL FLOW 4000 KIT (nebulizer accessories)	Tier 4	
ALL FLOW 4000 PFT FILTER (nebulizer accessories)	Tier 4	
ALL FLOW 5000 KIT (nebulizer accessories)	Tier 4	
ALL FLOW 5000 PFT FILTER (nebulizer accessories)	Tier 4	
ALL FLOW 6000 PFT FILTER (nebulizer accessories)	Tier 4	
AMIELLE VAGINAL TRAINER KIT	Tier 4	
HYPERSONIQ NEBULIZER CARTRIDGE (nebulizer accessories)	Tier 4	
INNOSPIRE REPLACEMENT FILTER (nebulizer accessories)	Tier 4	
INSPIRATION ELITE FILTER (nebulizer accessories)	Tier 4	
NOSE CLIP (nebulizer accessories)	Tier 4	
PARI BABY CONV KIT - SIZE 1 KIT	Tier 4	
PARI BABY CONV KIT - SIZE 2 KIT	Tier 4	
PARI BABY CONV KIT - SIZE 3 KIT	Tier 4	
PARI TREK S PORTABLE PWR KIT (nebulizer accessories)	Tier 4	
PILLOW MASK CHILD (nebulizer accessories)	Tier 4	
PRONEB ULTRA II FILTER ASSEM (nebulizer accessories)	Tier 4	
REUSABLE NEBULIZER KIT KIT	Tier 4	
RUBBER MOUTHPIECE (nebulizer accessories)	Tier 4	
SAMI THE SEAL MASK (nebulizer accessories)	Tier 4	
SIDESTREAM MASK (nebulizer accessories)	Tier 4	
SILICONE MASK (nebulizer accessories)	Tier 4	
<b>Durable Medical Equipment,Misc(Group 1)</b>		
1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	Tier 3	
ACCU-CHEK MULTICLIX LANCET (lancets)	Tier 3	
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 3	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 3	
ACCU-CHEK SOFTCLIX LANCETS (lancets)	Tier 3	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE	Tier 3	
ACTI-LANCE LANCETS 28 GAUGE (lancets)	Tier 3	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
ADVOCATE LANCET 26 GAUGE, 30 GAUGE (lancets)	Tier 3	
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Tier 3	
ASSURE HAEMOLANCE PLUS 1.2 MM, 18 GAUGE, 25 GAUGE	Tier 3	
ASSURE HAEMOLANCE PLUS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
ASSURE LANCE 25 GAUGE	Tier 3	
ASSURE LANCE 28 GAUGE (lancets)	Tier 3	
ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE (lancets)	Tier 3	
ASSURE LANCE PLUS 25 GAUGE	Tier 3	
BD MICROTAINER LANCET 1.5 X 2 MM	Tier 3	
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)	Tier 3	
BD ULTRA FINE LANCETS 33 GAUGE (lancets)	Tier 3	
BD ULTRA-FINE II LANCETS 30 GAUGE (lancets)	Tier 3	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
BULLSEYE MINI SAFETY LANCETS 25 GAUGE	Tier 3	
BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)	Tier 3	
CAREONE THIN LANCET (lancets)	Tier 3	
CAREONE ULTRA THIN LANCET (lancets)	Tier 3	
CARESENS LANCETS 30 GAUGE (lancets)	Tier 3	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
CLEVER CHEK LANCETS 30 GAUGE (lancets)	Tier 3	
COAGUCHEK LANCETS (lancets)	Tier 3	
COLOR LANCETS 21 GAUGE (lancets)	Tier 3	
COMFORT EZ LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
COMFORT EZ LANCETS 23 GAUGE	Tier 3	
COMFORT LANCETS (lancets)	Tier 3	
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (lancets)	Tier 3	
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	Tier 3	
DROPLET LANCETS 30 GAUGE (lancets)	Tier 3	
EASY COMFORT LANCETS 30 GAUGE (lancets)	Tier 3	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	

Drug	Status	Notes
EASY TOUCH LANCETS 32 GAUGE	Tier 3	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE	Tier 3	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
EASY TOUCH TWIST LANCETS 32 GAUGE	Tier 3	
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	Tier 3	
EMBRACE LANCETS 30 GAUGE (lancets)	Tier 3	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
E-Z JECT LANCETS 32 GAUGE	Tier 3	
E-Z JECT THIN LANCETS 28 GAUGE (lancets)	Tier 3	
EZ SMART LANCETS 28 GAUGE (lancets)	Tier 3	
EZ-LETS 26 GAUGE (lancets)	Tier 3	
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE (lancets)	Tier 3	
FIFTY50 SAFETY SEAL LANCETS 32 GAUGE	Tier 3	
FINE 30 UNIVERSAL LANCETS 30 GAUGE (lancets)	Tier 3	
FINGERSTIX LANCETS (lancets)	Tier 3	
FORACARE LANCETS 30 GAUGE (lancets)	Tier 3	
FREESTYLE LANCETS 28 GAUGE (lancets)	Tier 3	
FREESTYLE UNISTIK 2 (lancets)	Tier 3	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
GOJJI LANCETS 30 GAUGE (lancets)	Tier 3	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (lancets)	Tier 3	
INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 3	
INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)	Tier 3	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
INVACARE LANCETS 30 GAUGE (lancets)	Tier 3	
<i>lancets</i> (Accu-Chek Fastclix Lancet Drum)	Tier 3	
<i>lancets 21 gauge</i> (Assure Haemolance Plus)	Tier 3	
<i>lancets 26 gauge</i> (Advocate Lancet)	Tier 3	
<i>lancets 28 gauge, 30 gauge</i> (1st Tier Unilet ComforTouch)	Tier 3	
<i>lancets 33 gauge</i> (BD Ultra Fine Lancets)	Tier 3	

Drug	Status	Notes
LANCETS, SUPER THIN (lancets)	Tier 3	
LANCETS, THIN , 28 GAUGE (lancets)	Tier 3	
LANCETS, THIN 23 GAUGE	Tier 3	
LANCETS, ULTRA THIN , 26 GAUGE (lancets)	Tier 3	
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
MEDISENSE THIN LANCETS 28 GAUGE (lancets)	Tier 3	
MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE (lancets)	Tier 3	
MEDLANCE PLUS LANCETS 25 GAUGE	Tier 3	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	Tier 3	
MICRO THIN LANCETS 33 GAUGE (lancets)	Tier 3	
MICROLET LANCET (lancets)	Tier 3	
MONOLET LANCETS 21 GAUGE (lancets)	Tier 3	
MONOLET THIN LANCETS 28 GAUGE (lancets)	Tier 3	
MYGLUCOHEALTH LANCETS 30 GAUGE (lancets)	Tier 3	
NOVA SAFETY LANCETS 23 GAUGE	Tier 3	
NOVA SAFETY LANCETS 28 GAUGE (lancets)	Tier 3	
NOVA SUREFLEX LANCETS (lancets)	Tier 3	
ON CALL LANCET 30 GAUGE (lancets)	Tier 3	
ON CALL PLUS LANCET 30 GAUGE (lancets)	Tier 3	
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (lancets)	Tier 3	
ONETOUCH SURESOFT LANCING DEV 28 GAUGE (lancets)	Tier 3	
ONETOUCH ULTRASOFT LANCETS (lancets)	Tier 3	
ON-THE-GO LANCETS 30 GAUGE (lancets)	Tier 3	
PIP LANCET 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
PRO COMFORT LANCET 30 GAUGE (lancets)	Tier 3	
PRO COMFORT LANCET 31 GAUGE	Tier 3	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)	Tier 3	
PURE COMFORT LANCETS 30 GAUGE (lancets)	Tier 3	
PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)	Tier 3	

Drug	Status	Notes
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
READYLANCER SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
READYLANCER SAFETY LANCETS 23 GAUGE	Tier 3	
RELIAMED LANCET 23 GAUGE	Tier 3	
RELIAMED LANCET 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
RELIAMED TWIST AND CAP LANCET 28 GAUGE (lancets)	Tier 3	
RELION THIN LANCETS 26 GAUGE (lancets)	Tier 3	
RELION ULTRA THIN PLUS LANCETS (lancets)	Tier 3	
RIGHTEST GL300 LANCETS 30 GAUGE (lancets)	Tier 3	
SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SAFETY-LET LANCETS 30 GAUGE (lancets)	Tier 3	
SINGLE-LET (lancets)	Tier 3	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)	Tier 3	
SMARTEST LANCET (lancets)	Tier 3	
SOFT TOUCH LANCETS (lancets)	Tier 3	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
STERILANCE TL 30 GAUGE (lancets)	Tier 3	
STERILANCE TL 32 GAUGE	Tier 3	
SUPER THIN LANCETS , 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE	Tier 3	
SURE COMFORT LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
SURE-LANCE ULTRA THIN 30 GAUGE (lancets)	Tier 3	
SURE-TOUCH LANCET (lancets)	Tier 3	
TECHLITE LANCETS 25 GAUGE	Tier 3	
TECHLITE LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
TELCARE LANCETS 30 GAUGE (lancets)	Tier 3	
THIN LANCETS 26 GAUGE (lancets)	Tier 3	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)	Tier 3	
TRUE COMFORT LANCET 30 GAUGE (lancets)	Tier 3	

Drug	Status	Notes
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
TWIST LANCETS 30 GAUGE (lancets)	Tier 3	
TWIST LANCETS 32 GAUGE	Tier 3	
ULTILET BASIC LANCETS 30 GAUGE (lancets)	Tier 3	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ULTILET SAFETY LANCETS 23 GAUGE	Tier 3	
ULTRA FINE LANCETS 30 GAUGE (lancets)	Tier 3	
ULTRA THIN II LANCETS 30 GAUGE (lancets)	Tier 3	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ULTRA THIN LANCETS 31 GAUGE	Tier 3	
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	Tier 3	
ULTRA TLC LANCETS (lancets)	Tier 3	
ULTRA-CARE LANCETS 30 GAUGE (lancets)	Tier 3	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
ULTRA-THIN II LANCETS 28 GAUGE (lancets)	Tier 3	
UNILET COMFORTOUCH LANCET , 26 GAUGE (lancets)	Tier 3	
UNILET EXCELITE II LANCET (lancets)	Tier 3	
UNILET EXCELITE LANCET (lancets)	Tier 3	
UNILET GP LANCET (lancets)	Tier 3	
UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)	Tier 3	
UNILET LANCETS 30 GAUGE (lancets)	Tier 3	
UNILET SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 3	
UNISTIK 3 COMFORT LANCET (lancets)	Tier 3	
UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)	Tier 3	
UNISTIK 3 GENTLE 30 GAUGE (lancets)	Tier 3	
UNISTIK 3 LANCETS 21 GAUGE (lancets)	Tier 3	
UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 3	
UNISTIK COMFORT LANCETS 28 GAUGE (lancets)	Tier 3	
UNISTIK CZT LANCET 23 GAUGE	Tier 3	
UNISTIK CZT LANCET 28 GAUGE (lancets)	Tier 3	
UNISTIK EXTRA LANCETS 21 GAUGE (lancets)	Tier 3	
UNISTIK NORMAL LANCETS 23 GAUGE	Tier 3	
UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
UNISTIK PRO LANCET 25 GAUGE	Tier 3	

Drug	Status	Notes
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
UNISTIK TOUCH LANCETS 23 GAUGE	Tier 3	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
VIVAGUARD LANCET 30 GAUGE (lancets)	Tier 3	
<b>Parenteral Administration Sets</b>		
BD INSYTE AUTOGUARD INFUSION SET 24 GAUGE X 3/4"	Tier 4	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"	Tier 4	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 "	Tier 4	
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 4	
<b>Syringes And Accessories</b>		
ADVOCATE SYRINGES SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	Tier 3	
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 3	
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 3	
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 3	
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 3	
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML (insulin syringe needleless)	Tier 3	
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 3	
BD INSULIN SYRINGE SYRINGE 1 ML 25 X 1", 1 ML 26 X 1/2"	Tier 3	

Drug	Status	Notes
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	Tier 3	
BD INSULIN SYRINGE ULTRA-FINE (insulin syringe-needle u- SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 100) 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 3	
BD LO-DOSE MICRO-FINE IV (insulin syringe-needle u- SYRINGE 1/2 ML 28 GAUGE X 1/2" 100)	Tier 3	
BD LO-DOSE ULTRA-FINE SYRINGE (insulin syringe-needle u- 0.5 ML 29 GAUGE X 1/2" 100)	Tier 3	
BD SAFETYGLIDE INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 100) ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2"	Tier 3	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64"	Tier 3	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 3	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"	Tier 3	
BD VEO INSULIN SYRINGE UF (insulin syringe-needle u- SYRINGE 0.3 ML 31 GAUGE X 15/64", 100) 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 3	
CARETOUCH INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 31 GAUGE X 5/16", 100) 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 3	
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16	Tier 3	
COMFORT EZ INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 100) 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 3	

Drug	Status	Notes
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 3	
DROPLET INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 100) ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	Tier 3	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 15/64"	Tier 3	
EASY COMFORT INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 30 GAUGE X 5/16", 100) 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 3	
EASY COMFORT INSULIN SYRINGE SYRINGE 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Tier 3	
EASY GLIDE INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 31 GAUGE X 15/64", 100) 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 3	
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 3	
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 3	
EASY TOUCH INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 100) ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 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 3	



Drug	Status	Notes
EASY TOUCH INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 3	
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (insulin syringe needleless)	Tier 3	
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 3	
EASY TOUCH UNI-SLIP SYRINGE 1 ML (insulin syringe needleless)	Tier 3	
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 3	
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	Tier 3	
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	Tier 3	
<i>insulin syr/ndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i> (UltiCare Insulin Syr(half unit))	Tier 3	
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 3	
INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 3	
<i>insulin syringe needleless syringe 1 ml</i> (BD Insulin Syringe Slip Tip)	Tier 3	
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 3	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge</i> (Ultilet Insulin Syringe)	Tier 3	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 5/16</i> (Advocate Syringes)	Tier 3	
<i>insulin syringe-needle u-100 syringe 0.3 ml 30</i> (Ultra Comfort Insulin Syringe)	Tier 3	
<i>insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 1/2"</i> (BD Insulin Syringe Ultra-Fine)	Tier 3	

Drug	Status	Notes
<i>insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 1/4", 1 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 1/4"</i>	(Sure Comfort Insulin Syringe) Tier 3	
<i>insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 15/64", 1 ml 31 gauge x 15/64", 1/2 ml 31 gauge x 15/64"</i>	(BD Veo Insulin Syringe UF) Tier 3	
<i>insulin syringe-needle u-100 syringe 1 ml 27 gauge x 1/2", 1 ml 28 gauge x 1/2"</i>	(BD Insulin Syringe) Tier 3	
<i>insulin syringe-needle u-100 syringe 1 ml 28 gauge, 1 ml 30 gauge x 7/16", 1/2 ml 28 gauge, 1/2 ml 29 , 1/2 ml 30 gauge</i>	(Lite Touch Insulin Syringe) Tier 3	
<i>insulin syringe-needle u-100 syringe 1 ml 29 gauge x 7/16"</i>	Tier 3	
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 1/2"</i>	(BD Eclipse Luer-Lok) Tier 3	
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"</i>	(Thinpro Insulin Syringe) Tier 3	
<i>insulin syringe-needle u-100 syringe 1/2 ml 27 gauge x 1/2"</i>	(Easy Touch Insulin Syringe) Tier 3	
<i>insulin syringe-needle u-100 syringe 1/2 ml 28 gauge x 1/2"</i>	(BD Lo-Dose Micro-Fine IV) Tier 3	
LITE TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100) Tier 3	
LITE TOUCH INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE	Tier 3	
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 3	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	Tier 3	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100) Tier 3	
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100) Tier 3	

Drug	Status	Notes
MONOJECT INSULIN SAFETY SYRINGE (insulin syringe-needle u-100) 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"	Tier 3	
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 29 GAUGE X 1/2"	Tier 3	
MONOJECT INSULIN SYRINGE (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 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 3	
MONOJECT INSULIN SYRINGE (insulin syringes (disposable)) SYRINGE 1 ML	Tier 3	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (insulin syringe-needle u-100)	Tier 3	
MONOJECT ULTRA COMFORT INSULIN SYRINGE (insulin syringe-needle u-100) 1/2 ML 28 GAUGE	Tier 3	
PRO COMFORT INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 3	
PRODIGY INSULIN SYRINGE (insulin syringe-needle u-100) 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 3	
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 3	
SURE COMFORT INS. SYR. U-100 (insulin syringe-needle u-100) SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 3	

Drug	Status	Notes
SURE COMFORT INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"	Tier 3	
SURE-JECT INSULIN SYRINGE (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 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 3	
TECHLITE INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16"	Tier 3	
TECHLITE INSULIN 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 15/64", 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 15/64", 0.5 ML 31 GAUGE X 5/16"	Tier 3	
TERUMO INSULIN SYRINGE SYRINGE (insulin syringe-needle u-100) 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Tier 3	
THINPRO INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Tier 3	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 31 X 3/8"	Tier 3	

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 3	
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	Tier 3	
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	Tier 3	
TRUE COMFORT PRO INS SYRINGE SYRINGE 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Tier 3	
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 3	
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	Tier 3	
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4"	Tier 3	
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 3	
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16"	Tier 3	
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 X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29	Tier 3	

Drug	Status	Notes
ULTILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE	Tier 3	
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 3	
ULTRA COMFORT INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 100) ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	Tier 3	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE	Tier 3	
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 3	
ULTRA FLO INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 100) ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2"	Tier 3	
ULTRACARE INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 30 GAUGE X 5/16", 100) 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 3	
ULTRA-THIN II (SHORT) INS SYR (insulin syringe-needle u- SYRINGE 0.3 ML 30 GAUGE X 5/16", 100) 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 3	
ULTRA-THIN II INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 100) ML 29 GAUGE X 1/2"	Tier 3	
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"	Tier 3	
VANISHPOINT SYRINGE SYRINGE 0.5 (insulin syringe-needle u- ML 30 GAUGE X 1/2", 1 ML 29 GAUGE 100) X 1/2"	Tier 3	

Drug	Status	Notes
<b>Miscellaneous Agents</b>		
<b>Amyloidosis Agents-Transthyretin (Ttr) Suppression</b>		
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	Tier 5	PA
<b>Anaphylaxis Therapy Agents</b>		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	Tier 4	QL (2 EA per 365 days)
AUVI-Q INJECTION AUTO-INJECTOR (epinephrine) 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	Tier 4	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 2	QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	Tier 2	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML	Tier 3	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.3 (epinephrine) MG/0.3 ML	Tier 3	QL (4 EA per 1 FILL)
<b>Genetic D/O Tx-Exon Inclusion Antisense Oligonucle</b>		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 5	PA
<b>Miscellaneous Agents</b>		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 4	
<b>Parasympathetic Agents</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	Tier 2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	Tier 2	
<b>Pharmacological Chaperone-Alpha-Galactosid.A Stabz</b>		
GALAFOLD ORAL CAPSULE 123 MG	Tier 5	PA
<b>Pku Treatment Agents - Phenylalanine Ammonia Lyase</b>		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 4	PA
<b>Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase</b>		
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Kuvan)	Tier 4	PA
<i>sapropterin oral tablet,soluble 100 mg</i> (Kuvan)	Tier 4	PA
<b>Systemic Enzyme Inhibitors</b>		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	Tier 5	
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	Tier 5	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML	Tier 5	

Drug	Status	Notes
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	Tier 5	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 5	PA
<b>Topical Anticholinergic Hyperhidrosis Tx Agents</b>		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 3	PA
<b>Neoplastic Disease</b>		
<b>Alkylating Agents</b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 4	
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 4	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	Tier 5	PA
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Tier 2	
LEUKERAN ORAL TABLET 2 MG	Tier 4	
<i>melphalan oral tablet 2 mg</i> (Alkeran)	Tier 2	
MYLERAN ORAL TABLET 2 MG	Tier 4	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg</i> (Temodar)	Tier 4	PA
<i>temozolomide oral capsule 20 mg, 5 mg</i>	Tier 4	PA
<b>Antiandrogenic Agents</b>		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	Tier 4	PA
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	Tier 2	
ERLEADA ORAL TABLET 60 MG	Tier 4	PA
<i>flutamide oral capsule 125 mg</i>	Tier 2	
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	Tier 4	QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG	Tier 4	PA
XTANDI ORAL CAPSULE 40 MG	Tier 4	PA
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 4	PA
YONSA ORAL TABLET 125 MG	Tier 5	PA
<b>Antibiotic Antineoplastics</b>		
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG	Tier 5	PA
<b>Antimetabolites</b>		
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	Tier 4	PA
INQOVI ORAL TABLET 35-100 MG	Tier 4	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 4	PA
<i>mercaptopurine oral tablet 50 mg</i>	Tier 2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 2	



Drug	Status	Notes
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 4	PA
PURIXAN ORAL SUSPENSION 20 MG/ML	Tier 4	ST: Requires prior prescription for Mercaptopurine within the past 120 days
TABLOID ORAL TABLET 40 MG (thioguanine)	Tier 4	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 3	
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 5	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)
<b>Antineoplastic Aromatase Inhibitors</b>		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	Tier 2	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	Tier 2	\$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 2	
<b>Antineoplastic - Braf Kinase Inhibitors</b>		
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA
ZELBORAF ORAL TABLET 240 MG	Tier 4	PA; QL (8 EA per 1 day)
<b>Antineoplastic - Hedgehog Pathway Inhibitor</b>		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 4	PA
ERIVEDGE ORAL CAPSULE 150 MG	Tier 4	PA; QL (1 EA per 1 day)
ODOMZO ORAL CAPSULE 200 MG	Tier 4	PA
<b>Antineoplastic - Janus Kinase (Jak) Inhibitors</b>		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 4	PA
<b>Antineoplastic - Kras Protein Inhibitor</b>		
LUMAKRAS ORAL TABLET 120 MG	Tier 4	PA
<b>Antineoplastic - Mek1 And Mek2 Kinase Inhibitors</b>		
COTELLIC ORAL TABLET 20 MG	Tier 4	PA; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 4	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 4	PA

Drug	Status	Notes
MEKTOVI ORAL TABLET 15 MG	Tier 4	PA; QL (6 EA per 1 day)
<b>Antineoplastic - Mtor Kinase Inhibitors</b>		
AFINITOR DISPERZ ORAL TABLET (everolimus FOR SUSPENSION 2 MG, 3 MG, 5 MG (antineoplastic))	Tier 4	PA
AFINITOR ORAL TABLET 10 MG (everolimus (antineoplastic))	Tier 4	PA
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor)	Tier 4	PA
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	Tier 4	PA
<b>Antineoplastic - Protein Methyltransferase Inhibit</b>		
TAZVERIK ORAL TABLET 200 MG	Tier 4	PA
<b>Antineoplastic - Topoisomerase I Inhibitors</b>		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 4	
<b>Antineoplastic Comb - Kinase And Aromatase Inhibit</b>		
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	Tier 5	PA
<b>Antineoplastic Immunomodulator Agents</b>		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 4	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 4	PA
<b>Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs</b>		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 5	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 5	QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Tier 5	QL (2 EA per 365 days)
ORGOVYX ORAL TABLET 120 MG	Tier 4	PA
<b>Antineoplastic Systemic Enzyme Inhibitors</b>		
ALECENSA ORAL CAPSULE 150 MG	Tier 4	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 5	PA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 5	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 4	PA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 4	PA

Drug	Status	Notes
BOSULIF ORAL TABLET 100 MG	Tier 4	PA; QL (3 EA per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	Tier 4	PA; QL (1 EA per 1 day)
BRUKINSA ORAL CAPSULE 80 MG	Tier 4	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 4	PA
CALQUENCE ORAL CAPSULE 100 MG	Tier 4	PA
CAPRELSA ORAL TABLET 100 MG (vandetanib)	Tier 5	PA; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG (vandetanib)	Tier 5	PA; QL (1 EA per 1 day)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	Tier 4	PA; QL (112 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 5	PA
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i> (Tarceva)	Tier 4	PA
EXKIVITY ORAL CAPSULE 40 MG	Tier 4	PA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 4	PA
GAVRETO ORAL CAPSULE 100 MG	Tier 4	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 4	PA
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 4	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 4	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 4	PA
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	Tier 4	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 4	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	Tier 4	PA
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 4	PA
INREBIC ORAL CAPSULE 100 MG	Tier 4	PA
IRESSA ORAL TABLET 250 MG	Tier 4	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	Tier 5	PA
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	Tier 4	PA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Tier 4	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 4	PA

Drug	Status	Notes
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 4	PA
NERLYNX ORAL TABLET 40 MG	Tier 4	PA
NEXAVAR ORAL TABLET 200 MG	Tier 4	PA; QL (4 EA per 1 day)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 4	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 4	PA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Tier 4	PA
QINLOCK ORAL TABLET 50 MG	Tier 4	PA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Tier 4	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 4	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 5	PA
RYDAPT ORAL CAPSULE 25 MG	Tier 4	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 4	PA
STIVARGA ORAL TABLET 40 MG	Tier 4	PA; QL (3 EA per 1 day)
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	Tier 4	PA
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 4	PA
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 4	PA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	Tier 4	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 4	PA; QL (4 EA per 1 day)
TEPMETKO ORAL TABLET 225 MG	Tier 4	PA
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	Tier 4	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 4	PA
TURALIO ORAL CAPSULE 200 MG	Tier 4	PA
UKONIQ ORAL TABLET 200 MG	Tier 5	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 4	PA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 4	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 4	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 4	PA

Drug	Status	Notes
VOTRIENT ORAL TABLET 200 MG	Tier 4	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 4	PA
XOSPATA ORAL TABLET 40 MG	Tier 4	PA
ZEJULA ORAL CAPSULE 100 MG	Tier 4	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 4	PA
ZYKADIA ORAL TABLET 150 MG	Tier 4	PA
<b>Antineoplastic,Histone Deacetylase Inhibitors,Hdis</b>		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 4	PA
ZOLINZA ORAL CAPSULE 100 MG	Tier 4	
<b>Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors</b>		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 4	PA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 4	PA
<b>Antineoplastic-Hypoxia Inducible Factor (Hif) Inh</b>		
WELIREG ORAL TABLET 40 MG	Tier 4	PA
<b>Antineoplastic-Isocitrate Dehydrogenase Inhibitors</b>		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 5	PA
TIBSOVO ORAL TABLET 250 MG	Tier 4	PA
<b>Antineoplastics,Miscellaneous</b>		
<i>etoposide oral capsule 50 mg</i>	Tier 2	
LYSODREN ORAL TABLET 500 MG	Tier 4	
MATULANE ORAL CAPSULE 50 MG	Tier 4	
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Tier 5	PA
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	Tier 5	PA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 4	
<b>Antineoplastic-Select Inhib Of Nuclear Exp (Sine)</b>		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	Tier 4	PA
<b>Chemotherapy Rescue/Antidote Agents</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 2	
MESNEX ORAL TABLET 400 MG	Tier 4	

Drug	Status	Notes
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Tier 4	QL (24 EA per 14 days)
<b>Intrapleural Sclerosing Agents, Antineoplast. Adj.</b>		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 4	
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 2	
<b>Photoactivated, Antineopls. &amp; Premalignant Lesions</b>		
AMELUZ TOPICAL GEL 10 %	Tier 4	
LEVULAN TOPICAL SOLUTION 20 %	Tier 4	
<b>Radioactive Therapeutic Agents</b>		
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML	Tier 4	
<i>sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)</i>	Tier 2	
<b>Selective Estrogen Receptor Modulators (Serm)</b>		
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 3	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 2	\$0 COPAY IF 35 YEARS OF AGE OR OLDER
<i>toremifene oral tablet 60 mg</i> (Fareston)	Tier 4	PA
<b>Selective Retinoid X Receptor Agonists (Rxr)</b>		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Tier 4	PA
<b>Steroid Antineoplastics</b>		
EMCYT ORAL CAPSULE 140 MG	Tier 4	
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 2	
<b>Neurological Disease - Miscellaneous</b>		
<b>Agents To Treat Multiple Sclerosis</b>		
AUBAGIO ORAL TABLET 14 MG, 7 MG	Tier 4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	Tier 4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 4	PA
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	Tier 4	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 4	PA
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	Tier 5	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 4	PA
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (interferon beta-1b)	Tier 4	PA

Drug	Status	Notes
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)	Tier 4	PA
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	Tier 4	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	Tier 5	PA
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG (interferon beta-1b)	Tier 5	PA
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	Tier 4	PA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Copaxone)	Tier 4	PA
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)	Tier 4	PA
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 4	PA
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA
MAYZENT ORAL TABLET 0.25 MG, 2 MG	Tier 4	PA
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 4	PA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	Tier 4	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 4	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 4	PA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	Tier 5	PA
PONVORY ORAL TABLET 20 MG	Tier 5	PA

Drug	Status	Notes
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 4	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 4	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 4	PA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 4	PA
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 5	PA
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG	Tier 5	PA
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Tier 5	PA
<b>Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr</b>		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Tier 4	PA
FIRDAPSE ORAL TABLET 10 MG	Tier 5	PA
RUZURGI ORAL TABLET 10 MG	Tier 5	PA
<b>Amyotrophic Lateral Sclerosis Agents</b>		
EXSERVAN ORAL FILM 50 MG	Tier 5	PA
<i>riluzole oral tablet 50 mg</i> (Rilutek)	Tier 2	
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 5	PA
<b>Fibromyalgia Agents,Serotonin- Norepineph Ru Inhib</b>		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 3	
<b>Metabolic Disease Enzyme Replacement, Moccd</b>		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Tier 5	PA
<b>Movement Disorders(Drug Therapy)</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 5	PA
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	Tier 4	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)



Drug	Status	Notes
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	Tier 4	ST: Requires prior prescription for Gabapentin, Gralise, Neuraptine, Pramipexole Di-HCL, or Ropinirole HCL within the past 120 days; QL (2 EA per 1 day)
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 5	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 5	PA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	Tier 4	PA
<b>Neuropathic Agents</b>		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG (pregabalin)	Tier 4	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 (pregabalin)	Tier 4	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 2	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 2	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)
<b>Postherpetic Neuralgia Agents</b>		
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	Tier 4	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 4	ST: Requires prior prescription for Gabapentin immediate release within the past 120 days; QL (33 EA per 15 days)
<b>Pseudobulbar Affect (Pba) Agents, Nmda Antagonists</b>		
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 4	PA

Drug	Status	Notes
<b>Oral/Pharyngeal Disorders</b>		
<b>Dental Aids And Preparations</b>		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Pareox Oral Rinse)	Tier 2	
ORALONE DENTAL PASTE 0.1 % (triamcinolone acetonide)	Tier 2	
PAROEX ORAL RINSE MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)	Tier 2	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)	Tier 2	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	Tier 2	
<b>Nose Preparations, Miscellaneous (Rx)</b>		
ALZAIR NASAL SPRAY, NON-AEROSOL	Tier 4	
<i>cocaine nasal solution 4 %</i> (Numbrino)	Tier 2	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 2	
NUMBRINO NASAL SOLUTION 4 % (cocaine)	Tier 2	
<b>Periodontal Collagenase Inhibitors</b>		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 2	
<b>Periodontal Tetracycline Antiinfective, Local</b>		
ARESTIN DENTAL CARTRIDGE 1 MG	Tier 5	PA
<b>Other Drugs</b>		
<b>Abortifacient, Progesterone Receptor Antagonist-Typ</b>		
MIFEPREX ORAL TABLET 200 MG (mifepristone)	Tier 4	
<i>mifepristone oral tablet 200 mg</i> (Mifeprex)	Tier 2	
<b>Agents For Stomatological Use</b>		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 4	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %	Tier 4	
<b>Antivenins</b>		
ANASCORP INTRAVENOUS RECON SOLN 120 MG	Tier 4	
<b>Appetite Stim. For Anorexia, Cachexia, Wasting Synd.</b>		
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	Tier 2	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 2	ST: Requires prior prescription for Megestrol Acetate within the past 120 days
<b>Blood Collection Set With Local Anesthetics</b>		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %	Tier 4	

Drug	Status	Notes
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %- 2.5 %	Tier 4	
<b>Calcium Channel Blocker And Nsaid, Cox-2 Inhibitor</b>		
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	Tier 4	PA
<b>Cardioplegic Solutions</b>		
<i>cardioplegic soln perfusion solution 16</i> (Plegisol) <i>meq/l (= k+)</i>	Tier 2	
<b>Cholinesterase Reactivat.&amp;Muscarinic Antg.Antidote</b>		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 4	
<b>Cholinesterase Reactivating,Organophos. Antidotes</b>		
<i>pralidoxime intramuscular pen injector</i> <i>600 mg/2 ml</i>	Tier 4	
<b>Condoms</b>		
FC2 FEMALE CONDOM	PREV	FL: 90 DAYS' SUPPLY PER FILL; QL (30 EA per 30 days)
<b>Cryopreservative Agents</b>		
CRYOSERV SOLUTION 99 %	Tier 4	
<b>Cystic Fibrosis - Inhaled Osmotic Agents</b>		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 5	ST: Requires prior prescription for inhaled 7% Sodium Chloride solution within the past 120 days; QL (20 EA per 1 day); Age (Min 18 Years)
<b>Diluent Solutions</b>		
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION	Tier 4	
<b>Drugs To Treat Hereditary Tyrosinemia</b>		
<i>nitisinone oral capsule 10 mg, 2 mg, 5</i> <i>mg</i> (Orfadin)	Tier 4	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 4	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG (nitisinone)	Tier 4	PA
ORFADIN ORAL CAPSULE 20 MG	Tier 4	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 4	PA
<b>Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing</b>		
CERDELGA ORAL CAPSULE 84 MG	Tier 5	PA
<i>miglustat oral capsule 100 mg</i> (Zavesca)	Tier 4	PA

Drug	Status	Notes
<b>Environment Allergens And Irritants, Other</b>		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH, MEDICATED	Tier 4	
<b>General Anesthetics, Inhalant</b>		
<i>desflurane inhalation liquid 100 %</i> (Suprane)	Tier 2	
<i>isoflurane inhalation liquid 99.9 %</i> (Terrell)	Tier 2	
<i>sevoflurane inhalation liquid</i> (Ultane)	Tier 2	
SUPRANE INHALATION LIQUID 100 % (desflurane)	Tier 4	
TERRELL INHALATION LIQUID 99.9 % (isoflurane)	Tier 2	
<b>General Inhalation Agents</b>		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Tier 4	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (sodium chloride)	Tier 2	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 4	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>	Tier 2	
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	Tier 2	
<i>sodium chloride inhalation solution for nebulization 7 %</i> (Pulmosal)	Tier 2	
<b>Homeopathic Drugs</b>		
AURUMHEEL ORAL DROPS	Tier 4	
CANTHARIS COMPOSITUM ORAL DROPS	Tier 4	
CRALONIN ORAL DROPS	Tier 4	
EYE ORAL TABLET, SOLUBLE	Tier 4	
LAMIOFLUR ORAL DROPS	Tier 4	
PLANTAGO-HOMACCORD ORAL DROPS	Tier 4	
POPULUS COMPOSITUM ORAL DROPS	Tier 4	
PSORINOHEEL ORAL DROPS	Tier 4	
RENEEL ORAL TABLET, SOLUBLE	Tier 4	
SABAL-HOMACCORD ORAL DROPS	Tier 4	
SYZYGIUM COMPOSITUM ORAL DROPS	Tier 4	
VERTIGOHEEL ORAL DROPS	Tier 4	
VERTIGOHEEL ORAL TABLET, SOLUBLE	Tier 4	
<b>Intra-Uterine Devices (IUD's)</b>		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	PREV	FL: 90 DAYS' SUPPLY PER FILL
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/24 HRS (6 YRS) 52 MG	PREV	FL: 90 DAYS' SUPPLY PER FILL

Drug	Status	Notes
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (7 YRS) 52 MG	PREV	FL: 90 DAYS' SUPPLY PER FILL
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	PREV	FL: 90 DAYS' SUPPLY PER FILL
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	PREV	FL: 90 DAYS' SUPPLY PER FILL
<b>Metabolic Deficiency Agents</b>		
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine)	Tier 4	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	Tier 5	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	Tier 2	
<i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free))	Tier 2	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	Tier 2	
<b>Metabolic Disease Enzyme Replace, Hypophosphatasia</b>		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Tier 4	PA
<b>Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.</b>		
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 5	PA
<b>Metabolic Function Diagnostics</b>		
MACRILEN ORAL RECON SOLN 0.5 MG/ML	Tier 5	
<b>Metallic Poison,Agents To Treat</b>		
CHEMET ORAL CAPSULE 100 MG	Tier 4	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	Tier 4	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	Tier 4	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	Tier 4	PA
<i>deferiprone oral tablet 500 mg</i> (Ferriprox)	Tier 4	PA
<i>deferoxamine injection recon soln 2 gram</i>	Tier 2	PA
<i>deferoxamine injection recon soln 500 mg</i> (Desferal)	Tier 2	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG	Tier 5	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 5	PA
FERRIPROX ORAL TABLET 1,000 MG	Tier 5	PA
FERRIPROX ORAL TABLET 500 MG (deferiprone)	Tier 5	PA

Drug	Status	Notes
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 4	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 4	
<i>trientine oral capsule 250 mg</i> (Syprine)	Tier 4	PA
WILZIN ORAL CAPSULE 25 MG (ZINC)	Tier 4	
<b>Muscarinic Receptor Antagonists</b>		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 4	
<b>Needles/Needleless Devices</b>		
1ST TIER UNIFINE PENTIPS NEEDLE (pen needle, diabetic) 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 3	
1ST TIER UNIFINE PENTIPS PLUS NEEDLE (pen needle, diabetic) 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 3	
ABOUTTIME PEN NEEDLE NEEDLE (pen needle, diabetic) 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 3	
ADVOCATE PEN NEEDLE NEEDLE (pen needle, diabetic) 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32"	Tier 3	
ASSURE ID PEN NEEDLE NEEDLE (pen needle, diabetic) 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16"	Tier 3	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE (pen needle, diabetic) 30 GAUGE X 3/16"	Tier 3	
BD NANO 2ND GEN PEN NEEDLE NEEDLE (pen needle, diabetic) 32 GAUGE X 5/32"	Tier 3	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE (pen needle, diabetic) 32 GAUGE X 1/4"	Tier 3	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE (pen needle, diabetic) 31 GAUGE X 3/16"	Tier 3	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE (pen needle, diabetic) 32 GAUGE X 5/32"	Tier 3	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE (pen needle, diabetic) 29 GAUGE X 1/2"	Tier 3	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE (pen needle, diabetic) 31 GAUGE X 5/16"	Tier 3	
CAREFINE PEN NEEDLE NEEDLE (pen needle, diabetic) 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 3	
CARETOUCH PEN NEEDLE NEEDLE (pen needle, diabetic) 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 3	

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



<b>Drug</b>		<b>Status</b>	<b>Notes</b>
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 3	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2"		Tier 3	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 3	
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"	(pen needle, diabetic)	Tier 3	
INSUPEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	(pen needle, diabetic)	Tier 3	
INSUPEN NEEDLE 32 GAUGE X 5/16"		Tier 3	
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"	(pen needle, diabetic)	Tier 3	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	Tier 3	
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16"		Tier 3	
MICRODOT INSULIN PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	(pen needle, diabetic)	Tier 3	
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic)	Tier 3	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	Tier 3	
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3"		Tier 3	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"		Tier 3	
NOVOTWIST NEEDLE 32 GAUGE X 1/5"		Tier 3	
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"	(pen needle, diabetic)	Tier 3	
<i>pen needle, diabetic needle 29 gauge x 1/2", 31 gauge x 1/4", 31 gauge x 3/16", 31 gauge x 5/16", 32 gauge x 5/32"</i>	(1st Tier Unifine Pentips)	Tier 3	
<i>pen needle, diabetic needle 30 gauge x 5/16"</i>	(AboutTime Pen Needle)	Tier 3	

Drug	Status	Notes
<i>pen needle, diabetic needle 31 gauge x 1/3", 31 gauge x 1/6", 31 gauge x 15/64"</i>	Tier 3	
<i>pen needle, diabetic needle 32 gauge x 1/4"</i>	(BD Ultra-Fine Micro Pen Needle) Tier 3	
<i>pen needle, diabetic needle 32 gauge x 3/16"</i>	(CareFine Pen Needle) Tier 3	
<i>pen needle, diabetic needle 33 gauge x 5/32"</i>	(Advocate Pen Needle) Tier 3	
PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	(pen needle, diabetic) Tier 3	
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	(pen needle, diabetic) Tier 3	
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 3	
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"	(pen needle, diabetic) Tier 3	
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	(pen needle, diabetic) Tier 3	
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 5/16"	Tier 3	
RELION NEEDLES NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic) Tier 3	
RELION PEN NEEDLES NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic) Tier 3	
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 3	
SECURES SAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 3	
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"	(pen needle, diabetic) Tier 3	
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 3	
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic) Tier 3	
TECHLITE 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"	(pen needle, diabetic) Tier 3	
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 3/8", 32 GAUGE X 5/16"	Tier 3	

Drug	Status	Notes
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 3	
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" (pen needle, diabetic)	Tier 3	
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" (pen needle, diabetic)	Tier 3	
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" (pen needle, diabetic)	Tier 3	
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 3	
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 3	
ULTILET PEN NEEDLE NEEDLE 29 GAUGE	Tier 3	
ULTILET PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 3	
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" (pen needle, diabetic)	Tier 3	
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 3	
ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 3	
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 3	
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	Tier 3	
UNIFINE PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 3	
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16"	Tier 3	
UNIFINE PENTIPS NEEDLE 29 GAUGE	Tier 3	
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 3	

Drug	Status	Notes
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16"	Tier 3	
UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 3	
VERIFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 3	
<b>Ointment/Cream Bases</b>		
RADIAGEL TOPICAL GEL	Tier 4	
<b>Oral Lipid Supplements</b>		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 5	PA
<b>Oral Mucositis/Stomatitis Agents</b>		
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	Tier 4	
GELX MUCOUS MEMBRANE GEL	Tier 4	
MUGARD MUCOUS MEMBRANE SOLUTION	Tier 4	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Tier 4	
ORAPEUTIC MUCOUS MEMBRANE GEL	Tier 4	
<b>Oral Mucositis/Stomatitis Anti-Inflammatory Agent</b>		
EPISIL MUCOUS MEMBRANE GEL FORMING SOLUTION	Tier 4	
<b>Pharmaceutical Adjuvants, Tableting</b>		
CAPSULE #1 ORAL CAPSULE (gelatin capsules (empty))	Tier 4	
<i>zinc stearate powder</i>	Tier 4	
<b>Saliva Stimulant Agents</b>		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 4	
<b>Saliva Substitute Agents</b>		
AQUORAL MUCOUS MEMBRANE AEROSOL, SPRAY	Tier 4	
BOCASAL MUCOUS MEMBRANE POWDER IN PACKET 538 MG	Tier 4	
CAPHOSOL MUCOUS MEMBRANE SOLUTION	Tier 4	
MUCOSITISRX MUCOUS MEMBRANE POWDER IN PACKET 351 MG	Tier 4	
NEUTRASAL MUCOUS MEMBRANE POWDER IN PACKET	Tier 4	
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 4	
SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET 351 MG	Tier 4	
XEROSTOMIA RELIEF MUCOUS MEMBRANE AEROSOL, SPRAY	Tier 4	

Drug	Status	Notes
<b>Skin Tissue Replacement</b>		
APLIGRAF TOPICAL DISK	Tier 4	
DERMAGRAFT TOPICAL SHEET 2 X 3 "	Tier 4	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 5 X 6 CM, 7 X 7 CM	Tier 4	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM	Tier 4	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM	Tier 4	
MATRISTEM MICROMATRIX TOPICAL POWDER 100 MG, 20 MG, 200 MG, 30 MG, 60 MG	Tier 4	
MATRISTEM TOPICAL SHEET 10 X 15 CM, 3 X 3 1/2 CM, 3 X 7 CM, 7 X 10 CM	Tier 4	
STRAVIX TOPICAL SHEET 2 X 4 CM	Tier 4	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM	Tier 4	
<b>Solvents</b>		
MURI-LUBE OIL	Tier 4	
<b>Somatostatic Agents</b>		
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	Tier 5	PA
<i>octreotide acetate injection solution</i> 1,000 mcg/ml, 200 mcg/ml	Tier 4	
<i>octreotide acetate injection solution</i> 100 (Sandostatin) mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 4	
<i>octreotide acetate injection syringe</i> 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 4	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 5	PA
<b>Suspending Agents</b>		
GELFILM IMPLANT FILM	Tier 4	
<i>hydroxypropyl cellulose powder</i>	Tier 4	
<i>hypromellose powder</i> (Methocel E 4 M)	Tier 4	
<b>Tissue/Wound Adhesives</b>		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML)	Tier 4	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 2 ML, 4 ML	Tier 4	
<b>Vaccine Adjuvants</b>		
SHINGRIX ADJUVANT COMPONENT- PF INTRAMUSCULAR SUSPENSION	PREV	QL (1 ML per 365 days); Age (Min 50 Years)

Drug	Status	Notes
<b>Vehicles</b>		
<i>citric acid (bulk) powder</i>	Tier 4	
<i>citric acid anhydrous (bulk) granules 100 %</i>	Tier 4	
<b>Wound Healing Agents, Local</b>		
<i>balsam peru-castor oil topical ointment</i> (BPCO)	Tier 2	
BPCO TOPICAL OINTMENT (balsam peru-castor oil)	Tier 2	
DERMULCERA TOPICAL OINTMENT (balsam peru-castor oil)	Tier 4	
VENELEX TOPICAL OINTMENT (balsam peru-castor oil)	Tier 4	
<b>Other Respiratory Disorders</b>		
<b>Antifibrotic Therapy - Pyridone Analogs</b>		
ESBRIET ORAL CAPSULE 267 MG	Tier 4	PA
ESBRIET ORAL TABLET 267 MG, 801 MG	Tier 4	PA
<b>Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator</b>		
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	Tier 4	PA
KALYDECO ORAL TABLET 150 MG	Tier 4	PA
<b>Cystic Fibrosis-Cftr Potentiator &amp; Corrector Comb.</b>		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	Tier 4	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 4	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 4	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 4	PA
<b>Lung Surfactants</b>		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 4	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 4	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 4	
<b>Mucolytics</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 2	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 4	PA
<b>Pulmonary Fibrosis - Systemic Enzyme Inhibitors</b>		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 4	PA

Drug	Status	Notes
<b>Pain Management - Analgesics</b>		
<b>Analgesic, Non-Salicylate &amp; Barbiturate Comb.</b>		
ALLZITAL ORAL TABLET 25-325 MG (butalbital-acetaminophen)	Tier 4	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 2	QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 25-325 mg</i> (Allzital)	Tier 2	ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (12 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-300 mg</i> (Bupap)	Tier 2	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 2	
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	Tier 2	
<b>Analgesic, Salicylate, Barbiturate, &amp; Xanthine Cmb</b>		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 2	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 2	
<b>Analgesic, Non-Salicylate, Barbiturate, &amp; Xanthine Cmb</b>		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	Tier 2	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Zebutal)	Tier 2	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	Tier 2	
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-acetaminophen-caff)	Tier 2	
VANATOL LQ ORAL SOLUTION 50-325-40 MG/15 ML	Tier 2	
VANATOL S ORAL SOLUTION 50-325-40 MG/15 ML	Tier 2	
VTOL LQ ORAL SOLUTION 50-325-40 MG/15 ML	Tier 2	
ZEBUTAL ORAL CAPSULE 50-325-40 MG (butalbital-acetaminophen-caff)	Tier 2	

Drug	Status	Notes
<b>Analgesic/Antipyretics, Salicylates</b>		
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	PREV	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Aspir-Trin)	PREV	
ASPIR-TRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	PREV	
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 2	
<i>diflunisal oral tablet 500 mg</i>	Tier 2	
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	PREV	
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	Tier 2	
<b>Analgesics, Narcotic Agonist And Nsaid Combination</b>		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 2	
XYLON 10 ORAL TABLET 10-200 MG (hydrocodone-ibuprofen)	Tier 2	
<b>Analgesics, Narcotics</b>		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine hcl)	Tier 4	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 2	
BUPRENEX INJECTION SOLUTION 0.3 MG/ML (buprenorphine hcl)	Tier 4	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection solution 0.3 mg/ml</i> (Buprenex)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 2	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 2	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 2	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	Tier 2	
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 2	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)



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

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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
METHADOSE ORAL (methadone) TABLET,SOLUBLE 40 MG	Tier 2	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 2	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 2	PA
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 2	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 2	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 2	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 2	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 2	
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 3	
<i>morphine oral tablet extended release (MS Contin) 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 2	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 2	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 2	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 3	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 3	QL (6 EA per 1 day)
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG	Tier 4	
<i>oxycodone oral capsule 5 mg</i>	Tier 2	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 2	PA
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 2	
<i>oxycodone oral tablet 10 mg, 20 mg</i>	Tier 2	

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

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

Drug	Status	Notes
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 4	PA
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 2	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 4	PA
<i>dihydroergotamine injection solution 1 mg/ml</i> (D.H.E.45)	Tier 2	QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	Tier 2	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 2	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 3	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 3	PA
ERGOMAR SUBLINGUAL TABLET 2 MG	Tier 4	QL (10 EA per 7 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i> (Cafergot)	Tier 2	QL (10 EA per 7 days)
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	Tier 2	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 4	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i> (Amerge)	Tier 2	QL (18 EA per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	Tier 3	PA
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	Tier 4	ST: Requires prior prescription for generic Sumatriptan nasal spray within the past 120 days; QL (16 EA per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Tier 4	PA

Drug	Status	Notes
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 3	PA
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	Tier 2	QL (18 EA per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	Tier 2	QL (18 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	Tier 2	QL (18 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	Tier 2	QL (18 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i> (Imitrex)	Tier 2	QL (6 EA per 15 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	Tier 2	QL (9 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	Tier 2	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 2	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 2	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	Tier 2	QL (5 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 2	QL (4 ML per 28 days)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i> (Treximet)	Tier 2	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 4	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Tier 4	QL (12 ML per 28 days); Age (Min 18 Years)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 3	PA

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	Tier 4	ST: Requires prior prescription for generic Sumatriptan injection within the past 120 days; QL (8 ML per 28 days)
<i>zolmitriptan nasal spray,non-aerosol 2.5 mg</i> (Zomig)	Tier 2	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 2	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 2	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 2	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
<b>Calcitonin Gene-Related Peptide (Cgrp) Inhibitors</b>		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 3	PA
<b>Narc.&amp; Non-Sal.Analgesic,Barbiturate &amp;Xanthine Cmb</b>		
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
<b>Narcotic &amp; Salicylate Analgesics, Barb.&amp; Xanthine</b>		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG (codeine-bitalbital-asa-caff)	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG (codeine-bitalbital-asa-caff)	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)



Drug	Status	Notes
<b>Narcotic Analgesic &amp; Non-Salicylate Analgesic Comb</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Tier 2	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 2	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (benzhydrocodone-acetaminophen)	Tier 4	FL: 14 DAYS' SUPPLY PER FILL; 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 2	FL: 14 DAYS' SUPPLY PER FILL; ST: Requires prior prescription for Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)	Tier 2	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 2	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg</i> (Vicodin HP)	Tier 2	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 2	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 7.5-300 mg</i>	Tier 2	QL (13 EA per 1 day)
NALOCET ORAL TABLET 2.5-300 MG (oxycodone-acetaminophen)	Tier 2	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-300 mg</i> (Primlev)	Tier 2	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 2	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i> (Nalocet)	Tier 2	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-300 mg</i> (Prolate)	Tier 2	QL (13 EA per 1 day)
PRIMLEV ORAL TABLET 10-300 MG (oxycodone-acetaminophen)	Tier 2	QL (13 EA per 1 day)
PRIMLEV ORAL TABLET 5-300 MG, 7.5-300 MG (oxycodone-acetaminophen)	Tier 4	QL (13 EA per 1 day)
PROLATE ORAL SOLUTION 10-300 MG/5 ML	Tier 4	QL (66 ML per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (oxycodone-acetaminophen)	Tier 2	QL (13 EA per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	Tier 2	QL (10 EA per 1 day); Age (Min 12 Years)
VICODIN HP ORAL TABLET 10-300 MG (hydrocodone-acetaminophen)	Tier 2	QL (13 EA per 1 day)
<b>Narcotic Analgesic, Non-Salicylate, Xanthine Comb</b>		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i> (Trezix)	Tier 2	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 2	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 (acetaminophen-caff-dihydrocod)	Tier 2	ST: Requires prior prescription for Acetaminophen With Codeine tablets within the past 120 days; QL (10 EA per 1 day); Age (Min 12 Years)
<b>Narcotic Withdrawal Therapy Agents</b>		
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	Tier 4	QL (1 EA per 1 day)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	Tier 4	QL (2 EA per 1 day)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg</i> (Suboxone)	Tier 2	QL (2 EA per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg</i> (Suboxone)	Tier 2	QL (1 EA per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 2	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 3	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	Tier 3	QL (2 EA per 1 day)
<b>Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist</b>		
LUCEMYRA ORAL TABLET 0.18 MG	Tier 4	PA

Drug	Status	Notes
<b>Skeletal Muscle</b>		
<b>Relaxant,Salicylate,Narc Analgesic</b>		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 2	QL (8 EA per 1 day); Age (Min 12 Years)
<b>Parkinsons Disease</b>		
<b>Antiparkinsonism</b>		
<b>Drugs,Anticholinergic</b>		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 2	
<b>Antiparkinsonism Drugs,Other</b>		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 2	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 2	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	Tier 5	PA
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	Tier 2	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	Tier 2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg</i> (Sinemet)	Tier 2	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	Tier 2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 2	
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	Tier 2	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	Tier 2	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	Tier 2	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	Tier 2	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	Tier 2	
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	Tier 2	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 5	PA
<i>entacapone oral tablet 200 mg</i> (Comtan)	Tier 2	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG	Tier 5	PA
INBRIJA INHALATION CAPSULE 42 MG	Tier 5	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 5	PA

Drug	Status	Notes
KYNMOBI SUBLINGUAL FILM 10 MG, 10-15-20-25-30 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 5	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Tier 3	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 4	PA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 4	PA
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	Tier 4	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 2	
<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 2	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 2	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 2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	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)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 4	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 2	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 2	
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	Tier 2	ST: Requires prior prescription for Entacapone within the past 120 days; QL (3 EA per 1 day)

Drug	Status	Notes
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 4	ST: Requires prior prescription for Carbidopa/levodopa, Duopa, or Rytary within the past 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Tier 4	ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)
<b>Decarboxylase Inhibitors</b>		
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	Tier 2	
<b>Seizure Disorder</b>		
<b>Anticonvulsant - Benzodiazepine Type</b>		
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	Tier 2	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	Tier 2	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	Tier 2	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	Tier 2	QL (1 EA per 1 FILL)
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	Tier 2	QL (1 EA per 1 FILL)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 4	QL (10 EA per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Tier 4	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 4	QL (10 EA per 30 days)
<b>Anticonvulsant - Cannabinoid Type</b>		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 5	PA
<b>Anticonvulsants</b>		
ACTIVE-PAC KIT, GEL AND CAPSULE 300-4-1 MG-%-%	Tier 4	

Drug	Status	Notes
APTIOM ORAL TABLET 200 MG, 400 MG	Tier 4	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 365 days; QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	Tier 4	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 (rufinamide)	Tier 4	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 (rufinamide)	Tier 4	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 4	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 4	QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	Tier 2	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	Tier 2	

Drug	Status	Notes
<i>carbamazepine oral tablet 200 mg</i> (Epilex)	Tier 2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	Tier 2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 2	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 3	
CELONTIN ORAL CAPSULE 300 MG	Tier 4	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex)	Tier 3	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (divalproex)	Tier 3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex)	Tier 3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 5	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	Tier 5	PA
DILANTIN EXTENDED ORAL CAPSULE 100 MG (phenytoin sodium extended)	Tier 3	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG (phenytoin)	Tier 3	
DILANTIN ORAL CAPSULE 30 MG	Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (phenytoin)	Tier 3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	Tier 2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	Tier 2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	Tier 2	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG	Tier 4	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 4	ST: Requires prior prescription for Levetiracetam within the past 120 days; QL (2 EA per 1 day); Age (Min 12 Years)
EPITOL ORAL TABLET 200 MG (carbamazepine)	Tier 2	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	Tier 2	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	Tier 2	

Drug	Status	Notes
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	Tier 2	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 2	ST: Requires prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR within the past 120 days; QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i> (Felbatol)	Tier 2	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 5	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 4	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 4	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)



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

Drug	Status	Notes
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	Tier 2	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 2	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 2	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i> (Lamictal XR)	Tier 2	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i> (Lamictal XR)	Tier 2	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	Tier 2	
<i>lamotrigine oral tablet, disintegrating 100 mg</i> (Lamictal ODT)	Tier 2	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 200 mg</i> (Lamictal ODT)	Tier 2	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 25 mg, 50 mg</i> (Lamictal ODT)	Tier 2	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablets, dose pack 25 mg (35)</i> (Subvenite Starter (Blue) Kit)	Tier 2	
<i>lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7)</i> (Subvenite Starter (Orange) Kit)	Tier 2	
<i>lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)</i> (Subvenite Starter (Green) Kit)	Tier 2	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	Tier 2	
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	Tier 2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	Tier 2	

Drug	Status	Notes
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	Tier 2	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (pregabalin)	Tier 4	
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	Tier 4	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	Tier 2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	Tier 2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	Tier 4	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 4	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 (phenytoin sodium extended)	Tier 3	
<i>phenytoin oral suspension 100 mg/4 ml</i>	Tier 2	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	Tier 2	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	Tier 2	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	Tier 2	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	Tier 2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	Tier 2	
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	Tier 2	

Drug	Status	Notes
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	Tier 2	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	Tier 2	ST: Requires prior prescription for Divalproex Sodium, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid within the past 120 days; QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i> (Banzel)	Tier 2	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 2	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 (vigabatrin)	Tier 5	QL (6 EA per 1 day)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	Tier 4	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 4	ST: Requires prior prescription for Levetiracetam within the past 120 days; QL (4 EA per 1 day)
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	Tier 2	
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35) (lamotrigine)	Tier 2	
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) (lamotrigine)	Tier 2	
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) (lamotrigine)	Tier 2	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (carbamazepine)	Tier 3	
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	Tier 3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (carbamazepine)	Tier 3	

Drug	Status	Notes
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i> (Gabitril)	Tier 2	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 2	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 2	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg</i> (Qudexy XR)	Tier 2	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 2	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 2	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG	Tier 3	QL (2 EA per 1 day)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 25 MG	Tier 3	QL (8 EA per 1 day)

Drug	Status	Notes
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 50 MG	Tier 3	QL (4 EA per 1 day)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 2	
<i>valproic acid oral capsule 250 mg</i>	Tier 2	
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	Tier 4	QL (6 EA per 1 day)
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	Tier 4	QL (6 EA per 1 day)
VIGADRONE ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 4	QL (6 EA per 1 day)
VIMPAT ORAL SOLUTION 10 MG/ML	Tier 3	QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 3	QL (2 EA per 1 day)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1)	Tier 3	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 3	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 3	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 3	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 3	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 2	
<i>zonisamide oral capsule 50 mg</i>	Tier 2	
<b>Skeletal Muscle Disorder</b>		
<b>Agents To Tx Periodic Paralysis - Carbon Anhyd Inh</b>		
KEVEYIS ORAL TABLET 50 MG	Tier 4	PA

Drug	Status	Notes
<b>Skeletal Muscle Relax.&amp; Top.Irritant Counter-Irritant</b>		
COMFORT PAC-CYCLOBENZAPRINE KIT 10 MG	Tier 4	
COMFORT PAC-TIZANIDINE KIT 4 MG	Tier 4	
CYCLOPAK KIT 5 MG-2.5 %- 2.5 %	Tier 4	
NOPIOID-LMC KIT COMBO PACK, TABLET AND PATCH 7.5 MG- 4 %-4 %	Tier 4	
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen oral tablet 10 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>baclofen oral tablet 20 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>baclofen oral tablet 5 mg</i>	Tier 2	QL (16 EA per 1 day)
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	Tier 2	QL (4 EA per 1 day)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 2	
<i>chlorzoxazone oral tablet 250 mg</i>	Tier 2	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 2	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 2	QL (4 EA per 1 day)
<i>cyclobenzaprine oral capsule,extended release 24hr 15 mg, 30 mg</i> (Amrix)	Tier 2	QL (1 EA per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	Tier 2	QL (3 EA per 1 day)
CYCLOTENS REFILL COMBO PACK 10 MG	Tier 4	
CYCLOTENS STARTER COMBO PACK 10 MG	Tier 4	
<i>dantrolene oral capsule 100 mg</i>	Tier 2	
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	Tier 2	
<i>metaxalone oral tablet 800 mg</i> (Skelaxin)	Tier 2	QL (4 EA per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	Tier 2	QL (6 EA per 1 day)
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i> (Orphengesic Forte)	Tier 2	QL (4 EA per 1 day)
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (orphenadrine-asa-caffeine)	Tier 2	QL (4 EA per 1 day)
OZOBAX ORAL SOLUTION 5 MG/5 ML	Tier 4	PA
<i>tizanidine oral capsule 2 mg</i> (Zanaflex)	Tier 2	QL (18 EA per 1 day)
<i>tizanidine oral capsule 4 mg</i> (Zanaflex)	Tier 2	QL (9 EA per 1 day)
<i>tizanidine oral capsule 6 mg</i> (Zanaflex)	Tier 2	QL (6 EA per 1 day)



Drug	Status	Notes
<i>tizanidine oral tablet 2 mg</i>	Tier 2	QL (18 EA per 1 day)
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	Tier 2	QL (9 EA per 1 day)
<b>Smoking Cessation</b>		
<b>Smoking Deterrent Agents (Ganglionic Stim,Others)</b>		
<i>nicotine (polacrilex) buccal gum 2 mg</i> (Quit 2)	PREV	FL: 180 DAYS' SUPPLY PER YEAR; QL (24 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal gum 4 mg</i> (Quit 4)	PREV	FL: 180 DAYS' SUPPLY PER YEAR; QL (24 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal lozenge 2 mg</i> (Quit 2)	PREV	FL: 180 DAYS' SUPPLY PER YEAR; QL (20 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal lozenge 4 mg</i> (Quit 4)	PREV	FL: 180 DAYS' SUPPLY PER YEAR; QL (20 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> (Nicorette)	PREV	FL: 180 DAYS' SUPPLY PER YEAR; 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	FL: 180 DAYS' SUPPLY PER YEAR; 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	FL: 180 DAYS' SUPPLY PER YEAR; QL (1 EA per 1 day); Age (Min 18 Years)
NICOTROL INHALATION CARTRIDGE 10 MG	PREV	FL: 180 DAYS' SUPPLY PER YEAR; 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	FL: 180 DAYS' SUPPLY PER YEAR; ST: Requires prior prescription for Nicotine transdermal patch within the past 120 days; QL (160 ML per 90 days); Age (Min 18 Years)
QUIT 2 BUCCAL GUM 2 MG (nicotine (polacrilex))	PREV	FL: 180 DAYS' SUPPLY PER YEAR; QL (24 EA per 1 day); Age (Min 18 Years)
QUIT 2 BUCCAL LOZENGE 2 MG (nicotine (polacrilex))	PREV	FL: 180 DAYS' SUPPLY PER YEAR; QL (20 EA per 1 day); Age (Min 18 Years)
QUIT 4 BUCCAL GUM 4 MG (nicotine (polacrilex))	PREV	FL: 180 DAYS' SUPPLY PER YEAR; QL (24 EA per 1 day); Age (Min 18 Years)

Drug	Status	Notes
QUIT 4 BUCCAL LOZENGE 4 MG (nicotine (polacrilex))	PREV	FL: 180 DAYS' SUPPLY PER YEAR; QL (20 EA per 1 day); Age (Min 18 Years)
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (nicotine (polacrilex))	PREV	FL: 180 DAYS' SUPPLY PER YEAR; QL (20 EA per 1 day); Age (Min 18 Years)
<b>Smoking Deterrent-Nicotinic Recept.Partial Agonist</b>		
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	PREV	FL: 180 DAYS' SUPPLY PER YEAR; QL (2 EA per 1 day); Age (Min 18 Years)
<b>Smoking Deterrents, Other</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	PREV	FL: 180 DAYS' SUPPLY PER YEAR; QL (2 EA per 1 day); Age (Min 18 Years)
<b>Upper Gastrointestinal Disorders - Digestive</b>		
<b>Gastric Enzymes</b>		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 5	PA
<b>Pancreatic Enzymes</b>		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 3	
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 4	
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 4	
VIKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT	Tier 4	
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 3	

Drug	Status	Notes
<b>Upper Gastrointestinal Disorders - Spastic Disease</b>		
<b>Anticholinergics/Antispasmodics</b>		
<i>dicyclomine oral capsule 10 mg</i>	Tier 2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 2	
<i>dicyclomine oral tablet 20 mg</i>	Tier 2	
<b>Belladonna Alkaloids</b>		
DONNATAL ORAL ELIXIR 16.2 MG-0.1037 MG/5 ML (5 ML), 16.2-0.1037 -0.0194 MG/5 ML	(phenobarb-hyoscy-atropine-scop) Tier 4	ST: At least 2 prior prescriptions for Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab within the past 365 days; QL (1200 ML per 30 days)
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG	(phenobarb-hyoscy-atropine-scop) Tier 4	ST: At least 2 prior prescriptions for Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab within the past 365 days; QL (8 EA per 1 day)
ED-SPAZ ORAL TABLET, DISINTEGRATING 0.125 MG	(hyoscyamine sulfate) Tier 2	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	(Hyosyne) Tier 2	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	(Hyosyne) Tier 2	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	(Oscimin) Tier 2	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	(Oscimin SR) Tier 2	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	(Ed-Spaz) Tier 2	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	(Oscimin SL) Tier 2	
HYOSYNE ORAL DROPS 0.125 MG/ML	(hyoscyamine sulfate) Tier 2	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML	(hyoscyamine sulfate) Tier 2	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 2	
OSCIMIN ORAL TABLET 0.125 MG	(hyoscyamine sulfate) Tier 2	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate) Tier 2	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	(hyoscyamine sulfate) Tier 2	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	(Donnatal) Tier 4	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 2	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 (phenobarb-hyoscy-atropine-scop)	Tier 4	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 (phenobarb-hyoscy-atropine-scop)	Tier 4	ST: At least 2 prior prescriptions for Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab within the past 365 days; QL (8 EA per 1 day)
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine sulfate)	Tier 4	
<b>Upper Gastrointestinal Disorders - Ulcer Disease</b>		
<b>Anticholinergics, Quaternary Ammonium</b>		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> (Librax (with clidinium))	Tier 2	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	Tier 4	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 2	
<b>Anti-Ulcer Preparations</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	Tier 2	
<i>sucralfate oral suspension 100 mg/ml</i> (Carafate)	Tier 2	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	Tier 2	
<b>Anti-Ulcer-H.Pylori Agents</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 2	QL (112 EA per 10 days)
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Tier 4	
PYLERA ORAL CAPSULE 140-125-125 MG	Tier 4	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Tier 4	QL (168 EA per 14 days); Age (Min 18 Years)
<b>Histamine H2-Receptor Inhibitors</b>		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 2	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	Tier 2	

Drug	Status	Notes
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 2	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	Tier 2	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	Tier 2	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	Tier 2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 2	
<i>nizatidine oral solution 150 mg/10 ml</i>	Tier 2	
<b>Intestinal Motility Stimulants</b>		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	Tier 5	PA
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	Tier 2	
<i>metoclopramide hcl oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 2	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Tier 4	ST: Requires prior prescription for Linzess within the past 120 days; QL (1 EA per 1 day)
<b>Proton-Pump Inhibitors</b>		
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG (rabeprazole)	Tier 4	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 365 days; QL (1 EA per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG	Tier 4	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 3	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 2	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	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 granules dr for susp in packet 40 mg</i> (Nexium Packet)	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (2 EA per 1 day)
<i>lansoprazole oral capsule, delayed release(drlec) 15 mg</i> (Prevacid 24Hr)	Tier 2	
<i>lansoprazole oral capsule, delayed release(drlec) 30 mg</i> (Prevacid)	Tier 2	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i> (Prevacid SoluTab)	Tier 2	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 3	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 2	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid)	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-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i> (Zegerid)	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)

Drug	Status	Notes
<i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix)	Tier 2	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 2	
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	Tier 4	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 2	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 2	QL (1 EA per 1 day)
<b>Urinary Tract - Functional Disorders</b>		
<b>Benign Prostatic Hypertrophy/Micturition Agents</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	Tier 2	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	Tier 2	
<i>finasteride oral tablet 5 mg</i> (Proscar)	Tier 2	
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	Tier 2	ST: Requires prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL within the past 120 days
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	Tier 2	
<b>Bph Agents, 5-Alpha-Red Inh &amp; Alpha-1-Adr Antg Cmb</b>		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	Tier 2	ST: Requires prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL within the past 120 days
<b>Cystine-Depleting Agents, Nephropathic Cystinosis</b>		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 5	

Drug	Status	Notes
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 4	PA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Tier 4	PA
<b>Kidney Stone Agents</b>		
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	Tier 4	
THIOLA ORAL TABLET 100 MG (tiopronin)	Tier 4	
<i>tiopronin oral tablet 100 mg</i> (Thiola)	Tier 4	
<b>Overactive Bladder Agents, Beta-3 Adrenergic Recep</b>		
GEMTESA ORAL TABLET 75 MG	Tier 4	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 4	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	Tier 3	
<b>Polycystic Kidney Disease Agent, Avp Recep. Antag</b>		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 4	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	Tier 4	PA
<b>Urinary Ph Modifiers</b>		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 4	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	Tier 4	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	Tier 4	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	Tier 2	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	Tier 2	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	Tier 2	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 4	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 4	
<b>Urinary Tract Analgesic Agents</b>		
ELMIRON ORAL CAPSULE 100 MG	Tier 3	PA



Drug	Status	Notes
<b>Urinary Tract Anesthetic/Analgesic Agent (Azo-Dye)</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Tier 2	
<b>Urinary Tract Antispasmodic, M(3) Selective Antag.</b>		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 2	ST: Requires prior prescription for Oxybutynin (IR/XR) within the past 120 days
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	Tier 2	
VESICARE LS ORAL SUSPENSION 1 MG/ML	Tier 4	PA
<b>Urinary Tract Antispasmodic/Antiincontinence Agent</b>		
<i>flavoxate oral tablet 100 mg</i>	Tier 2	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	Tier 4	ST: Requires prior prescription for Oxybutynin (IR/XR) within the past 120 days
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 2	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	Tier 2	
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	Tier 2	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	Tier 4	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 2	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	Tier 2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	Tier 3	ST: Requires prior prescription for Oxybutynin (IR/XR) within the past 120 days
<i>trospium oral capsule, extended release 24hr 60 mg</i>	Tier 2	
<i>trospium oral tablet 20 mg</i>	Tier 2	
<b>Vaginal Disorders</b>		
<b>Vaginal Antibiotics</b>		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 4	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)

Drug	Status	Notes
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	Tier 2	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Tier 4	
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole)	Tier 2	
NUVESSA VAGINAL GEL 1.3 %	Tier 4	
VANAZOLE VAGINAL GEL 0.75 % (metronidazole)	Tier 3	
<b>Vaginal Antifungals</b>		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 3	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 2	
<i>terconazole vaginal suppository 80 mg</i>	Tier 2	
<b>Vaginal Antiseptics</b>		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 4	
RELAGARD VAGINAL GEL 0.9-0.025 %	Tier 4	
<b>Vaginal Estrogen For Sexual Dysfunction</b>		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 4	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 4	ST: Requires prior prescription for Estring, Intrarosa, Ospheña, or Premarin within the past 120 days; QL (18 EA per 28 days)
<b>Vaginal Estrogen Preparations</b>		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	Tier 2	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	Tier 2	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	Tier 3	QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	Tier 4	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 3	
YUVAFEM VAGINAL TABLET 10 MCG (estradiol)	Tier 2	
<b>Vitamin And/Or Mineral Deficiency</b>		
<b>Fluoride Preparations</b>		
CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 4	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 2	

Drug	Status	Notes
DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))	Tier 2	
fluoride (sodium) dental cream 1.1 % (Denta 5000 Plus)	Tier 2	
fluoride (sodium) dental gel 1.1 % (DentaGel)	Tier 2	
fluoride (sodium) dental paste 1.1 % (Clinpro 5000)	Tier 2	
fluoride (sodium) dental solution 0.2 % (PreviDent)	Tier 2	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	PREV	Age (Max 6 Years)
fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	PREV	Age (Max 6 Years)
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 4	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 4	
PREVIDENT DENTAL SOLUTION 0.2 % (fluoride (sodium))	Tier 4	
SF 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 2	
SF DENTAL GEL 1.1 % (fluoride (sodium))	Tier 2	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL GEL 1.1 % (fluoride (sodium))	Tier 2	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 2	
sodium fluoride-pot nitrate dental paste 1.1-5 % (Fluoridex Sensitivity Relief)	Tier 2	
<b>Folic Acid Preparations</b>		
folic acid injection solution 5 mg/ml	Tier 2	
folic acid oral tablet 1 mg	Tier 2	
folic acid oral tablet 400 mcg, 800 mcg	PREV	
<b>Iron Replacement</b>		
ACCRUFER ORAL CAPSULE 30 MG	Tier 4	PA
CHILDREN'S IRON ORAL DROPS 15 MG IRON (75 MG)/ML (ferrous sulfate)	PREV	Age (Max 1 Years)
ferrous sulfate oral drops 15 mg iron (75 mg)/ml (Children's Iron)	PREV	Age (Max 1 Years)
PEDIA IRON ORAL DROPS 15 MG IRON (75 MG)/ML (ferrous sulfate)	PREV	Age (Max 1 Years)
PEDIATRIC FE-VITE ORAL DROPS 15 MG IRON (75 MG)/ML (ferrous sulfate)	PREV	Age (Max 1 Years)
<b>Multivitamin Preparations</b>		
b-complex with vitamin c oral tablet (Super B Complex-Vitamin C)	Tier 2	
CALCIUM PNV ORAL CAPSULE 28-1-250 MG	Tier 2	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 4	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 4	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG	Tier 2	

Drug	Status	Notes
<b>Prenatal Vitamin Preparations</b>		
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG	Tier 4	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	Tier 4	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	Tier 4	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	Tier 4	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG	Tier 4	
EXTRA-VIRT PLUS DHA ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 2	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	Tier 2	
MYNATAL ORAL TABLET 90-1-50 MG	Tier 2	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	Tier 2	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	Tier 2	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	Tier 2	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 4	
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG	Tier 2	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG	Tier 4	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	Tier 2	
PNV-FERROUS FUMARATE-DOCU-FA ORAL TABLET 29 MG IRON- 1 MG-25 MG	Tier 2	
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG	Tier 2	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG	Tier 2	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	Tier 2	
PREPLUS ORAL TABLET 27 MG IRON- 1 MG (pnv, calcium 72-iron-folic acid)	Tier 2	

Drug	Status	Notes
TRIVEEN-PRX RNF ORAL CAPSULE 26-1.2-55-300 MG	Tier 2	
VENA-BAL DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG	Tier 2	
VINATE GT ORAL TABLET 90-1-50 MG	Tier 2	
VINATE II ORAL TABLET 29 MG IRON- 1 MG	Tier 2	
VINATE ULTRA ORAL TABLET 90-1-50 MG	Tier 2	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG - 50 MG-200 MG	Tier 4	
VIVA DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	Tier 2	
VP-CH PLUS ORAL CAPSULE 29 MG IRON-1 MG -50 MG-265 MG	Tier 2	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG	Tier 2	
<b>Vitamin B Preparations</b>		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 2	
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	Tier 2	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 2	
POTABA ORAL CAPSULE 500 MG (potassium aminobenzoate)	Tier 4	
<b>Vitamin B1 Preparations</b>		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 2	
<b>Vitamin B12 Preparations</b>		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 2	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	Tier 2	
NASCOBAL NASAL SPRAY, NON- AEROSOL 500 MCG/SPRAY	Tier 4	
<b>Vitamin B6 Preparations</b>		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 2	
<b>Vitamin C Preparations</b>		
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 2	
<b>Vitamin D Preparations</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg (Rocaltrol)</i>	Tier 2	
<i>calcitriol oral solution 1 mcg/ml (Rocaltrol)</i>	Tier 2	
<i>ergocalciferol (vitamin d2) oral capsule (Vitamin D2) 1,250 mcg (50,000 unit)</i>	Tier 2	

Drug	Status	Notes
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT) (ergocalciferol (vitamin d2))	Tier 2	
<b>Zinc Replacement</b>		
<i>zinc sulfate oral tablet 50 mg zinc (220 mg)</i>	Tier 2	
<b>Weight Reduction</b>		
<b>Anorexic Agents</b>		
<i>benzphetamine oral tablet 50 mg</i>	Tier 2	
<i>diethylpropion oral tablet 25 mg</i>	Tier 2	
<i>diethylpropion oral tablet extended release 75 mg</i>	Tier 2	
LOMAIRA ORAL TABLET 8 MG (phentermine)	Tier 2	
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	Tier 2	
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Tier 2	
<i>phentermine oral capsule 15 mg, 30 mg</i>	Tier 2	
<i>phentermine oral capsule 37.5 mg</i> (Adipex-P)	Tier 2	
<i>phentermine oral tablet 37.5 mg</i> (Adipex-P)	Tier 2	
PLENITY (WELCOME KIT) ORAL CAPSULE 0.75 GRAM	Tier 4	PA
PLENITY ORAL CAPSULE 0.75 GRAM	Tier 4	PA
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	Tier 4	PA
<b>Anti-Obesity - Melanocortin 4 Receptor Agonists</b>		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 5	PA
<b>Anti-Obesity - Opioid Antag/Norepi &amp; Da Reup Inhib</b>		
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG	Tier 3	PA
<b>Anti-Obesity Glucagon-Like Peptide-1 Recep Agonist</b>		
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	Tier 3	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 3	PA
<b>Fat Absorption Decreasing Agents</b>		
XENICAL ORAL CAPSULE 120 MG	Tier 4	PA



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