

Denver Health Medical Plan Elevate Exchange, Colorado Option and Peak Formulary Administered by MedImpact

Effective January 2024

Foreword

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

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

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

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

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

How to Use the Formulary

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

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

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

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

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

Benefit Coverage and Limitations

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

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

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

1. Generic Substitution

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

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

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

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

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

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

• **Important Note for Contraceptives:**

The plan will cover, at no cost to the member, any necessary contraceptive product and will defer to the member's provider's determination. This coverage includes brand names of generic products when a provider determines them to be medically necessary.

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 plan's 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 (30-day supply max)
- 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 associated Prior Authorization (PA) require evaluation, per MedImpact P & T Committee Prior Authorization guidelines prior to dispensing at a pharmacy. Each request will be reviewed on an individual patient need basis. If the request does not meet the guidelines established by the P & T Committee, the request will not be approved and alternative therapy may be recommended.

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B. Obtaining Coverage

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

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

Non-approved requests may be appealed.

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

4. General Exclusions

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

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

5. Pharmacist and Physician Communication

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

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

Table of Contents

Allergy.....	3
Antiemesis/Antivertigo.....	6
Asthma And Copd.....	7
Autonomic Nervous System Disorders.....	16
Behavioral Health - Antidepressants.....	17
Behavioral Health - Other.....	21
Cardiovascular Disease - Arrhythmia.....	34
Cardiovascular Disease - Cardiac Stimulant.....	35
Cardiovascular Disease - Hypertension.....	35
Cardiovascular Disease - Lipid Irregularity.....	44
Cardiovascular Disease - Miscellaneous Agents.....	48
Cardiovascular Disease - Vasodilation.....	49
Contraception/Oxytocics.....	50
Cough And Cold.....	60
Dermatology - Acne.....	61
Dermatology - Antiinfective.....	65
Dermatology - Antiinflammatory.....	69
Dermatology - Miscellaneous.....	75
Dermatology - Psoriasis/Eczema.....	81
Diabetes.....	84
Ear - General Disorders.....	127
Electrolyte Regulation.....	128
Endocrine Disorder - Fertility.....	130
Endocrine Disorder - Other.....	131
Endocrine Disorder - Thyroid.....	135
Eye - General Disorders.....	136
Eye - Glaucoma.....	143
Eye - Miscellaneous.....	146
Fluid Replacement.....	147
Gout And Related Diseases.....	147
Hematological Disorders.....	147
Hormonal Deficiency.....	158
Immunization.....	161
Immunosuppression/Modulation.....	165
Infectious Disease - Bacterial.....	167
Infectious Disease - Fungal.....	172
Infectious Disease - Miscellaneous.....	173
Infectious Disease - Parasitic.....	174
Infectious Disease - Viral.....	175
Inflammatory Disease.....	181
Local Anesthesia.....	190
Lower Gastrointestinal Disorders - Bowel Inflammat.....	190
Lower Gastrointestinal Disorders - Other.....	192

Medical Supplies.....	195
Miscellaneous Agents.....	201
Neoplastic Disease.....	202
Neurological Disease - Miscellaneous.....	210
Oral/Pharyngeal Disorders.....	213
Other Drugs.....	214
Other Respiratory Disorders.....	221
Pain Management - Analgesics.....	222
Parkinsons Disease.....	231
Seizure Disorder.....	233
Skeletal Muscle Disorder.....	244
Smoking Cessation.....	245
Upper Gastrointestinal Disorders - Digestive.....	246
Upper Gastrointestinal Disorders - Spastic Disease.....	247
Upper Gastrointestinal Disorders - Ulcer Disease.....	247
Urinary Tract - Functional Disorders.....	250
Vaginal Disorders.....	253
Vitamin And/Or Mineral Deficiency.....	254
Weight Reduction.....	257

Drug	Status	Notes
Allergy		
2Nd Gen Antihistamine & Decongestant Combinations		
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)
Allergenic Extracts, Therapeutics		
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
Antihistamines - 1St Generation		
<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>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	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML (diphenhydramine hcl)	Tier 2	
<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, 50 mg</i>	Tier 2	
<i>hydroxyzine pamoate oral capsule 25 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	
<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	
Antihistamines - 2Nd Generation		
<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)

Drug	Status	Notes
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	Tier 2	
Nasal Antihistamine		
<i>azelastine nasal aerosol, spray 137 mcg</i> (0.1 %)	Tier 2	QL (60 ML per 30 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg</i> (0.15 %) (Astepro Allergy)	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)
Nasal Antihistamine & Anti-Inflam. Steroid Comb.		
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i> (Dymista)	Tier 2	ST: Requires prior prescription for Flunisolide (nasal formulation) or Fluticasone Propionate within the past 120 days; QL (23 GM per 30 days)
Nasal Anti-Inflammatory Steroids		
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</i> (0.025 %)	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 24hr Allergy)	Tier 2	QL (17 GM per 30 days)
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)

Drug	Status	Notes
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for Flunisolide, Fluticasone Propionate, Mometasone Furoate, or Nasonex 24hr Allergy 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)
Antiemesis/Antivertigo		
Antiemetic, Cannabinoid-Type		
<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)
Antiemetic/Antivertigo Agents		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 3	QL (1 EA per 28 days)
ANZEMET ORAL TABLET 50 MG	Tier 4	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 1 FILL)
<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)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	Tier 2	QL (3 EA per 21 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)

Drug	Status	Notes
<i>granisetron hcl oral tablet 1 mg</i>	Tier 2	ST: Requires prior prescription for Ondansetron tablets or ODT 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 (meclizine))	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 4 mg, 8 mg</i>	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 tablets or ODT 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)
Asthma And Copd		
Anticholinergic, Orally Inhaled Short Acting		
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	
Anticholinergics, Orally Inhaled Long Acting		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for 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)

Drug	Status	Notes
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (Spiriva with HandiHaler)	Tier 2	QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for 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)
Beta-Adrenergic Agents		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 2	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 2	
Beta-Adrenergic Agents, Inhaled, Short Acting		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Proventil 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/0.5 ml, 1.25 mg/3 ml</i>	Tier 2	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	Tier 2	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 3	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled, Long Acting		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> (Brovana)	Tier 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)

Drug	Status	Notes	
Beta-Adrenergic And Anticholinergic Combinations			
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 3	QL (60 EA per 30 days)	
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)	
Beta-Adrenergic And Glucocorticoid Combinations			
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	(fluticasone propion-salmeterol)	Tier 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	(fluticasone propion-salmeterol)	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 Budesonide/Formoterol Fumarate, Fluticasone Propionate/Salmeterol, or Fluticasone/Vilanterol within the past 120 days; QL (1 EA per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		Tier 4	QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	Tier 3	QL (60 EA per 30 days)

Drug	Status	Notes
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for Budesonide/Formoterol Fumarate, Fluticasone Propionate/Salmeterol, or Fluticasone/Vilanterol within the past 120 days; QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for Budesonide/Formoterol Fumarate, Fluticasone Propionate/Salmeterol, or Fluticasone/Vilanterol 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 Budesonide/Formoterol Fumarate, Fluticasone Propionate/Salmeterol, or Fluticasone/Vilanterol 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)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled		
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)
Glucocorticoids, Orally Inhaled		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for Arnuity Ellipta within the past 120 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: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (1 EA per 30 days)

Drug	Status	Notes
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTION, 200 MCG/ACTION, 50 MCG/ACTION	Tier 3	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTION, 200 MCG/ACTION, 50 MCG/ACTION	Tier 4	ST: Requires prior prescription for Arnuity Ellipta within the past 120 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: Requires prior prescription for Arnuity Ellipta within the past 120 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 4	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTION	Tier 4	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (120 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTION	(fluticasone propionate) Tier 3	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTION	(fluticasone propionate) Tier 3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTION	(fluticasone propionate) 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: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (1 EA per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTION, 80 MCG/ACTION	Tier 4	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (21.2 GM per 30 days)

Drug	Status	Notes
Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 4	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	Tier 4	PA
Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 4	PA
Leukotriene Receptor Antagonists		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	Tier 2	
<i>montelukast oral tablet 10 mg</i> (Singulair)	Tier 2	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	Tier 2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	Tier 2	
Mast Cell Stabilizers		
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	Tier 2	
Mast Cell Stabilizers, Orally Inhaled		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 2	
Monoclonal Antibodies To Immunoglobulin E(Ige)		
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 4	PA
Monoclonal Antibody - Interleukin-5 Antagonists		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 4	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	Tier 4	PA
Phosphodiesterase-4 (Pde4) Inhibitors		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)	Tier 2	QL (1 EA per 1 day)
Respiratory Aids, Devices, Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER (inhalational spacing device)	Tier 3	
AEROCHAMBER MINI SPACER (inhalational spacing device)	Tier 3	
AEROCHAMBER MV SPACER (inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER (inhalational spacing device)	Tier 3	

Drug	Status	Notes
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER	(inhalational spacing device)	Tier 3
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	(inhalational spacing device)	Tier 3
AEROTRACH PLUS SPACER	(inhalational spacing device)	Tier 3
AEROVENT PLUS SPACER	(inhalational spacing device)	Tier 3
BREATHERITE MDI SPACER SPACER	(inhalational spacing device)	Tier 3
BREATHERITE SPACER-MASK, NEO. SPACER		Tier 3
BREATHERITE SPACER-MASK,ADULT SPACER		Tier 3
BREATHERITE SPACER-MASK,CHILD SPACER		Tier 3
BREATHERITE SPACER- MASK,INFANT SPACER		Tier 3
BREATHERITE SPACER- MASK,S.CHLD SPACER		Tier 3
BREATHERITE VALVED MDI CHAMBER SPACER	(inhalational spacing device)	Tier 3
BREATHERITE VALVED MDI SPACER SPACER	(inhalational spacing device)	Tier 3
CLEVER CHOICE CHAMBER-LRG MASK SPACER		Tier 3
CLEVER CHOICE CHAMBER-MED MASK SPACER		Tier 3
CLEVER CHOICE CHAMBER-SM MASK SPACER		Tier 3
COMPACT SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 3
COMPACT SPACE CHAMBER-LRG MASK SPACER		Tier 3

Drug	Status	Notes
COMPACT SPACE CHAMBER-MED MASK SPACER	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER	Tier 3	
EASIVENT HOLDING CHAMBER SPACER	Tier 3	(inhalational spacing device)
EASIVENT MASK LARGE DEVICE	Tier 3	
EASIVENT MASK MEDIUM DEVICE	Tier 3	
EASIVENT MASK SMALL DEVICE	Tier 3	
FLEXICHAMBER SPACER	Tier 3	(inhalational spacing device)
FLEXICHAMBER-LG CHILD MASK DEVICE	Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE	Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE	Tier 3	
LITEAIRE MDI CHAMBER SPACER	Tier 3	(inhalational spacing device)
LITETOUCH-LARGE MASK DEVICE	Tier 3	
LITETOUCH-SMALL MASK DEVICE	Tier 3	
MICROCHAMBER SPACER	Tier 3	(inhalational spacing device)
MICROSPACER SPACER	Tier 3	(inhalational spacing device)
OPTICHAMBER ADULT MASK-LARGE DEVICE	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER	Tier 3	(inhalational spacing device)
OPTICHAMBER DIAMOND-MED MSK SPACER	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE	Tier 3	
POCKET CHAMBER SPACER	Tier 3	(inhalational spacing device)
PRIMEAIRE SPACER	Tier 3	(inhalational spacing device)
PROCARE SPACER WITH ADULT MASK SPACER	Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER	Tier 3	

Drug	Status	Notes
PROCHAMBER SPACER (inhalational spacing device)	Tier 3	
RITFLO AEROCHAMBER SPACER (inhalational spacing device)	Tier 3	
SILICONE MASK - INFANT DEVICE	Tier 3	
SPACE CHAMBER SPACER (inhalational spacing device)	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER	Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER	Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER	Tier 3	
THRESHOLD IMT TRAINER DEVICE	Tier 3	
THRESHOLD PEP DEVICE DEVICE	Tier 3	
VORTEX HOLDING CHAMBER SPACER (inhalational spacing device)	Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER	Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR SPACER	Tier 3	
Thymic Stromal Lymphopoietin (Tslp) Inhibitors		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	Tier 5	PA
Xanthines		
<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	
<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 100 mg, 200 mg, 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
Autonomic Nervous System Disorders		
Alzheimer's Therapy, Nmda Receptor Antagonists		
<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)
Alzheimer's Thx, Nmda Recept Antag & Cholines Inhib		
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	Tier 3	ST: At least 2 prior prescriptions for Adlarity, 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 Adlarity, Donepezil HCL, Memantine HCL, or Namenda XR within the past 365 days; QL (1 EA per 1 day)
Cholinesterase Inhibitors		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	Tier 4	PA
<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 24 hr 16 mg, 24 mg, 8 mg</i>	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	

Drug	Status	Notes
<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 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	Tier 2	QL (30 EA per 30 days)
Behavioral Health - Antidepressants		
Alpha-2 Receptor Antagonist Antidepressants		
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	Tier 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	
Antidepressant - Nmda Receptor Antagonist		
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 5	PA
Maois - Non-Selective & Irreversible		
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	
Ndma Receptor Antagonist And Ndri Comb		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Tier 4	PA
Norepinephrine And Dopamine Reuptake Inhib (Ndris)		
<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 sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	Tier 2	
Selective Serotonin Reuptake Inhibitor (Ssrís)		
<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/ec) 90 mg</i>	Tier 2	

Drug	Status	Notes
<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	
<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	
<i>sertraline oral capsule 150 mg, 200 mg</i>	Tier 2	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	
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		
<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	
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
<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	

Drug	Status	Notes
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	Tier 2	
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, 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, 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	
Ssri & 5Ht1a Partial Agonist Antidepressant		
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)

Drug	Status	Notes
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	Tier 2	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
Ssri & Serotonin Receptor Modulator Antidepressant		
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)
Tricyclic Antidepressant/Benzodiazepine Combinatns		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 2	
Tricyclic Antidepressant/Phenothiazine Combinatns		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 2	
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	
<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	

Drug	Status	Notes
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 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	
Behavioral Health - Other		
Adrenergics, Aromatic, Non-Catecholamine		
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG (dextroamphetamine-amphetamine)	Tier 2	QL (1 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG (dextroamphetamine-amphetamine)	Tier 2	QL (2 EA per 1 day)
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	Tier 4	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, or Mydayis within the past 365 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 sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	Tier 2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 2	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> (ProCentra)	Tier 2	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenzedi)	Tier 2	QL (180 EA per 30 days)

Drug	Status	Notes
<i>dextroamphetamine sulfate oral tablet 15 mg</i> (Zenedi)	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 sulfate oral tablet 20 mg, 30 mg</i> (Zenedi)	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 sulfate oral tablet 5 mg</i> (Zenedi)	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: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, or Mydayis within the past 365 days; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	Tier 4	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, or Mydayis within the past 365 days; QL (1 EA per 1 day)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> (Vyvanse)	Tier 2	QL (1 EA per 1 day)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Vyvanse)	Tier 2	QL (1 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)

Drug	Status	Notes
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	Tier 4	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, or Mydayis within the past 365 days; QL (1 EA per 1 day); Age (Min 6 Years)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	Tier 4	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)
Anti-Alcoholic Preparations		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 2	
Anti-Anxiety - Benzodiazepines		
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, 7.5 mg</i>	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), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	Tier 2	
<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	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 2	

Drug	Status	Notes
Anti-Anxiety Drugs		
<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	
Anti-Mania Drugs		
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	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 2	
Anti-Narcolepsy & Anti-Cataplexy, Sedative-Type Agt		
LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Tier 5	PA
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	Tier 4	PA
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 4	PA
Antipsych, Dopamine Antag., Diphenylbutylpiperidines		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 2	
Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 3	QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	Tier 3	QL (7 EA per 28 days)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 5	PA; FL: 30 DAYS' SUPPLY PER FILL
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

Drug	Status	Notes
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 2	ST: At least 2 prior prescriptions for Abilify Asimtufii, 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, Uzedy, Venlafaxine HCL, Versacloz, or Ziprasidone HCL within the past 365 days
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	Tier 2	
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	Tier 2	ST: At least 2 prior prescriptions for Abilify Asimtufii, 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, Uzedy, Venlafaxine HCL, Versacloz, or Ziprasidone HCL within the past 365 days; QL (3 EA per 1 day)

Drug	Status	Notes
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	Tier 2	ST: At least 2 prior prescriptions for Abilify Asimtufii, 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, Uzedy, Venlafaxine HCL, Versacloz, or Ziprasidone HCL within the past 365 days; QL (2 EA per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 3	ST: Requires prior prescription for oral formulation of generic Aripiprazole, Lurasidone, Olanzapine, Paliperidone, Quetiapine, Risperidone, or Ziprasidone within the past 120 days; QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
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	
Antipsychotics, Atypical, Dopamine, & Serotonin Antag		
<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 10.5 MG, 21 MG, 42 MG	Tier 4	ST: Requires prior prescription for Vraylar within the past 120 days; QL (1 EA per 1 day)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	Tier 2	
<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)

Drug	Status	Notes
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)
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)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	Tier 2	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	Tier 2	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	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	Tier 2	
<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	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	Tier 2	
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	Tier 2	
<i>risperidone oral tablet 0.25 mg</i>	Tier 2	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	Tier 2	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 2	

Drug	Status	Notes
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)
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11)	Tier 4	
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)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	Tier 2	
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	
Antipsychotics,Dopamine Antagonists,Butyrophenones		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 2	
Antipsychotics,Dopamine Antagonist,Dihydroindolones		
<i>molindone oral tablet 10 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Tier 2	QL (9 EA per 1 day)
<i>molindone oral tablet 5 mg</i>	Tier 2	
Anti-Psychotics,Phenothiazines		
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 2	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 2	

Drug	Status	Notes
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 2	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	
Barbiturates		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 2	
Hsdd Agents-Mixed Serotonin Agonist/Antagonists		
ADDYI ORAL TABLET 100 MG	Tier 4	PA
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	Tier 4	PA
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 5	PA
<i>tasimelteon oral capsule 20 mg</i> (Hetlioz)	Tier 4	PA
Menopausal Symptoms Suppressant - Ssris		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Tier 2	ST: Requires prior prescription for Paroxetine HCL or Venlafaxine HCL within the past 120 days; QL (1 EA per 1 day)
Monoamine Oxidase(Mao) Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 4	ST: Requires prior prescription for Marplan, Phenelzine Sulfate, or Tranylcypromine Sulfate within the past 120 days; QL (1 EA per 1 day)
Narcolepsy And Sleep Disorder Therapy Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)	Tier 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
Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 5	PA

Drug	Status	Notes
Narcotic Antagonists		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	Tier 3	QL (4 EA per 30 days)
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 4	
<i>naloxone injection auto-injector 10 mg/0.4 ml</i>	Tier 2	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 2	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan)	Tier 2	QL (4 EA per 30 days)
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 4	
<i>naltrexone oral tablet 50 mg</i>	Tier 2	
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	Tier 4	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	Tier 4	QL (2 ML per 30 days)
Sedative-Hypnotics - Benzodiazepines		
<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 10 mg/5 ml (2 mg/ml), 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
<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	
Sedative-Hypnotics, Non-Barbiturate		
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)

Drug	Status	Notes
<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)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	Tier 2	QL (1 EA per 1 day)
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	Tier 4	PA
<i>ketamine sublingual troche 100 mg</i>	Tier 2	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	Tier 2	
QUVIVIQ ORAL TABLET 25 MG, 50 MG	Tier 4	PA
<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, 3.5 mg</i>	Tier 2	QL (1 EA per 1 day)
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)		
NUPLAZID ORAL CAPSULE 34 MG	Tier 5	PA
NUPLAZID ORAL TABLET 10 MG	Tier 5	PA
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg</i> (Symbyax)	Tier 2	QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i> (Kapvay)	Tier 2	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	Tier 2	
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy		
AZSTARYS ORAL CAPSULE 26.1 MG-5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG-10.4 MG	Tier 4	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, or Mydayis within the past 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
CONCERTA ORAL TABLET (methylphenidate hcl) EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	Tier 2	QL (1 EA per 1 day)
CONCERTA ORAL TABLET (methylphenidate hcl) EXTENDED RELEASE 24HR 36 MG	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: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, or Mydayis within the past 365 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG	Tier 4	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, or Mydayis within the past 365 days; QL (2 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: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, or Mydayis within the past 365 days; QL (1 EA per 1 day)
METADATE ER ORAL TABLET (methylphenidate hcl) EXTENDED RELEASE 20 MG	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)

Drug	Status	Notes
<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, chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i> (Daytrana)	Tier 2	ST: Requires prior prescription for Methylphenidate HCL or Quillivant XR within the past 120 days; QL (1 EA per 1 day)
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)
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> (Strattera)	Tier 2	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Tier 4	ST: Requires prior prescription for Atomoxetine HCL, Clonidine HCL, Dexamethylphenidate HCL, Dextroamphetamine/Amphetamine, Guanfacine HCL, Methylphenidate HCL within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years)

Drug	Status	Notes
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	Tier 4	ST: Requires prior prescription for Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/Amphetamine, Guanfacine HCL, Methylphenidate HCL within the past 120 days; QL (2 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	Tier 4	ST: Requires prior prescription for Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/Amphetamine, Guanfacine HCL, Methylphenidate HCL within the past 120 days; QL (3 EA per 1 day); Age (Min 6 Years)

Cardiovascular Disease - Arrhythmia

Antiarrhythmics

<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
Cardiovascular Disease - Cardiac Stimulant		
Adrenergic Agents, Catecholamines		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 2	
Digitalis Glycosides		
DIGITEK ORAL TABLET 125 MCG (digoxin) (0.125 MG), 250 MCG (0.25 MG)	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	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	Tier 2	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Tier 4	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (digoxin)	Tier 4	PA
Cardiovascular Disease - Hypertension		
Ace Inhibitor/Calcium Channel Blocker Combination		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	Tier 2	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	Tier 2	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 2	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	Tier 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	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	Tier 2	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	Tier 2	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 2	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	Tier 2	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	Tier 2	

Drug	Status	Notes
Alpha/Beta-Adrenergic Blocking Agents		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	Tier 2	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	Tier 2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 2	
Alpha-Adrenergic Blocking Agents		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 4	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	Tier 2	
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzyline)	Tier 4	PA
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	Tier 2	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb		
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	Tier 2	
<i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	Tier 2	
Angiotensin Receptor Antag./Thiazide Diuretic Comb		
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	Tier 2	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Tier 4	ST: Requires prior prescription for an ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination within the past 120 days
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	Tier 2	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	Tier 2	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	Tier 2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	Tier 2	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	Tier 2	

Drug	Status	Notes
Angiotensin Receptor Antgnst & Calc.Channel Blockr		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	Tier 2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	Tier 2	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> (Twynta)	Tier 2	
Antihypertensives, Ace Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	Tier 2	
<i>benazepril oral tablet 5 mg</i>	Tier 2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 2	
<i>enalapril maleate oral solution 1 mg/ml</i> (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)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	Tier 2	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	Tier 2	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	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)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	Tier 2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	Tier 2	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 2	
Antihypertensives, Angiotensin Receptor Antagonist		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	Tier 2	

Drug	Status	Notes
EDARBI ORAL TABLET 40 MG, 80 MG	Tier 4	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	
Antihypertensives, Ganglionic Blockers		
VECAMYL ORAL TABLET 2.5 MG	Tier 5	PA
Antihypertensives, Miscellaneous		
<i>metyrosine oral capsule 250 mg</i> (Demser)	Tier 2	
Antihypertensives, Sympatholytic		
<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	
Antihypertensives, Vasodilators		
<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	
Beta-Adrenergic Blocking Agents		
<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
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)
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 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	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)	Tier 2	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	Tier 2	
<i>sotalol oral tablet 240 mg</i> (Betapace)	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	
Beta-Adrenergic Blocking Agents/Thiazide & Related		
<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>	Tier 2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 2	

Drug	Status	Notes
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 2	
Calcium Channel Blocking Agents		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	Tier 2	
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 (levamlodipine)	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 120 mg</i> (Cardizem LA)	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	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (diltiazem hcl)	Tier 2	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 2	
<i>levamlodipine oral tablet 5 mg</i> (Conjupri)	Tier 2	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	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 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	Tier 2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	Tier 2	

Drug	Status	Notes
<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 hr</i> <i>120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 2	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 2	
<i>verapamil oral tablet extended release</i> (Calan SR) <i>120 mg</i>	Tier 2	
<i>verapamil oral tablet extended release</i> <i>180 mg, 240 mg</i>	Tier 2	
Loop Diuretics		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)	Tier 2	PA
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	Tier 4	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	Tier 2	
<i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>	Tier 2	
<i>toremide oral tablet 20 mg</i> (Soaanz)	Tier 2	
Potassium Sparing Diuretics		
<i>amiloride oral tablet 5 mg</i>	Tier 2	
<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	

Drug	Status	Notes
<i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)	Tier 2	
Potassium Sparing Diuretics In Combination		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 2	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 2	
<i>triamterene-hydrochlorothiazid oral tablet</i> (Maxzide-25mg) 37.5-25 mg	Tier 2	
<i>triamterene-hydrochlorothiazid oral tablet</i> (Maxzide) 75-50 mg	Tier 2	
Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 4	PA
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib		
ALYQ ORAL TABLET 20 MG (tadalafil (pulm. hypertension))	Tier 4	PA
LIQREV ORAL SUSPENSION 10 MG/ML	Tier 5	PA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i> (Revatio)	Tier 2	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
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 5	PA
Pulmonary Anti-Htn, Endothelin Receptor Antagonist		
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	Tier 4	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	Tier 4	PA
OPSUMIT ORAL TABLET 10 MG	Tier 4	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 4	PA
Pulmonary Antihypertensives, Prostacyclin-Type		
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Tier 4	PA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Tier 4	PA

Drug	Status	Notes
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG	Tier 4	PA
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 DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)- 32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	Tier 5	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
Renin Inhibitor, Direct		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	Tier 2	
Renin Inhibitor, Direct/Thiazide Diuretic Comb		
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	Tier 4	
Thiazide And Related Diuretics		
<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	

Drug	Status	Notes
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Tier 2	
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 2	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	
Vasodilators, Combination		
isosorbide-hydralazine oral tablet 20-37.5 mg (BiDil)	Tier 2	
Cardiovascular Disease - Lipid Irregularity		
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib		
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)
Antihyperlipidemic - Atp Citrate Lyase Inhibitor		
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
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	Tier 4	ST: At least 2 prior prescriptions for Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin within the past 365 days; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 4	PA
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 MG/5 ML (4 MG/ML) (simvastatin)	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 Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin within the past 365 days; QL (2 EA per 1 day)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	Tier 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 Altoprev, Atorvaliq, 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
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 2	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i> (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)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i> (Crestor)	Tier 2	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (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)
<i>simvastatin oral tablet 5 mg</i>	Tier 2	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i>	Tier 2	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Mtp Inhibitor		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 4	PA
Antihyperlipidemic - Pcsk9 Inhibitors		
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
Antihyperlipidemic-Acly And Choles Absorp Inhib		
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
Bile Salt Sequestrants		
<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 (cholestyramine-aspartame)	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 (cholestyramine-aspartame)	Tier 2	
PREVALITE ORAL POWDER IN PACKET 4 GRAM (cholestyramine-aspartame)	Tier 2	

Drug	Status	Notes
Lipotropics		
ezetimibe oral tablet 10 mg (Zetia)	Tier 2	QL (1 EA per 1 day)
fenofibrate micronized oral capsule 134 mg, 200 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 (Fibracor)	Tier 2	
gemfibrozil oral tablet 600 mg (Lopid)	Tier 2	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	Tier 2	
NIACOR ORAL TABLET 500 MG (niacin)	Tier 2	
omega-3 acid ethyl esters oral capsule 1 gram (Lovaza)	Tier 2	ST: Requires prior prescription for Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, or Triglide within the past 120 days; QL (4 EA per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)	Tier 2	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	Tier 2	QL (4 EA per 1 day)
Cardiovascular Disease - Miscellaneous Agents		
Adrenergic Vasopressor Agents		
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	
Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 3	QL (2 EA per 1 day)
Antianginal & Anti-Ischemic Agents, Non-Hemodynamic		
ranolazine oral tablet extended release 12 hr 1,000 mg	Tier 2	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg	Tier 2	QL (120 EA per 30 days)
Antianginal, Heart Rate Reducing, I(F) Inhibitor		
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)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	Tier 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)
Cardiac Myosin Inhibitor		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 5	PA
Protein Stabilizers		
VYNDAMAX ORAL CAPSULE 61 MG	Tier 5	PA
VYNDAQEL ORAL CAPSULE 20 MG	Tier 5	PA
Soluble Guanylate Cyclase (Sgc) Stimulator		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 4	PA
Cardiovascular Disease - Vasodilation		
Vasodilators, Coronary		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 2	
<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	
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> (Nitro-Dur)	Tier 2	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	Tier 2	

Drug	Status	Notes
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	Tier 2	
Vasodilators, Peripheral		
<i>ergoloid oral tablet 1 mg</i>	Tier 2	
<i>papaverine injection solution 30 mg/ml</i>	Tier 2	
Contraception/Oxytocics		
Contraceptives, Intravaginal, Systemic		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	PREV	QL (1 EA per 365 days)
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	PREV	QL (1 EA per 28 days)
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	PREV	QL (1 EA per 28 days)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)	PREV	QL (1 EA per 28 days)
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	PREV	QL (1 EA per 28 days)
Contraceptives, Implantable		
NEXPLANON SUBDERMAL IMPLANT 68 MG	PREV	QL (1 EA per 365 days)
Contraceptives, Injectable		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	PREV	QL (0.65 ML per 84 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	PREV	QL (1 ML per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	PREV	QL (1 ML per 84 days)
Contraceptives, Intravaginal		
PHEXXI VAGINAL GEL 1.8-1-0.4 %	PREV	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	PREV	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	PREV	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	PREV	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	PREV	
Contraceptives, Oral		
AFIRMELLE ORAL TABLET 0.1-20 MCG (levonorgestrel-ethinyl estrad)	PREV	
AFTER PILL ORAL TABLET 1.5 MG (levonorgestrel)	PREV	
AFTERA ORAL TABLET 1.5 MG (levonorgestrel)	PREV	

Drug		Status	Notes
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	PREV	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	PREV	
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		PREV	
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV	QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	PREV	
APRI ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG		PREV	
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV	QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	PREV	
AUBRA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	PREV	
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	PREV	
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	PREV	
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
AVIANE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	PREV	
AYUNA ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	PREV	
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	PREV	
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG		PREV	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	

Drug	Status	Notes
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	PREV	
CAMILA ORAL TABLET 0.35 MG (norethindrone (contraceptive))	PREV	
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	PREV	QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	PREV	QL (91 EA per 84 days)
CAZIENT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	PREV	
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	PREV	
CHATEAL (28) ORAL TABLET 0.15- 0.03 MG	PREV	
CHATEAL EQ (28) ORAL TABLET 0.15- 0.03 MG	PREV	
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	PREV	
CYRED EQ ORAL TABLET 0.15-0.03 MG	PREV	
CYRED ORAL TABLET 0.15-0.03 MG	PREV	
DASETTA 1/35 (28) ORAL TABLET 1- 35 MG-MCG	PREV	
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	PREV	
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	PREV	QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG (norethindrone (contraceptive))	PREV	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	PREV	
DOLISHALE ORAL TABLET 90-20 MCG (28)	PREV	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	PREV	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	PREV	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	PREV	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	PREV	
ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)	PREV	

Drug		Status	Notes
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	PREV	
ELINEST ORAL TABLET 0.3-30 MCG	(norgestrel-ethinyl estradiol)	PREV	
ELLA ORAL TABLET 30 MG		PREV	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	PREV	
ENSKYCE ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV	
ERRIN ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	PREV	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	PREV	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1-50 (28))	PREV	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	PREV	
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
HAILEY ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	PREV	
HEATHER ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	
HER STYLE ORAL TABLET 1.5 MG	(levonorgestrel)	PREV	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	PREV	QL (91 EA per 84 days)
INCASSIA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	
ISIBLOOM ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV	
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV	QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	PREV	
JENCYCLA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	

Drug		Status	Notes
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	PREV	QL (91 EA per 84 days)
JOYEAUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	PREV	QL (28 EA per 28 days)
JULEBER ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	PREV	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	PREV	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	PREV	
KALLIGA ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	PREV	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	PREV	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	PREV	
KELNOR 1-50 (28) ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	PREV	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	PREV	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(Camrese Lo)	PREV	QL (91 EA per 84 days)
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(Rivelsa)	PREV	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	PREV	QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	PREV	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	PREV	
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	

Drug		Status	Notes
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	PREV	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG		PREV	
LESSINA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	PREV	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	PREV	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Joyeaux)	PREV	QL (28 EA per 28 days)
<i>levonorgestrel oral tablet 1.5 mg</i>	(After Pill)	PREV	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	PREV	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	PREV	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	(Amethyst (28))	PREV	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	PREV	QL (91 EA per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	PREV	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	PREV	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		PREV	
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV	QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	PREV	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	PREV	
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	PREV	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	PREV	
LYLEQ ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	
LYZA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	PREV	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	PREV	
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	

Drug	Status	Notes
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4) (norethindrone-e.estradiol-iron)	PREV	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone ac-eth estradiol)	PREV	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (norethindrone ac-eth estradiol)	PREV	
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	PREV	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	PREV	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	PREV	
MILI ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	PREV	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	PREV	
MY CHOICE ORAL TABLET 1.5 MG (levonorgestrel)	PREV	
MY WAY ORAL TABLET 1.5 MG (levonorgestrel)	PREV	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	PREV	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	PREV	
NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)	PREV	
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)	PREV	QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	PREV	
NORA-BE ORAL TABLET 0.35 MG (norethindrone (contraceptive))	PREV	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Wymzya Fe)	PREV	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i> (Kaitlib Fe)	PREV	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	PREV	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))	PREV	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	PREV	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (Gemmily)	PREV	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))	PREV	

Drug	Status	Notes
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7) (Aurovela Fe 1.5/30 (28))	PREV	
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9) (Tilia Fe)	PREV	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4) (Charlotte 24 Fe)	PREV	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg (Tri-Lo-Estarylla)	PREV	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28) (Tri-Estarylla)	PREV	
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg (Estarylla)	PREV	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	PREV	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	PREV	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	PREV	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	PREV	
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	PREV	
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	PREV	
NYMYO ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	PREV	
OCELLA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	PREV	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	PREV	
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	PREV	
PHILITH ORAL TABLET 0.4-35 MG-MCG	PREV	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)	PREV	
PORTIA 28 ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	PREV	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	PREV	
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (l norgest/e.estradiol-e.estrad)	PREV	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estrad)	PREV	QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG (norethindrone (contraceptive))	PREV	

Drug		Status	Notes
SIMLIYA (28) ORAL TABLET 0.15-0.02 MG X 5	(desog-e.estradiol/e.estradiol)	PREV	
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	PREV	QL (91 EA per 84 days)
SLYND ORAL TABLET 4 MG (28)		PREV	QL (28 EA per 28 days)
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	PREV	
SRONYX ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	PREV	
SYEDA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	PREV	
TAKE ACTION ORAL TABLET 1.5 MG	(levonorgestrel)	PREV	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	PREV	
TAYSOFY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	PREV	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	PREV	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	PREV	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	PREV	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	PREV	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	PREV	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	PREV	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	PREV	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	PREV	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	PREV	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	PREV	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	PREV	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	PREV	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	PREV	

Drug	Status	Notes
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol) PREV	
TULANA ORAL TABLET 0.35 MG	(norethindrone (contraceptive)) PREV	
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	PREV	
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol- lm.fa) PREV	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG- MCG	PREV	
VESTURA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol) PREV	
VIENVA ORAL TABLET 0.1-20 MG- MCG	(levonorgestrel-ethinyl estradiol) PREV	
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog- e.estradiol/e.estradiol) PREV	
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog- e.estradiol/e.estradiol) PREV	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	PREV	
VYLIBRA ORAL TABLET 0.25-35 MG- MCG	(norgestimate-ethinyl estradiol) PREV	
WERA (28) ORAL TABLET 0.5-35 MG- MCG	PREV	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG- 35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol- iron) PREV	
ZARAH ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol) PREV	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol) PREV	
ZUMANDIMINE (28) ORAL TABLET 3- 0.03 MG	(drospirenone-ethinyl estradiol) PREV	
Contraceptives, Transdermal		
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	PREV	QL (3 EA per 28 days)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	PREV	QL (3 EA per 28 days)
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	PREV	QL (3 EA per 28 days)
Diaphragms/Cervical Cap		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	PREV	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	PREV	

Drug	Status	Notes
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM	PREV	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	PREV	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	PREV	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	PREV	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	PREV	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	PREV	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	PREV	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	PREV	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	PREV	
Oxytocics		
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	
Cough And Cold		
1St Gen Antihistamine & Decongestant Combinations		
PROMETHAZINE VC ORAL SYRUP 6.25-5 MG/5 ML (promethazine-phenylephrine)	Tier 2	
1St Gen Antihist-Decongest-Anticholinergic Comb		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 2	
Antitussives,Non-Narcotic		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 2	
Narcotic Antituss-1St Gen. Antihistamine-Decongest		
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)
Narcotic Antitussive-1St Generation Antihistamine		
<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)

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)	
Narcotic Antitussive-Anticholinergic Comb.			
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	(Hydromet)	Tier 2	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	(Hycodan (with homatropine))	Tier 2	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SYRUP 5-1.5 MG/5 ML	(hydrocodone-homatropine)	Tier 2	QL (30 ML per 1 day); Age (Min 18 Years)
Non-Narc Antitussive-1St Gen. Antihistamine-Decongest			
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	(brompheniramine-pseudoeph-dm)	Tier 2	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	(Bromfed DM)	Tier 2	
Non-Narc Antitussive-1St Gen Antihistamine Comb.			
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>		Tier 2	
Nose Preparations, Vasoconstrictors (Rx)			
<i>epinephrine hcl nasal solution 1 mg/ml</i>	(Adrenalin)	Tier 2	
Dermatology - Acne			
Acne Agents, Systemic			
ACCUTANE ORAL CAPSULE 10 MG, 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, 20 mg, 30 mg, 40 mg</i>	(Accutane)	Tier 2	

Drug	Status	Notes
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 2	
Acne Agents, Topical		
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> (Epiduo)	Tier 2	
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i> (Epiduo Forte)	Tier 2	
ADEINZDE TOPICAL GEL 0.1-2.5-1 %	Tier 4	
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>	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
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	Tier 2	
<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

Drug	Status	Notes
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %	Tier 4	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 %	Tier 4	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %	Tier 4	
IDYYXIATAR TOPICAL GEL 0.025-5 %	Tier 4	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 %	Tier 4	
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	(clindamycin-benzoyl peroxide)	Tier 2
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	(clindamycin-benzoyl peroxide)	Tier 3
		ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %	Tier 4	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %	Tier 4	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %	Tier 4	
OXIAVAR TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 4
OXIAVARY TOPICAL CREAM 0.1-4 %		Tier 4
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	(Klaron)	Tier 2
Keratolytic-Glucocorticoid Combinations		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	Tier 3	
Rosacea Agents, Topical		
AVEIDA TOPICAL GEL 1-1 %	Tier 4	
<i>azelaic acid topical gel 15 %</i>	(Finacea)	Tier 2
<i>brimonidine topical gel with pump 0.33 %</i>	(Mirvaso)	Tier 2
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 %	Tier 4	
DAZOMON TOPICAL GEL 0.25 %	Tier 4	
FINACEA TOPICAL FOAM 15 %	Tier 3	
IDAOXIA TOPICAL GEL 1-4 %	Tier 4	
IDARAN TOPICAL OINTMENT 1-2 %	Tier 4	
<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
ROSADAN TOPICAL CREAM 0.75 %	(metronidazole)	Tier 2

Drug	Status	Notes
SOOLANTRA TOPICAL CREAM 1 % (ivermectin)	Tier 2	ST: Requires prior prescription for Finacea gel or foam within the past 120 days
Topical Antiandrogenic Agents		
WINLEVI TOPICAL CREAM 1 %	Tier 4	PA
Topical Preparations, Antibacterials		
BASADROX TOPICAL GEL IN PACKET	Tier 4	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	Tier 4	
<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	
SILVASORB TOPICAL GEL, EXTENDED RELEASE	Tier 2	
<i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>	Tier 2	
SILVRSTAT TOPICAL GEL 32 PPM	Tier 4	
STRONG IODINE TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)	Tier 2	
Vitamin A Derivatives		
<i>adapalene topical cream 0.1 %</i> (Differin)	Tier 2	
<i>adapalene topical gel 0.1 %</i> (Effaclar Adapalene)	Tier 2	
<i>adapalene topical gel 0.3 %</i>	Tier 2	
<i>adapalene topical gel with pump 0.3 %</i> (Differin)	Tier 2	
<i>adapalene topical lotion 0.1 %</i> (Differin)	Tier 2	Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 %	Tier 4	
AVITA TOPICAL CREAM 0.025 % (tretinoin)	Tier 2	
AVITA TOPICAL GEL 0.025 % (tretinoin)	Tier 2	
DIFFERIN TOPICAL LOTION 0.1 % (adapalene)	Tier 4	Age (Max 39 Years)
EFFACLAR ADAPALENE TOPICAL GEL 0.1 % (adapalene)	Tier 2	
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %	Tier 4	ST: Requires prior prescriptions for generic Tretinoin Microspheres 0.04% and 0.10% within the past 365 days; Age (Max 39 Years)

Drug	Status	Notes
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 % (tretinoin microspheres)	Tier 4	ST: Requires prior prescriptions for generic Tretinoin Microspheres 0.04% and 0.10% within the past 365 days; Age (Max 39 Years)
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)	Tier 2	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i> (Retin-A Micro Pump)	Tier 2	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.08 %</i> (Retin-A Micro Pump)	Tier 2	ST: Requires prior prescriptions for generic Tretinoin Microspheres 0.04% and 0.10% within the past 365 days; Age (Max 39 Years)
<i>tretinoin topical cream 0.025 %</i> (Avita)	Tier 2	
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	Tier 2	
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	Tier 2	
<i>tretinoin topical gel 0.025 %</i> (Avita)	Tier 2	
<i>tretinoin topical gel 0.05 %</i> (Atralin)	Tier 2	
Vitamin A Derivatives, Topical Acne Agents		
AKLIEF TOPICAL CREAM 0.005 %	Tier 4	ST: Requires prior prescription for Adapalene, Differin, Tazarotene, or Tretinoin within the past 120 days; Age (Max 39 Years)
Dermatology - Antiinfective		
Topical Antibiotics		
CENTANY AT TOPICAL OINTMENT KIT 2 %	Tier 4	
<i>clindamycin phosphate topical foam 1 %</i> (Clindacin)	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	
<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)

Drug	Status	Notes
<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 ointment within the past 120 days
Topical Antifungal/Anti-inflammatory, Steroid Agent		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 2	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 2	
Topical Antifungals		
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>	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	
EXELDERM TOPICAL CREAM 1 % (sulconazole)	Tier 3	
EXELDERM TOPICAL SOLUTION 1 % (sulconazole)	Tier 3	
EXODERM TOPICAL LOTION 25-1 %	Tier 2	
HAXDRAX TOPICAL SHAMPOO 0.77-2 % (ciclopirox-salicylic acid)	Tier 4	
HEXIOUNYL TOPICAL LOTION 3-5-20 %	Tier 4	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %	Tier 4	
<i>ketoconazole topical cream 2 %</i>	Tier 2	QL (180 GM per 1 FILL)
<i>ketoconazole topical shampoo 2 %</i>	Tier 2	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 %	Tier 4	

Drug	Status	Notes
<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 2 %</i> (Naftin)	Tier 2	
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)
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	
PHEDRAX TOPICAL SHAMPOO 2-2 %	Tier 4	
RIMI TOPICAL SOLUTION 5 %	Tier 4	
<i>sulconazole topical cream 1 %</i> (Exelderm)	Tier 2	
<i>sulconazole topical solution 1 %</i> (Exelderm)	Tier 2	
<i>tavaborole topical solution with applicator 5 %</i> (Kerydin)	Tier 2	PA
Topical Antiparasitics		
<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	
Topical Antivirals		
<i>acyclovir topical ointment 5 %</i> (Zovirax)	Tier 2	
Topical Pleuromutilin Derivatives		
ALTABAX TOPICAL OINTMENT 1 %	Tier 4	ST: Requires prior prescription for Mupirocin ointment within the past 120 days

Drug	Status	Notes
Topical Sulfonamides		
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	
<i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)	Tier 2	
OXIAICE TOPICAL LOTION 15-4 %	Tier 4	
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> (Avar)	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 cream 10-2 %</i> (Avar-E LS)	Tier 2	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i> (SSS 10-5)	Tier 2	
<i>sulfacetamide sodium-sulfur topical cream 9.8-4.8 %</i> (Plexion)	Tier 2	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>	Tier 2	
<i>sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %</i> (Plexion)	Tier 2	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i> (Sumaxin)	Tier 2	
<i>sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %</i> (Plexion Cleansing Cloths)	Tier 2	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	Tier 2	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 2	QL (1419 ML per 1 FILL)
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 4	
SULFAMYLON TOPICAL PACKET 50 GRAM (mafenide acetate)	Tier 4	

Drug	Status	Notes
Dermatology - Antiinflammatory		
Interleukin-13 (Il-13) Inhibitors, Mab		
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA
Top. Anti-Inflam., Phosphodiesterase-4 (Pde4) Inhib		
EUCRISA TOPICAL OINTMENT 2 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
Topical Antibiotics/Antiinflammatory, Steroidal		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 4	ST: Requires prior prescription for generic Fluocinolone Acetonide (cream, oil, ointment or solution) within the past 120 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 4	ST: Requires prior prescription for generic Fluocinolone Acetonide (cream, oil, ointment or solution) within the past 120 days
Topical Anti-Inflammatory Steroidal		
ACIOXIA TOPICAL GEL 0.1-0.5 %	Tier 4	
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	Tier 2	
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 ointment 0.1 %</i>	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>betamethasone dipropionate topical cream 0.05 %</i>	Tier 2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 2	

Drug	Status	Notes
<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	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 2	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 2	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 2	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 2	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	Tier 2	
CAPEX TOPICAL SHAMPOO 0.01 %	Tier 4	
<i>clobetasol scalp solution 0.05 %</i>	Tier 2	
<i>clobetasol topical cream 0.05 %</i>	Tier 2	
<i>clobetasol topical foam 0.05 %</i> (Olux)	Tier 2	
<i>clobetasol topical gel 0.05 %</i>	Tier 2	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	Tier 2	
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	Tier 2	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	Tier 2	
<i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)	Tier 2	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 2	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	Tier 2	
<i>clocortolone pivalate topical cream 0.1 %</i>	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
<i>desonide topical cream 0.05 %</i> (DesOwen)	Tier 2	
<i>desonide topical gel 0.05 %</i> (DesRx)	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>	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	
<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
<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	

Drug	Status	Notes
<i>fluocinolone topical oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)	Tier 2	
<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 0.05 % (fluocinonide-emollient)	Tier 2	
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	Tier 2	
FLUOXIA TOPICAL CREAM 0.05-4 %	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

Drug	Status	Notes
<i>halobetasol propionate topical cream</i> 0.05 %	Tier 2	
<i>halobetasol propionate topical ointment</i> 0.05 %	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</i> 0.1 %	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</i> 0.1 %	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>hydrocortisone butyrate topical solution</i> 0.1 %	Tier 2	
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i> (Locoid Lipocream)	Tier 2	

Drug	Status	Notes
<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 1 %</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 0.2 %</i>	Tier 2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 2	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
<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	
NUCORT TOPICAL LOTION 2 % (hydrocortisone acet-aloe vera)	Tier 4	
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	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Tier 3	

Drug	Status	Notes
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
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	
TEXACORT TOPICAL SOLUTION 2.5 %	Tier 3	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
<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	
TRIDERM TOPICAL CREAM 0.1 % (triamcinolone acetonide)	Tier 2	
TRIDERM TOPICAL CREAM 0.5 % (triamcinolone acetonide)	Tier 2	QL (454 GM per 30 days)
Topical Anti-Inflammatory, Nsaids		
<i>diclofenac epolamine transdermal patch</i> (Flector) 12 hour 1.3 %	Tier 2	
<i>diclofenac sodium topical drops</i> 1.5 %	Tier 2	
<i>diclofenac sodium topical gel</i> 1 % (Aleve (diclofenac))	Tier 2	
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)
Topical Janus Kinase (Jak) Inhibitors		
OPZELURA TOPICAL CREAM 1.5 %	Tier 3	PA
Dermatology - Miscellaneous		
Antiperspirants		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 3	

Drug	Status	Notes
DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 3	
Antiseborrheic Agents		
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 LOTION 9.8 %	Tier 4	ST: Requires prior prescription for Ciclopirox or Ketoconazole within the past 120 days
<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	
<i>sulfacetamide sodium topical shampoo 10 %</i> (Ovace Plus Shampoo)	Tier 2	
<i>sulfacetamide sodium topical shampoo 9.8 %</i> (Plexion NS)	Tier 2	
TERSI FOAM TOPICAL FOAM 2.25 %	Tier 4	
Emollients		
<i>ammonium lactate topical cream 12 %</i>	Tier 2	
<i>ammonium lactate topical lotion 12 %</i> (Skin Treatment)	Tier 2	
ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL	Tier 4	
HPR PLUS TOPICAL FOAM	Tier 4	
KERASTAT TOPICAL CREAM	Tier 4	
KERASTAT TOPICAL GEL 5 %	Tier 4	
MB HYDROGEL TOPICAL KIT, CREAM AND GEL 96.53-3-0.4 -0.066 %	Tier 2	
NEOSALUS TOPICAL FOAM	Tier 4	
NUTRASEB TOPICAL CREAM	Tier 4	
PRESERA TOPICAL FOAM	Tier 4	
PRUMYX TOPICAL CREAM	Tier 2	
XCLAIR TOPICAL CREAM	Tier 4	
Hypertrichotic Agents, Systemic/Incl. Combinations		
LITFULO ORAL CAPSULE 50 MG	Tier 5	PA
Iodine Antiseptics		
<i>povidone-iodine ophthalmic (eye) solution 5 %</i> (Betadine Ophthalmic Prep)	Tier 2	
Irrigants		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 2	

Drug	Status	Notes
<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> (Sterile Saline)	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> (Curity Sterile Water)	Tier 2	
Irritants/Counter-Irritants		
<i>cantharidin in acetone topical solution 0.7 %</i>	Tier 2	
QUTENZA TOPICAL KIT 8 %	Tier 4	PA
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	Tier 4	PA
Keratolytics		
<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; QL (0.5 GM per 1 day)
GEAMETDRAY TOPICAL GEL 17 %-2 %- 5 %	Tier 4	
HYDRO 35 TOPICAL FOAM 35 % (urea)	Tier 4	
KERALYT SCALP COMPLETE TOPICAL KIT, SHAMPOO AND GEL 6-6 %	Tier 4	
NENDRUX TOPICAL GEL 40-5 %	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	

Drug	Status	Notes
<i>podofilox topical solution 0.5 %</i>	Tier 2	QL (0.5 ML per 1 day)
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	Tier 2	
PRONAL TOPICAL GEL 10-40 %	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 film-forming soln er w/ appl 28.5 %</i> (UltraSal-ER)	Tier 2	
<i>salicylic acid topical foam 6 %</i> (Salvax)	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	
SALIMEZ FORTE TOPICAL CREAM 10 %	Tier 4	
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	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 %	Tier 4	
URAMAXIN TOPICAL FOAM 20 %	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 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	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	Tier 4	
Protectives		
GENADUR (WITH LEXINAL) KIT 2,500 MCG	Tier 4	
PR CREAM TOPICAL CREAM	Tier 2	

Drug	Status	Notes
RECEDO TOPICAL GEL	Tier 4	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (white petrolatum)	Tier 2	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %	Tier 4	
Topical Anti-Inflammatory Steroid-Local Anesthetic		
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> 2.5-1 % (Pramosone)	Tier 2	
<i>lidocaine hcl-hydrocortison ac topical cream</i> 3-0.5 % (Lidocort)	Tier 2	
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	
Topical Antineoplastic & Premalignant Lesion Agnts		
<i>bexarotene topical gel</i> 1 % (Targretin)	Tier 4	PA
<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 3	QL (5 EA per 1 FILL)
PANRETIN TOPICAL GEL 0.1 %	Tier 5	QL (60 GM per 28 days)
TOLAK TOPICAL CREAM 4 %	Tier 3	
VALCHLOR TOPICAL GEL 0.016 %	Tier 4	PA
Topical Local Anesthetics		
ANACAINE TOPICAL OINTMENT 10 %	Tier 4	

Drug	Status	Notes
ANASTIA TOPICAL LOTION 2.75 %	Tier 4	
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %	Tier 4	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC)	Tier 4	
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL,SPRAY	Tier 4	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL,SPRAY	Tier 4	
DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 2	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %	Tier 4	
DERMACINRX LIDOREX TOPICAL GEL 2.8 %	Tier 4	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %	Tier 4	
<i>ethyl chloride topical aerosol,spray 100 %</i>	Tier 2	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %	Tier 2	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (lidocaine-racepinep-tetracaine)	Tier 2	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %	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 topical adhesive patch,medicated 5 %</i> (DermacinRx Lidocan)	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	
LIDOPIN TOPICAL CREAM 3.25 %	Tier 4	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 4	
NUMBONEX TOPICAL LOTION 2.75 %	Tier 4	
NYNUTEY TOPICAL CREAM 23-7 %	Tier 4	
PAIN EASE MEDIUM STREAM SPRAY TOPICAL AEROSOL,SPRAY	Tier 4	
PAIN EASE MIST SPRAY TOPICAL AEROSOL,SPRAY	Tier 4	
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %	Tier 4	
REGENECARE TOPICAL GEL 2 %	Tier 4	

Drug	Status	Notes
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY	Tier 4	
TRANZAREL TOPICAL GEL 4 %	Tier 4	
Topical Preparations,Miscellaneous		
<i>sodium chloride topical solution 0.9 %</i> (Saljet Saline Rinse)	Tier 2	
Topical/Mucous Membr./Subcut. Enzymes		
HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML	Tier 4	
NEXOBRID TOPICAL GEL 8.8 %	Tier 4	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 4	PA
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents,Systemic		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 4	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 5	PA
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	Tier 5	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	Tier 4	PA
SOTYKTU ORAL TABLET 6 MG	Tier 5	PA
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 4	PA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 4	PA

Drug	Status	Notes
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 4	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	Tier 4	PA
TREMFYA SUBCUTANEOUS AUTO- INJECTOR 100 MG/ML	Tier 4	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 4	PA
Antipsoriatics Agents		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene topical cream 0.005 %</i> (Calsodore)	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
DIOOXIA TOPICAL CREAM 0.005-4 %	Tier 4	
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)

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	
<i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac)	Tier 2	Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.05 %	Tier 4	Age (Max 39 Years)
VTAMA TOPICAL CREAM 1 %	Tier 4	PA
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 4	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
ZORYVE TOPICAL CREAM 0.3 %	Tier 4	PA
II-23 Receptor Antagonist, Monoclonal Antibody		
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	Tier 4	PA
Topical Agents, Miscellaneous		
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %	Tier 4	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 4	
Topical Immunosuppressive Agents		
HYFTOR TOPICAL GEL 0.2 %	Tier 5	PA
NUJO TOPICAL SOLUTION 0.1 %	Tier 4	
OXIANUJI TOPICAL OINTMENT 0.03-4 %	Tier 4	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	Tier 2	ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) within the past 120 days
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 2	ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) within the past 120 days

Drug	Status	Notes
Topical Vit D Analog/Anti-inflammatory, Steroidal		
<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
Diabetes		
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.		
<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)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i> (Kombiglyze XR)	Tier 2	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
saxagliptin-metformin oral tablet, er (Kombiglyze XR) multiphase 24 hr 5-1,000 mg, 5-500 mg	Tier 2	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Antihypergly,Dpp-4 Enzyme Inhib &Thiazolidinedione		
alogliptin-pioglitazone oral tablet 12.5-30 (Oseni) mg, 25-15 mg, 25-30 mg, 25-45 mg	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Tier 3	PA
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 3	PA
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 3	PA
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 3	PA
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	PA
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 4	PA
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 4	PA
Antihyperglycemic-Sod/Gluc Cotransport2(SglT2)Inhib		
BRENZAVVY ORAL TABLET 20 MG	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (1 EA per 1 day)
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 3	QL (1 EA per 1 day)
INPEFA ORAL TABLET 200 MG	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (2 EA per 1 day)

Drug	Status	Notes
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 3	QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists		
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
Antihyperglycemic - Incretin Mimetics Combination		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 3	PA
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
<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	
Antihyperglycemic, Amylin Analog-Type		
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	
Antihyperglycemic, Dpp-4 Inhibitors		
<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)

Drug	Status	Notes
saxagliptin oral tablet 2.5 mg, 5 mg (Onglyza)	Tier 2	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)
Antihyperglycemic, Insulin-Release Stimulant Type		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 2	
glipizide oral tablet 10 mg, 5 mg	Tier 2	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg (Glucotrol XL)	Tier 2	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg (Glynase)	Tier 2	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 2	
nateglinide oral tablet 120 mg, 60 mg	Tier 2	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)	Tier 2	
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 3	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)

Drug	Status	Notes
Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)		
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	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 2	
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)
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 3	QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 3	QL (15 ML per 28 days)
Antihyperglycemic,Insulin-Rel Stim.& Biguanide Cmb		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 2	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 2	
Antihyperglycemic,Insulin-Response & Release Comb.		
<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
Antihyperglycemic-Glucocorticoid Receptor Blocker		
KORLYM ORAL TABLET 300 MG	Tier 4	PA

Drug	Status	Notes
Antihyperglycemic-SglT2 Inhibitor & Biguanide Comb		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 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: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 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: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 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)
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb		
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	Tier 2	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days

Drug	Status	Notes
<i>pioglitazone-metformin oral tablet 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
Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	Tier 3	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	Tier 3	QL (2 EA per 1 day)
Blood Sugar Diagnostics		
ACCU-CHEK AVIVA 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)
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)
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)

Drug	Status	Notes
ACCUTREND GLUCOSE TEST STRIPS (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)
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)
AGAMATRIX AMP TEST STRIPS (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)
AGAMATRIX PRESTO TEST STRIPS (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)

Drug	Status	Notes
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)
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)

Drug	Status	Notes
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)
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)

Drug	Status	Notes
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)
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 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)
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)

Drug	Status	Notes
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)
DARIO 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)
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 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 TALK PLUS 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)
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)

Drug	Status	Notes
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)
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)
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)
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)

Drug	Status	Notes
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)
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)

Drug	Status	Notes
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)
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)

Drug	Status	Notes
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)
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)

Drug	Status	Notes
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)	PREV	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)	PREV	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic)	PREV	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic)	PREV	QL (200 EA per 30 days)
FREESTYLE TEST STRIP (blood sugar diagnostic)	PREV	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)

Drug	Status	Notes
GE333 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)
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)

Drug	Status	Notes
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)
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)

Drug	Status	Notes
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)
GOJJI 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)
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 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)
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)

Drug	Status	Notes
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)
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)
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)
PIP 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)
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)

Drug	Status	Notes
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)
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)	PREV	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)
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)

Drug	Status	Notes
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)
Diabetic Supplies		
DEXCOM G6 RECEIVER	PREV	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE	PREV	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	PREV	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
EVERSENSE E3 SMART TRANSMITTER DEVICE	Tier 4	PA
EVERSENSE SMART TRANSMITTER DEVICE	Tier 4	PA
FREESTYLE FREEDOM LITE KIT (blood-glucose meter)	PREV	
FREESTYLE INSULINX (blood-glucose meter)	PREV	

Drug	Status	Notes
FREESTYLE LIBRE 14 DAY READER	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LITE METER KIT (blood-glucose meter)	PREV	
FREESTYLE PRECISION NEO METER (blood-glucose meter)	PREV	
FREESTYLE SYSTEM KIT KIT (blood-glucose meter)	PREV	
GUARDIAN 4 GLUCOSE SENSOR DEVICE	Tier 4	PA
GUARDIAN 4 TRANSMITTER DEVICE	Tier 4	PA
GUARDIAN CONNECT TRANSMITTER DEVICE	Tier 4	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE	Tier 4	PA
GUARDIAN SENSOR 3 DEVICE	Tier 4	PA
MINIMED 630G INSULIN PUMP	Tier 4	PA
MINIMED 780G INSULIN PUMP	Tier 4	PA
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 3	QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	Tier 3	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 3	QL (10 EA per 30 days)

Drug	Status	Notes
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 3	QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 3	QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 3	QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 3	QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 3	QL (10 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	Tier 3	QL (10 EA per 30 days)
PRECISION XTRA MONITOR (blood-glucose meter)	PREV	
V-GO 20 DEVICE	Tier 3	
V-GO 30 DEVICE	Tier 3	
V-GO 40 DEVICE	Tier 3	
Diabetic Ulcer Preparations, Topical		
REGRANEX TOPICAL GEL 0.01 %	Tier 3	
Hyperglycemics		
BAQSIMI NASAL SPRAY, NON- AEROSOL 3 MG/ACTUATION	Tier 4	ST: Requires prior prescription for Glucagon Emergency Kit, Gvoke, or Zegalogue within the past 120 days; 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 (glucagon hcl)	Tier 2	QL (4 EA per 1 FILL)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2	QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 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)

Drug	Status	Notes
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)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 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)
Insulins		
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, Lyumjev Tempo Pen U-100, 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, Lyumjev Tempo Pen U-100, 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

Drug	Status	Notes
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, Lyumjev Tempo Pen U-100, 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, Lyumjev Tempo Pen U-100, or Lyumjev within the past 120 days; QL (40 ML per 28 days)
BASAGLAR KWIKPEN U-100 INSULIN (insulin glargine) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: Requires prior prescription for Semglee (ygfn) or Tresiba within the past 120 days; QL (30 ML per 28 days)
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, Lyumjev Tempo Pen U-100, 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, Lyumjev Tempo Pen U-100, or Lyumjev within the past 120 days; QL (30 ML per 28 days)

Drug	Status	Notes
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Tier 4	ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog, Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, Lyumjev Tempo Pen U-100, or Lyumjev within the past 120 days; QL (40 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, Lyumjev Tempo Pen U-100, or Lyumjev within the past 120 days; QL (40 ML per 28 days)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	(insulin lispro) Tier 4	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	(insulin lispro) 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 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	(insulin lispro protamin-lispro) Tier 4	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 SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin lispro) Tier 2	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 3	QL (40 ML per 28 days)

Drug	Status	Notes
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 INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	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 INSULN 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, Lyumjev Tempo Pen U-100, 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, Lyumjev Tempo Pen U-100, 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, Lyumjev Tempo Pen U-100, or Lyumjev within the past 120 days; QL (40 ML per 28 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i> (Humalog Mix 75-25 KwikPen)	Tier 2	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i> (Humalog Junior KwikPen U-100)	Tier 2	QL (30 ML per 28 days)
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: Requires prior prescription for Semglee (ygfn) or Tresiba within the past 120 days; QL (30 ML per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	ST: Requires prior prescription for Semglee (ygfn) or Tresiba within the past 120 days; 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)
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 FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: Requires prior prescription for Humulin N within the past 120 days; QL (30 ML per 28 days)

Drug	Status	Notes
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 U100 INSULIN 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)
SEMGLEE(INSULIN GLARGINE-YFGN) (insulin glargine-yfgn) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG- (insulin glargine-yfgn) YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	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 Semglee (ygfn) 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 Semglee (ygfn) or Tresiba within the past 120 days; QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 (insulin degludec) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 (insulin degludec) SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 3	QL (18 ML per 28 days)
TRESIBA U-100 INSULIN (insulin degludec) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	QL (40 ML per 28 days)
Ear - General Disorders		
Ear Preparations Anti-Inflammatory		
<i>fluocinolone acetonide oil otic (ear) (DermOtic Oil)</i> <i>drops 0.01 %</i>	Tier 2	
Ear Preparations, Misc. Anti-Infectives		
<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	

Drug	Status	Notes
Ear Preparations,Antibiotics		
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)	Tier 2	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 4	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml- unit/ml-%</i>	Tier 2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 2	
Otic Preparations,Anti-Inflammatory-Antibiotics		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	Tier 4	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	Tier 2	
<i>ciprofloxacin-fluocinolone otic (ear)</i> (Otovel) <i>solution 0.3-0.025 % (0.25 ml)</i>	Tier 2	
Electrolyte Regulation		
Arginine Vasopressin (Avp) Receptor Antagonists		
<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)
Bicarbonate Producing/Containing Agents		
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION	Tier 4	
Electrolyte Depleters		
AURYXIA ORAL TABLET 210 MG IRON	Tier 4	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (12 EA per 1 day)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 2	

Drug	Status	Notes
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 4	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (3 EA per 1 day)
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)	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	QL (60 ML per 1 day)
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	Tier 2	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	Tier 2	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 2	
<i>sodium polystyrene sulfonate oral powder</i>	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	QL (6 EA per 1 day)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	Tier 4	PA
Potassium Replacement		
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	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 2	
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	Tier 2	

Drug	Status	Notes
potassium chloride oral tablet extended release 10 meq, 20 meq (K-Tab)	Tier 2	
potassium chloride oral tablet extended release 8 meq (Klor-Con 8)	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	
Sodium/Saline Preparations		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 2	
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 2	
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	
Endocrine Disorder - Fertility		
Drugs To Treat Impotency		
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)

Drug	Status	Notes
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)	Tier 2	QL (1 EA per 5 days)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 4	QL (1 EA per 5 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i> (Cialis)	Tier 2	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i> (Cialis)	Tier 2	PA
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG	Tier 4	
<i>varденаfil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 2	ST: Requires prior prescription for Sildenafil Citrate within the past 120 days; QL (1 EA per 5 days)
<i>varденаfil oral tablet, disintegrating 10 mg</i>	Tier 2	ST: Requires prior prescription for Sildenafil Citrate within the past 120 days; QL (1 EA per 5 days)
Endocrine Disorder - Other		
Adrenal Steroid Inhibitors		
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 5	PA
RECORLEV ORAL TABLET 150 MG	Tier 5	PA
Adrenocorticotrophic Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 5	PA
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Tier 5	PA
Antidiuretic And Vasopressor Hormones		
<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)
Antineoplastic Lhrh(Gnrh) Agonist, Pituitary Suppr.		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 4	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 4	PA

Drug	Status	Notes
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
Bone Formation Stim. Agents - Parathyroid Hormone		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	Tier 4	PA
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	Tier 5	PA
Bone Formation Stimulating Agts - Pth Rel Peptides		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 4	PA
Bone Resorption Inhibitor & Vitamin D Combinations		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 3	
Bone Resorption Inhibitors		
<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	
<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>ibandronate oral tablet 150 mg</i>	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)

Drug	Status	Notes
<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)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	Tier 2	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)
Calcimimetic, Parathyroid Calcium Enhancer		
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	Tier 4	QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	Tier 4	QL (4 EA per 1 day)
Growth Hormone Receptor Antagonists		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 4	
Growth Hormone Releasing Hormone (Ghrh) & Analogs		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 5	PA
Growth Hormones		
GENOTROPIN MINIQICK 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
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	Tier 5	PA
NORDITROPIN FLEXPPO 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

Drug	Status	Notes
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
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
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 2	
<i>paricalcitol oral capsule 1 mcg, 2 mcg (Zemlar)</i>	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)
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 5	PA
Leptin Hormone Analogs		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 5	QL (1 EA per 1 day)
Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb		
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
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
SYNAREL NASAL SPRAY, NON- AEROSOL 2 MG/ML	Tier 5	PA

Drug	Status	Notes
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents		
ORLISSA ORAL TABLET 150 MG, 200 MG	Tier 3	PA
Menopausal Sympt Supp-Sel Estrogen Recep Modulator		
OSPHENA ORAL TABLET 60 MG	Tier 4	ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (1 EA per 1 day)
Natriuretic Peptides		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	Tier 5	PA
Pituitary Suppressive Agents		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 2	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 2	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 2	
Iodine Containing Agents		
<i>potassium iodide oral solution 1 gram/ml (SSKI)</i>	Tier 2	
SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)	Tier 2	
STRONG IODINE ORAL SOLUTION 5 %	Tier 2	
Thyroid Hormones		
ARMOUR THYROID ORAL TABLET (thyroid (pork)) 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 4	ST: Requires prior prescription for NP Thyroid within the past 120 days
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	Tier 4	ST: Requires prior prescription for NP Thyroid within the past 120 days
ERMEZA ORAL SOLUTION 30 MCG/ML	Tier 2	PA
EUTHYROX ORAL TABLET 100 MCG, (levothyroxine) 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	QL (2 EA per 1 day)
<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

Drug	Status	Notes
<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	QL (2 EA per 1 day)
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	Tier 2	QL (2 EA per 1 day)
<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	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	Tier 4	ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (20 ML per 1 day)
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> (NP Thyroid)	Tier 2	
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	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
Eye - General Disorders		
Eye Antibiotic, Glucocorticoid And Nsaid Comb.		
<i>prednisol ace-gatiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 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	
<i>prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %</i>	Tier 2	
Eye Antibiotic-Corticoid Combinations		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	Tier 2	

Drug	Status	Notes
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	Tier 2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	Tier 2	
<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	
<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	ST: Requires prior prescription for ophthalmic Tobramycin/Dexamethasone drops within the past 120 days
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 2	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 4	
Eye Antihistamines		
<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)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 2	QL (10 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	Tier 2	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	Tier 2	QL (3 ML per 30 days)

Drug	Status	Notes
Eye Antiinflammatory Agents		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 4	ST: At least 2 prior prescriptions for Diclofenac Sodium, Ilevro, or Ketorolac Tromethamine within the past 365 days; QL (60 EA per 15 days)
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	Tier 4	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)
<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 Diclofenac Sodium, Ilevro, or Ketorolac Tromethamine 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)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	Tier 4	
<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	QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4	PA
FLAREX 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 (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 4	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)
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 prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 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-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 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 Diclofenac Sodium, Ilevro, or Ketorolac Tromethamine within the past 365 days; QL (9 ML per 16 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 4	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)

Drug	Status	Notes
<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 4	ST: At least 2 prior prescriptions for Diclofenac Sodium, Ilevro, or Ketorolac Tromethamine within the past 365 days; QL (3 ML per 16 days)
Eye Antivirals		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 4	ST: Requires prior prescription for oral Acyclovir, Famciclovir, or Valacyclovir within the past 120 days
Eye Local Anesthetics		
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	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 %	Tier 4	
<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	

Drug	Status	Notes
Eye Sulfonamides		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	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	
Eye Vasoconstrictors (Rx Only)		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 2	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 4	PA
Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Tier 4	PA
Ophthalmic (Eye) Antiparasitics		
XDEMVI OPHTHALMIC (EYE) DROPS 0.25 %	Tier 5	PA
Ophthalmic Antibiotics		
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> (Polycin)	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>	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	
<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 1.5 %</i>	Tier 2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	Tier 2	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 2	

Drug	Status	Notes
<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	
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>	Tier 2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 2	
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Tier 2	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 3	
Ophthalmic Antifungal Agents		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 4	
Ophthalmic Anti-Inflammatory Immunomodulator-Type		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Tier 4	ST: Requires prior prescriptions for Cyclosporine, Restasis Multidose, or Xiidra within the past 365 days; QL (60 EA per 30 days)
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 2	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	Tier 2	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 3	QL (5.5 ML per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 5	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 3	QL (60 EA per 30 days)
Ophthalmic Human Nerve Growth Factor (Hngf)		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 5	PA

Drug	Status	Notes
Ophthalmic Mast Cell Stabilizers		
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)
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
<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	
Miotics/Other Intraoc. Pressure Reducers		
<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	
BETIMOLOPHthalmic (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 0.1 %, 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>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	Tier 2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 2	
<i>orzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 2	
<i>orzolamide ophthalmic (eye) drops 2 %</i>	Tier 2	

Drug	Status	Notes
<i>dorzolamide-timolol (pf) ophthalmic (eye) (Cosopt (PF)) dropperette 2-0.5 %</i>	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) (Cosopt) drops 22.3-6.8 mg/ml</i>	Tier 2	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 4	
IYUZEH OPHTHALMIC (EYE) DROPPERETTE 0.005 %	Tier 4	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Latanoprost/pf, Lumigan, or Travoprost within the past 365 days; QL (1 EA per 1 day)
<i>latanoprost ophthalmic (eye) drops 0.005 % (Xalatan)</i>	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)
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 4	ST: At least 2 prior prescriptions for Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, 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 Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, 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	

Drug	Status	Notes
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> (Zioptan (PF))	Tier 2	QL (1 EA per 1 day)
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i> (Timoptic Ocudose (PF))	Tier 2	QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 2	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	Tier 2	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Tier 2	
<i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>	Tier 2	
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	Tier 2	QL (2.5 ML per 25 days)
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	Tier 4	PA
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 4	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Latanoprost/pf, Lumigan, 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, Latanoprost/pf, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
Mydriatics		
<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	
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	Tier 2	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 4	
<i>cyclopentolate ophthalmic (eye) drops 1 %</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 %, 1 %-1 %-2.5 %- 0.5 %</i>	Tier 2	

Drug	Status	Notes
<i>cyclop-trop-propa-phen-ket-wat</i> <i>ophthalmic (eye) drops 1 %-1 %-0.1 %-</i> <i>2.5 %-0.4 %</i>	Tier 2	
HOMATROPAIRE OPHTHALMIC (EYE) (homatropine hbr) DROPS 5 %	Tier 2	
<i>phenyleph-tropicamide in water</i> <i>ophthalmic (eye) drops 2.5-1 %</i>	Tier 2	
<i>tropicamide ophthalmic (eye) drops 0.5</i> <i>%</i>	Tier 2	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydriacyl)	Tier 2	
Ophthalmic Antifibrotic Agents		
<i>mitomycin (pf) in water ophthalmic (eye)</i> <i>syringe 0.2 mg/ml, 0.4 mg/ml</i>	Tier 4	
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 4	
Eye - Miscellaneous		
Agents For Corneal Collagen Cross-Linking		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	Tier 4	
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 %	Tier 4	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 %	Tier 4	
Artificial Tears		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	Tier 4	
MIEBO OPHTHALMIC (EYE) DROPS 100 %	Tier 4	PA
Eye Mydriatic And Nsaid Combinations		
MYDRIATIC4(TROP-PROP-PE-KTRLC) (tropic-proparacai-pe- OPHTHALMIC (EYE) DROPS 1-0.5-2.5- ketor-wat) 0.5 %	Tier 2	
<i>tropic-proparacai-pe-ketor-wat</i> (Mydriatic4(trop-prop-PE- <i>ophthalmic (eye) drops 1-0.5-2.5-0.5 %</i> ktrlc))	Tier 2	
Eye Preparations, Miscellaneous (Otc)		
GELFILM OPHTHALMIC (EYE) FILM	Tier 4	
Ophthalmic Cystine Depleting Agents		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 4	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 4	PA

Drug	Status	Notes
Fluid Replacement		
Nucleic Acid/Nucleotide Supplements		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 4	PA
Gout And Related Diseases		
Colchicine		
<i>colchicine (gout) oral capsule 0.6 mg</i> (Mitigare)	Tier 2	QL (2 EA per 1 day)
<i>colchicine (gout) 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)
Hyperuricemia Tx - Purine Inhibitors		
<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)
Uricosuric Agents		
<i>probenecid oral tablet 500 mg</i>	Tier 2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 2	
Uricosuric And Xanthine Oxidase Inhibitor Comb.		
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)
Hematological Disorders		
Agents To Tx Thrombotic Thrombocytopenic Purpura		
CABLIVI INJECTION KIT 11 MG	Tier 5	PA
CABLIVI INJECTION RECON SOLN 11 MG	Tier 5	PA
Anticoagulants, Coumarin Type		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (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	
Antifibrinolytic Agents		
<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	

Drug	Status	Notes
<i>tranexamic acid oral tablet 650 mg</i>	Tier 2	
Antihemophilic Factors		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Tier 4	
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 4	
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	Tier 4	
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	Tier 4	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	Tier 4	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 4	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Tier 4	
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Tier 4	
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	Tier 4	

Drug	Status	Notes
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	
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	

Drug	Status	Notes
Blood Factors,Miscellaneous		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 5	
Citrates As Anticoagulants		
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mgl/100ml</i>	Tier 2	
<i>citric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml</i>	Tier 2	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L	Tier 4	
<i>sodium citrate in 0.9 % nacl solution 0.5 %</i>	Tier 2	
<i>sodium citrate intra-catheter solution 4 %</i>	Tier 2	
<i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)</i>	Tier 2	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 2	
Complement (C3) Inhibitors		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 5	PA
Direct Factor Xa Inhibitors		
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 SUSPENSION FOR RECONSTITUTION 1 MG/ML	Tier 3	QL (20 ML per 1 day)
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)
Factor Ix Complex (Pcc) Preparations		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	

Drug	Status	Notes
Factor Ix Preparations		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 4	
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	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 4	
Factor X Preparations		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 5	
Factor Xiii Preparations		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 5	
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 5	
Hematinics, Other		
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, 120 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
Hemophilia Treatment Agents, Non-Factor Replacement		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	Tier 4	PA
Hemorrhologic Agents		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 2	
Heparin And Related Preparations		
<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
ENOXILUV SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	Tier 5	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 2,500 ANTI-XA UNIT/ML	Tier 4	FL: 30 DAYS' SUPPLY PER FILL; QL (8 ML per 1 day)

Drug	Status	Notes
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)
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 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>	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 lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 2	
HEPARIN LOCKFLUSH(PORCINE)(PF) (heparin, porcine (pf)) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	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	

Drug	Status	Notes
<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	
Human Monoclonal Antibody Complement(C5) Inhibitor		
TAVNEOS ORAL CAPSULE 10 MG	Tier 5	PA
Hypoxia Inducible Factor Prolyl Hydroxylase Inh.		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 4	PA
Leukocyte (Wbc) Stimulants		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
FYLNTRA 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
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 5	PA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	Tier 5	PA

Drug	Status	Notes
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	Tier 5	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
Plasma Proteins		
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG	Tier 5	PA
Platelet Aggregation Inhibitors		
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	
<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	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 2	
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PREV	
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	
<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	
ZONTIVITY ORAL TABLET 2.08 MG	Tier 4	QL (1 EA per 1 day)

Drug	Status	Notes
Platelet Reducing Agents		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	Tier 2	
<i>anagrelide oral capsule 1 mg</i>	Tier 2	
Pyruvate Kinase Activators		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 5	PA
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	Tier 5	PA
Sickle Cell Anemia Agents		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 4	
ENDARI ORAL POWDER IN PACKET 5 GRAM	Tier 5	PA
OXBRYTA ORAL TABLET 300 MG, 500 MG	Tier 5	PA
OXBRYTA ORAL TABLET FOR SUSPENSION 300 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)
Spleen Tyrosine Kinase Inhibitors		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 5	PA
Thrombin Inhibitors,Selective,Direct, & Reversible		
<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i> (Pradaxa)	Tier 2	ST: Requires prior prescriptions for Eliquis and Xarelto within the past 365 days; QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 110 MG	Tier 4	ST: Requires prior prescriptions for Eliquis and Xarelto within the past 365 days; QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	Tier 4	PA
Thrombopoietin Receptor Agonists		
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

Drug	Status	Notes
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	Tier 4	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 4	PA
Topical Hemostatics		
ASTRINGYN TOPICAL SOLUTION 259 MG/G	Tier 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	
FLOSEAL TOPICAL KIT 2,500 UNIT	Tier 4	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 4	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Tier 4	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Tier 4	
GELFOAM TOPICAL SPONGE 4	Tier 4	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML	Tier 2	
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	
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	

Drug	Status	Notes
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	
Vitamin K Preparations		
<i>phytonadione (vitamin k1) injection</i> <i>solution 10 mg/ml</i> (Vitamin K1)	Tier 2	
<i>phytonadione (vitamin k1) injection</i> <i>syringe 1 mg/0.5 ml</i>	Tier 2	
<i>phytonadione (vitamin k1) oral tablet 5</i> <i>mg</i> (Mephyton)	Tier 2	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (phytonadione (vitamin k1))	Tier 2	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML (phytonadione (vitamin k1))	Tier 2	
Hormonal Deficiency		
Androgen/Estrogen Preps For Female Sexual Dysfunc		
INTRAROSA VAGINAL INSERT 6.5 MG	Tier 4	ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (1 EA per 1 day)
Androgenic Agents		
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
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 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>testosterone cypionate intramuscular oil</i> <i>100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	Tier 2	PA
<i>testosterone enanthate intramuscular oil</i> <i>200 mg/ml</i>	Tier 2	PA
<i>testosterone transdermal gel 50 mg/5</i> <i>gram (1 %)</i> (Testim)	Tier 2	PA
<i>testosterone transdermal gel in metered-</i> <i>dose pump 10 mg/0.5 gram /actuation</i> (Fortesta)	Tier 2	PA
<i>testosterone transdermal gel in metered-</i> <i>dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	Tier 2	PA
<i>testosterone transdermal gel in metered-</i> <i>dose pump 20.25 mg/1.25 gram (1.62</i> <i>%)</i> (AndroGel)	Tier 2	PA

Drug	Status	Notes
<i>testosterone transdermal gel in packet 1</i> (AndroGel) % (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)	Tier 2	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	Tier 2	PA
TLANDO ORAL CAPSULE 112.5 MG	Tier 4	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 4	PA
Estrogen & Progestin With Antimineralocorticoid Cb		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 4	
Estrogen & Selective Estrogen Recept Mod(Serm)Comb		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 3	
Estrogen And Progestin Combinations		
BIJUVA ORAL CAPSULE 1-100 MG	Tier 4	ST: Requires prior prescription for Duavee or Premarin within the past 120 days; QL (30 EA per 30 days)
Estrogen/Androgen Combinations		
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	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i> (Covaryx H.S.)	Tier 2	
<i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i> (Covaryx)	Tier 2	
Estrogenic Agents		
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)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	Tier 4	

Drug	Status	Notes
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	ST: Requires prior prescription for Alora or Estradiol within the past 120 days; QL (52 GM per 30 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	Tier 2	
<i>estradiol 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%)</i> (Divigel)	Tier 2	QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i> (Divigel)	Tier 2	QL (30 GM per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i> (Divigel)	Tier 2	QL (37.5 GM per 30 days)
<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 valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i> (Delestrogen)	Tier 2	
<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	ST: Requires prior prescription for Alora or Estradiol within the past 120 days
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; QL (16.2 ML per 30 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 (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)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	Tier 4	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	Tier 4	QL (1 EA per 7 days)

Drug	Status	Notes
MIMVEY ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	Tier 2	
<i>norethindrone ac-eth estradiol oral tablet</i> (Fyavolv) 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 2	
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	
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	
Lhrh (Gnrh) Agonist Analog And Progestin Comb		
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG -5 MG (30)	Tier 5	PA
Menopausal Symptoms Suppressant-Nk3 Receptor Antag		
VEOZAH ORAL TABLET 45 MG	Tier 4	PA
Progestational Agents		
CRINONE VAGINAL GEL 4 %	Tier 4	
<i>medroxyprogesterone oral tablet 10 mg,</i> (Provera) 2.5 mg, 5 mg	Tier 2	
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 2	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 2	
<i>progesterone micronized oral capsule</i> (Prometrium) 100 mg, 200 mg	Tier 2	
Immunization		
Antisera		
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

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

Drug	Status	Notes
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	PREV	QL (1.5 ML per 365 days); Age (Min 10 Years and Max 25 Years)
Gram Positive Cocci Vaccines		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	Tier 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)
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 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)
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 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)
Influenza Virus Vaccines		
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	PREV	FL: 1 IN 180 DAYS; QL (0.5 ML per 180 days)
AFLURIA QUAD 2023-2024(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 2023-24(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 2023-2024 (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 2023-2024 (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 2023-2024 (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 2023-2024 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 2023-2024 (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 2023-2024 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)

Drug	Status	Notes
FLUZONE HIGHDOSE QUAD 23-24 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 2023-2024 (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 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	PREV	FL: 1 IN 180 DAYS; QL (0.5 ML per 180 days)
Toxin-Producing Bacilli Vaccines/Toxoids		
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 4	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 4	
Vaccine/Toxoid Preparations,Combinations		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF- (2.5-5-3-5 MCG)-5LF/0.5 ML	PREV	QL (0.5 ML per 365 days); Age (Min 18 Years)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5- 5-3-5 MCG)-5LF/0.5 ML	PREV	QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG- LF/0.5ML	PREV	QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	PREV	QL (0.5 ML per 365 days); Age (Min 18 Years)
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	PREV	QL (2 EA per 365 days); Age (Min 18 Years)
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	PREV	QL (2 EA per 365 days); Age (Min 18 Years)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	(tetanus-diphtheria toxoids-td)	PREV
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	PREV	QL (0.5 ML per 365 days); Age (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	PREV	QL (0.5 ML per 365 days); Age (Min 18 Years)
Viral/Tumorigenic Vaccines		
<i>adenovirus vac live type-4, 7 oral tablet,delayed release (drlec)</i>	Tier 4	
<i>adenovirus vaccine live type-4 oral tablet,delayed release (drlec)</i>	Tier 4	

Drug	Status	Notes
<i>adenovirus vaccine live type-7 oral tablet, delayed release (drlec)</i>	Tier 4	
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)
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	PREV	QL (3 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)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	PREV	QL (4 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	PREV	QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	PREV	QL (2 ML per 365 days); Age (Min 18 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	PREV	QL (2 EA per 365 days); Age (Min 18 Years)
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 5	PA
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 5	
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Tier 5	PA
<i>imiquimod topical cream in packet 5 %</i>	Tier 2	QL (2 EA per 1 day)
QUIDROXZAR TOPICAL GEL 5-0.1-30 %	Tier 4	
QUITAR TOPICAL GEL 5-0.025 %	Tier 4	

Drug	Status	Notes
Immunosuppressives		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Tier 4	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
<i>azathioprine oral tablet 100 mg, 75 mg</i> (Azasan)	PREV	
<i>azathioprine oral tablet 50 mg</i> (Imuran)	PREV	
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	Tier 2	
<i>cyclosporine modified oral capsule 50 mg</i>	Tier 2	
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	Tier 2	
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	Tier 2	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 4	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress)	Tier 2	
GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Tier 2	
GENGRAF ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Tier 2	
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 5	PA
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	Tier 2	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	Tier 2	
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	Tier 2	
<i>mycophenolate sodium oral tablet,delayed release (drlec) 180 mg, 360 mg</i> (Myfortic)	Tier 2	
NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Tier 4	
NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Tier 4	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 4	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Tier 3	
RAPAMUNE ORAL SOLUTION 1 MG/ML (sirolimus)	Tier 4	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (sirolimus)	Tier 4	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)	Tier 4	

Drug	Status	Notes
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	Tier 3	
sirolimus oral solution 1 mg/ml (Rapamune)	Tier 2	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg (Rapamune)	Tier 2	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg (Prograf)	Tier 2	
Rho Kinase Inhibitor		
REZUROCK ORAL TABLET 200 MG	Tier 4	PA
Infectious Disease - Bacterial		
Absorbable Sulfonamides		
sulfadiazine oral tablet 500 mg	Tier 2	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml (Sulfatrim)	Tier 2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg (Bactrim)	Tier 2	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg (Bactrim DS)	Tier 2	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole-trimethoprim)	Tier 2	
Betalactams		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 4	PA
Cephalosporins - 1St Generation		
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, 750 mg	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	
Cephalosporins - 2Nd Generation		
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	
Cephalosporins - 3Rd Generation		
cefdinir oral capsule 300 mg	Tier 2	

Drug	Status	Notes
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>cefixime oral capsule 400 mg</i> (Suprax)	Tier 2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Suprax)	Tier 2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 2	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 3	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	Tier 3	
Chemotherapeutics, Antibacterial, Misc.		
<i>fosfomycin tromethamine oral packet 3 gram</i> (Monurol)	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> (Urogesic-Blue)	Tier 2	
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	
Fecal Microbiota Transplantation (Fmt)		
REBYOTA RECTAL ENEMA 150 ML	Tier 5	PA
VOWST ORAL CAPSULE	Tier 4	PA
Macrolides		
<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	

Drug	Status	Notes
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Tier 3	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG	Tier 3	QL (20 EA per 10 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	
<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 (dr/ec) 250 mg</i>	Tier 2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i> (Ery-Tab)	Tier 2	
Nitrofurans Derivatives		
<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	
Oxazolidinones		
<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)
Penicillins		
<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	

Drug	Status	Notes
<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, 875-125 mg</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 2	
<i>ampicillin oral capsule 500 mg</i>	Tier 2	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 2	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (amoxicillin)	Tier 4	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 2	
Pleuromutilin Derivatives		
XENLETA ORAL TABLET 600 MG	Tier 4	PA
Quinolones		
BAXDELA ORAL TABLET 450 MG	Tier 4	PA
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (ciprofloxacin)	Tier 3	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	Tier 2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	Tier 2	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	Tier 2	
FACTIVE ORAL TABLET 320 MG	Tier 4	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 2	

Drug	Status	Notes
<i>moxifloxacin oral tablet 400 mg</i>	Tier 2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 2	
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 2	
<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)
<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)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	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 tablet 100 mg, 50 mg, 75 mg</i>	Tier 2	

Drug	Status	Notes
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)
NUZYRA ORAL TABLET 150 MG	Tier 4	PA
tetracycline oral capsule 250 mg, 500 mg	Tier 2	
Infectious Disease - Fungal		
Antifungal Agents		
clotrimazole mucous membrane troche 10 mg	Tier 2	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 4	PA
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml (Diflucan)	Tier 2	
fluconazole oral tablet 100 mg, 200 mg (Diflucan)	Tier 2	
fluconazole oral tablet 150 mg, 50 mg	Tier 2	
flucytosine oral capsule 250 mg, 500 mg (Ancobon)	Tier 2	
itraconazole oral capsule 100 mg (Sporanox)	Tier 2	
itraconazole oral solution 10 mg/ml (Sporanox)	Tier 2	
ketoconazole oral tablet 200 mg	Tier 2	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	Tier 4	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 4	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml) (Noxafil)	Tier 2	PA
posaconazole oral tablet, delayed release (dr/lec) 100 mg (Noxafil)	Tier 2	PA
terbinafine hcl oral tablet 250 mg	Tier 2	
VIVJOA ORAL CAPSULE 150 MG	Tier 4	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml) (Vfend)	Tier 2	
voriconazole oral tablet 200 mg, 50 mg (Vfend)	Tier 2	
Antifungal Antibiotics		
BREXAFEMME ORAL TABLET 150 MG	Tier 4	PA
griseofulvin microsize oral suspension 125 mg/5 ml	Tier 2	
griseofulvin microsize oral tablet 500 mg	Tier 2	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Tier 2	
nystatin oral suspension 100,000 unit/ml	Tier 2	

Drug	Status	Notes
<i>nystatin oral tablet 500,000 unit</i>	Tier 2	
Infectious Disease - Miscellaneous		
Aminoglycosides		
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
Antibacterial Agents, Miscellaneous		
<i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)	Tier 2	
Antileprotics		
<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
Anti-Mycobacterium Agents		
<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	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 2	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	Tier 2	
TRECTOR ORAL TABLET 250 MG	Tier 4	
Antitubercular Antibiotics		
<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
Lincosamides		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	Tier 2	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Clindamycin Pediatric)	Tier 2	

Drug	Status	Notes
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)	Tier 2	
Rifamycins And Related Derivative Antibiotics		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG	Tier 4	ST: Requires prior prescription for Azithromycin, Cipro, Ciprofloxacin HCL, Ciprofloxacin, Ciprofloxacin/ciprofloxacin HCL, Levofloxacin, or Ofloxacin within the past 120 days; QL (12 EA per 1 FILL)
XIFAXAN ORAL TABLET 200 MG	Tier 4	PA
XIFAXAN ORAL TABLET 550 MG	Tier 3	PA
Vancomycin And Derivatives		
<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 25 mg/ml</i> (Firvanq)	Tier 2	QL (300 ML per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)	Tier 2	QL (600 ML per 1 FILL)
Infectious Disease - Parasitic		
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial		
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, or Tinidazole within the past 365 days; QL (1 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 2	
Amebacides		
<i>paromomycin oral capsule 250 mg</i> (Humatin)	Tier 2	
Anaerobic Antiprotozoal-Antibacterial Agents		
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	Tier 2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 2	
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	Tier 2	
EGATEN ORAL TABLET 250 MG	Tier 4	
EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)	Tier 3	PA
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	Tier 2	

Drug	Status	Notes
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	Tier 2	
Antimalarial Drugs		
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	
Antiparasitics		
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)
Antiprotozoal Drugs, Miscellaneous		
<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 3	PA
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 4	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	Tier 2	
Infectious Disease - Viral		
Antiretroviral - Capsid Inhibitors		
SUNLENCA ORAL TABLET 300 MG	Tier 3	PA
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
JULUCA ORAL TABLET 50-25 MG	Tier 3	QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
DOVATO ORAL TABLET 50-300 MG	Tier 3	QL (1 EA per 1 day)

Drug	Status	Notes
Antiretroviral- Nucleoside,Nucleotide,Protease Inh.		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 3	QL (1 EA per 1 day)
Antiviral - Main Protease (Mpro) Inhibitor		
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	Tier 3	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 3	QL (30 EA per 28 days); Age (Min 12 Years)
Antiviral Nucleotide Analogs		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Tier 2	QL (40 EA per 29 days); Age (Min 18 Years)
Antivirals, General		
<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	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 2	
LIVTENCITY ORAL TABLET 200 MG	Tier 4	PA
<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	
TEMBEXA ORAL SUSPENSION 10 MG/ML	Tier 3	
TEMBEXA ORAL TABLET 100 MG	Tier 3	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG	Tier 3	
<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)
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib		
APTIVUS ORAL CAPSULE 250 MG	Tier 3	QL (4 EA per 1 day)
<i>darunavir ethanolate oral tablet 600 mg</i> (Prezista)	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
<i>darunavir ethanolate oral tablet 800 mg</i> (Prezista)	Tier 2	QL (1 EA per 1 day)
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 75 MG	Tier 3	QL (16 EA per 1 day)
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog		
CIMDUO ORAL TABLET 300-300 MG	Tier 3	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 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)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb		
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	Tier 2	QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	Tier 2	QL (2 EA per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG (abacavir-lamivudine-zidovudine)	Tier 3	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.		
<i>maraviroc oral tablet 150 mg</i> (Selzentry)	Tier 2	QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i> (Selzentry)	Tier 2	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 3	QL (31 ML per 1 day)
SELZENTRY ORAL TABLET 25 MG	Tier 3	QL (4 EA per 1 day)
SELZENTRY ORAL TABLET 75 MG	Tier 3	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 3	PA
Antivirals, Hiv-Specific, Fusion Inhibitors		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 3	QL (2 EA per 1 day)

Drug	Status	Notes
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
EDURANT ORAL TABLET 25 MG	Tier 3	QL (1 EA per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	Tier 2	
<i>efavirenz oral tablet 600 mg</i>	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>	Tier 2	QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
<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)
Antivirals, Hiv-Specific, Nucleotide Analog, Rti		
<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
Antivirals, Hiv-Specific, Protease Inhibitor Comb		
KALETRA ORAL TABLET 100-25 MG (lopinavir-ritonavir)	Tier 3	QL (10 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)
Antivirals, Hiv-Specific, Protease Inhibitors		
<i>atazanavir oral capsule 150 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>atazanavir oral capsule 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)
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)
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	
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr		
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 12 Years)
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti		
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)

Drug	Status	Notes
<i>efavirenz-lamivu-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i> (Symfi Lo)	Tier 2	QL (1 EA per 1 day)
<i>efavirenz-lamivu-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)
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor		
BIKTARVY ORAL TABLET 30-120-15 MG, 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)
Arv Comb-Nrtis & Integrase Inhibitor		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 3	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	Tier 3	QL (6 EA per 1 day)
Cytochrome P450 Inhibitors		
TYBOST ORAL TABLET 150 MG	Tier 3	QL (1 EA per 1 day)
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 4	PA
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	Tier 4	PA
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
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Tier 5	PA
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 5	PA
Hepatitis B Treatment Agents		
<i>adefovir oral tablet 10 mg</i> (Hepsera)	Tier 4	QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 4	QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	Tier 4	QL (1 EA per 1 day)

Drug	Status	Notes
<i>lamivudine oral tablet 100 mg</i>	Tier 2	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	Tier 4	ST: Requires prior prescription for Tenofovir Disoproxil Fumarate within the past 120 days; QL (1 EA per 1 day)
Hepatitis C Treatment Agents		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 4	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 4	PA
<i>ribavirin oral capsule 200 mg</i>	Tier 2	
<i>ribavirin oral tablet 200 mg</i>	Tier 2	
Hepatitis C Virus - Ns5a, Ns3/4A, Ns5b Inhib Cmb.		
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	Tier 5	PA
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Tier 5	PA
MAVYRET ORAL TABLET 100-40 MG	Tier 5	PA
ZEPATIER ORAL TABLET 50-100 MG	Tier 5	PA
Inflammatory Disease		
Anti-Arthritic And Chelating Agents		
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
Anti-Arthritic, Folate Antagonist Agents		
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Tier 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)

Drug	Status	Notes
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)
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)

Drug	Status	Notes
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)
Anti-Flam. Interleukin-1 Receptor Antagonist		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 5	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 5	PA
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	Tier 4	PA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	Tier 4	PA
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
CYLTEZO(CF) PEN CROHN'S-UC-HS (adalimumab-adbm) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA
CYLTEZO(CF) PEN PSORIASIS-UV (adalimumab-adbm) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	Tier 4	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 4	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 4	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 4	PA

Drug	Status	Notes
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 4	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 4	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 4	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 4	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 4	PA
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
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	Tier 2	
Anti-Inflammatory, Phosphodiesterase- 4(Pde4) Inhib.		
OTEZLA ORAL TABLET 30 MG	Tier 4	PA
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	Tier 4	PA

Drug	Status	Notes	
Anti-Inflammatory/Antiarthritics Agents, Misc.			
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML	Tier 4	PA	
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)	Tier 3	PA	
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML	Tier 4	PA	
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML	Tier 4	PA	
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4	PA
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML	Tier 4	PA	
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4	PA
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML	Tier 4	PA	
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML	Tier 4	PA	
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML	Tier 4	PA	
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4	PA
SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4	PA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML	Tier 3	PA	
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML	Tier 3	PA	
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4	PA
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4	PA
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup))	Tier 4	PA
Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor			
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	
Bradykinin B2 Receptor Antagonists			
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	(Sajazir)	Tier 4	PA

Drug	Status	Notes
SAJAZIR SUBCUTANEOUS SYRINGE (icatibant) 30 MG/3 ML	Tier 4	PA
C1 Esterase Inhibitors		
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
Glucocorticoids		
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 5	PA
BETALOAN SUIK KIT 6 MG/ML	Tier 4	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	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
<i>cortisone oral tablet 25 mg</i>	Tier 2	
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, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 2	
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	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
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	Tier 2	
MEDROL ORAL TABLET 2 MG	Tier 3	
MEDROLOAN II SUIK KIT 40 MG/ML	Tier 4	
MEDROLOAN SUIK KIT 40 MG/ML	Tier 4	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	Tier 2	
<i>methylprednisolone oral tablet 32 mg</i>	Tier 2	
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	Tier 2	

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), 15 mg/5 ml (5 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	
PREDNISONE 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	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	Tier 4	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Tier 4	
TARPEYO ORAL CAPSULE, DELAYED RELEASE (DR/EC) 4 MG	Tier 5	PA
TRILOAN II SUIK KIT 40 MG/ML	Tier 4	
TRILOAN SUIK KIT 40 MG/ML	Tier 4	
Gold Salts		
RIDAURA ORAL CAPSULE 3 MG	Tier 4	
Immunomodulator, B-Lymphocyte Stim (Blys)-Spec Inhib		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 5	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 5	PA
Interleukin-6 (IL-6) Receptor Inhibitors		
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
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 5	PA

Drug	Status	Notes
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 5	PA
Janus Kinase (Jak) Inhibitors		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 5	PA
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 5	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	Tier 4	PA
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 4	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 4	PA
Mineralocorticoids		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 2	
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
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
Nsaid & Topical Irritant Counter-Irritant Comb.		
COMFORT PAC-IBUPROFEN KIT 800 MG	Tier 4	
COMFORT PAC-MELOXICAM KIT 15 MG	Tier 4	
COMFORT PAC-NAPROXEN KIT 500 MG	Tier 4	
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb		
<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	
Nsaids, Cyclooxygenase 2 Inhibitor - Type		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	Tier 2	
Nsaids, Cyclooxygenase Inhibitor-Type		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 2	

Drug	Status	Notes
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 2	
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>flurbiprofen oral tablet 100 mg</i>	Tier 2	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG (ibuprofen)	Tier 2	
<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	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 2	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 2	
<i>indomethacin rectal suppository 100 mg</i>	Tier 2	
<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</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 injection syringe 15 mg/ml, 30 mg/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
<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>	Tier 2	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	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 (dr/ec) 375 mg, 500 mg</i> (EC-Naproxen)	Tier 2	
<i>naproxen sodium oral tablet 275 mg</i>	Tier 2	

Drug	Status	Notes
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	Tier 2	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	Tier 2	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	Tier 2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 2	
<i>tolmetin oral capsule 400 mg</i>	Tier 2	
<i>tolmetin oral tablet 600 mg</i>	Tier 2	
TORONOVA II SUIK KIT 30 MG/ML	Tier 4	
TORONOVA SUIK KIT 30 MG/ML	Tier 4	
Plasma Kallikrein Inhibitors		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 5	PA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	Tier 5	PA
Local Anesthesia		
Local Anesthetics		
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 % (lidocaine hcl)	Tier 2	
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML	Tier 4	
<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	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)	Tier 4	
Periodontal Anesthetics		
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %	Tier 4	
Lower Gastrointestinal Disorders - Bowel Inflammation		
Chronic Inflammation. Colon Disease, 5-Aminosalicylate, Rectal Treatment		
<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	
Drug Treatment-Chronic Inflammation. Colon Disease, 5-Aminosalicylate		
<i>balsalazide oral capsule 750 mg</i> (Colazal)	Tier 2	

Drug	Status	Notes
DIPENTUM ORAL CAPSULE 250 MG	Tier 4	ST: Requires prior prescription for Mesalamine within the past 120 days
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM (mesalamine)	Tier 2	
mesalamine oral capsule (with del rel tablets) 400 mg (Delzicol)	Tier 2	
mesalamine oral capsule, extended release 500 mg (Pentasa)	Tier 2	
mesalamine oral capsule,extended release 24hr 0.375 gram (Apriso)	Tier 2	
mesalamine oral tablet,delayed release (dr/ec) 800 mg	Tier 2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	Tier 3	
sulfasalazine oral tablet 500 mg (Azulfidine)	Tier 2	
sulfasalazine oral tablet, delayed release (dr/ec) 500 mg (Azulfidine EN-tabs)	Tier 2	
Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth		
ANA-LEX KIT RECTAL KIT 2-2 % (lidocaine-hydrocortisone- aloe)	Tier 2	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 % (Analpram-HC)	Tier 2	
hydrocortisone-pramoxine rectal cream 2.5-1 % (4g) (Analpram-HC Singles)	Tier 2	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	Tier 2	
lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)	Tier 2	
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)	Tier 2	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	Tier 2	
lidocaine-hydrocortisone-aloe rectal kit 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	
Ibs Agents, Mixed Opioid Recep Agonists/Antagonists		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 4	PA

Drug	Status	Notes
Irritable Bowel Agents,Guanylate Cylase-C Agonist		
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 prescriptions for Linzess and Lubiprostone within the past 365 days; QL (1 EA per 1 day)
Local Anorectal Nitrate Preparations		
RECTIV RECTAL OINTMENT 0.4 % (W/W)	Tier 4	
Rectal Preparations		
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	
Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)		
<i>budesonide rectal foam 2 mg/actuation</i> (Uceris)	Tier 2	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Tier 4	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	Tier 2	
Lower Gastrointestinal Disorders - Other		
Ammonia Inhibitors		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)	Tier 5	PA
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	Tier 4	PA
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	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	Tier 5	PA
PHEBURANE ORAL GRANULES 483 MG/GRAM	Tier 5	PA
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Tier 5	PA
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)	Tier 4	PA

Drug	Status	Notes
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	Tier 4	PA
Antidiarrheal - G.I. Chloride Channel Inhibitors		
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	Tier 3	ST: Requires prior prescription for Antiretrovirals within the past 120 days; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor		
XERMELO ORAL TABLET 250 MG	Tier 4	PA
Antidiarrheals		
<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	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 2	
Bile Salts		
CHENODAL ORAL TABLET 250 MG	Tier 5	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 5	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	
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog		
OALIVA ORAL TABLET 10 MG, 5 MG	Tier 4	PA
Ibs Agents,Sodium-Hydrogen Exchanger 3(Nhe3) Inhib		
IBSRELA ORAL TABLET 50 MG	Tier 4	PA
Ileal Bile Acid Transporter (Ibat) Inhibitor		
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
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	Tier 2	

Drug	Status	Notes
Irritable Bowel Synd. Agent,5Ht-4 Partial Agonist		
ZELNORM ORAL TABLET 6 MG	Tier 4	ST: Requires prior prescriptions for Linzess and Lubiprostone within the past 365 days; QL (2 EA per 1 day); Age (Max 64 Years)
Laxatives And Cathartics		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML	Tier 3	QL (320 ML per 1 FILL)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	Tier 3	QL (350 ML per 1 FILL)
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	QL (4000 ML per 1 FILL)
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350-electrolytes)	Tier 2	QL (4000 ML per 1 FILL)
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	Tier 2	
<i>lactulose oral solution 10 gram/15 ml (15 ml)</i>	Tier 2	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	Tier 2	QL (2 EA per 1 day)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	Tier 2	QL (4000 ML per 1 FILL)
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> (MoviPrep)	Tier 2	QL (1 EA per 1 FILL)
<i>peg-electrolyte soln oral recon soln 420 gram</i>	Tier 2	QL (4000 ML per 1 FILL)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	Tier 4	QL (3 EA per 1 FILL)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	Tier 2	QL (354 ML per 1 FILL)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	Tier 3	QL (2 EA per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM	Tier 3	QL (24 EA per 1 FILL)
Narcotic Antagonists, Peripherally-Acting		
<i>alvimopan oral capsule 12 mg</i> (Entereg)	Tier 2	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 3	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Tier 4	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 4	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	Tier 4	PA

Drug	Status	Notes
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)
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	PA
Medical Supplies		
Durable Medical Equipment,Misc(Group 1)		
ACCU-CHEK FASTCLIX LANCET DRUM (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	
ADVANCED TRAVEL LANCETS 28 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	
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 ULTRA THIN LANCET (lancets)	Tier 3	

Drug		Status	Notes
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 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	
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	
EMBRACE SAFETY LANCET 21 GAUGE, 28 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	
FINGERSTIX LANCETS	(lancets)	Tier 3	
FORACARE LANCETS 30 GAUGE	(lancets)	Tier 3	
FREESTYLE LANCETS 28 GAUGE	(lancets)	PREV	
FREESTYLE UNISTIK 2	(lancets)	PREV	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 3	

Drug	Status	Notes
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> (FreeStyle Unistik 2)	Tier 3	
<i>lancets 21 gauge</i> (Assure Haemolance Plus)	Tier 3	
<i>lancets 26 gauge, 30 gauge</i> (Advocate Lancet)	Tier 3	
<i>lancets 28 gauge</i> (FreeStyle Lancets)	Tier 3	
<i>lancets 33 gauge</i> (CareTouch Twist Lancet)	Tier 3	
LANCETS, SUPER THIN (lancets)	Tier 3	
LANCETS, THIN , 28 GAUGE (lancets)	Tier 3	
LANCETS, ULTRA THIN (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	
MOBILE LANCETS 30 GAUGE (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 PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (lancets)	Tier 3	

Drug	Status	Notes
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (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	
PRO COMFORT SAFETY LANCET 30 GAUGE (lancets)	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	
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	
RIGHTEST GL300 LANCETS 30 GAUGE (lancets)	Tier 3	
SAFETY LANCETS 21 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	
SMARTTEST LANCET (lancets)	Tier 3	
SOFT TOUCH LANCETS (lancets)	Tier 3	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	

Drug	Status	Notes
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	
TEMPO REFILL KIT WITH GAUZE KIT	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	
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	

Drug	Status	Notes
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 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	
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	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
VERIFINE SAFETY LANCET MINI 23 GAUGE	Tier 3	
VERIFINE UNIVERSAL LANCET 28 GAUGE (lancets)	Tier 3	
VIVAGUARD LANCET 30 GAUGE (lancets)	Tier 3	
Syringes And Accessories		
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 3	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	Tier 3	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	Tier 3	

Drug	Status	Notes
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	
Miscellaneous Agents		
Amyloidosis Agents-Transthyretin (Ttr) Suppression		
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	Tier 5	PA
Anaphylaxis Therapy Agents		
<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)
Genetic D/O Tx-Exon Inclusion Antisense Oligonucle		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 5	PA
Miscellaneous Agents		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 4	
Parasympathetic Agents		
<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	
Pharmacological Chaperone-Alpha-Galactosid.A Stabz		
GALAFOLD ORAL CAPSULE 123 MG	Tier 5	PA
Pku Treatment Agents - Phenylalanine Ammonia Lyase		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 4	PA
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
JAVYGTOR ORAL POWDER IN (sapropterin) PACKET 100 MG, 500 MG	Tier 4	
JAVYGTOR ORAL TABLET,SOLUBLE (sapropterin) 100 MG	Tier 4	

Drug	Status	Notes
KUVAN ORAL POWDER IN PACKET (sapropterin) 100 MG, 500 MG	Tier 4	
KUVAN ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Tier 4	
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Javygtor)	Tier 4	
<i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)	Tier 4	
Systemic Enzyme Inhibitors		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	Tier 5	
JOENJA ORAL TABLET 70 MG	Tier 5	PA
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	Tier 5	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML	Tier 5	
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	Tier 5	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	Tier 5	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 5	PA
Topical Anticholinergic Hyperhidrosis Tx Agents		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 3	PA
Neoplastic Disease		
Alkylating Agents		
<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, 20 mg, 250 mg, 5 mg</i>	Tier 4	PA
Antiandrogenic Agents		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	Tier 4	PA
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	Tier 2	
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 4	PA
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	Tier 4	QL (2 EA per 1 day)

Drug	Status	Notes
NUBEQA ORAL TABLET 300 MG	Tier 4	PA
XTANDI ORAL CAPSULE 40 MG	Tier 4	PA
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 4	PA
YONSA ORAL TABLET 125 MG	Tier 5	PA
Antibiotic Antineoplastics		
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	Tier 5	PA
Antimetabolites		
<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	
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 4	ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)
Antineoplastic Aromatase Inhibitors		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	Tier 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	
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI ORAL CAPSULE 75 MG	Tier 4	PA

Drug	Status	Notes
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Tier 4	PA
ZELBORAF ORAL TABLET 240 MG	Tier 4	PA
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 4	PA
ERIVEDGE ORAL CAPSULE 150 MG	Tier 4	PA
ODOMZO ORAL CAPSULE 200 MG	Tier 4	PA
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 4	PA
Antineoplastic - Kras Protein Inhibitor		
KRAZATI ORAL TABLET 200 MG	Tier 4	PA
LUMAKRAS ORAL TABLET 120 MG, 320 MG	Tier 4	PA
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC ORAL TABLET 20 MG	Tier 4	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 4	PA
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Tier 4	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 4	PA
MEKTOVI ORAL TABLET 15 MG	Tier 4	PA
Antineoplastic - Mtor Kinase Inhibitors		
<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
Antineoplastic - Protein Methyltransferase Inhibit		
TAZVERIK ORAL TABLET 200 MG	Tier 4	PA
Antineoplastic - Topoisomerase I Inhibitors		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 4	
Antineoplastic Comb - Kinase And Aromatase Inhibit		
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	Tier 5	PA

Drug	Status	Notes
Antineoplastic Immunomodulator Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	Tier 4	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 4	PA
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 4	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 4	QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Tier 4	QL (2 EA per 365 days)
ORGOVYX ORAL TABLET 120 MG	Tier 4	PA
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	Tier 4	PA
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
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 4	PA
BRUKINSA ORAL CAPSULE 80 MG	Tier 4	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 4	PA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 4	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	Tier 5	PA
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
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

Drug	Status	Notes
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 4	PA
GAVRETO ORAL CAPSULE 100 MG	Tier 4	PA
<i>gefitinib oral tablet 250 mg</i> (Iressa)	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 SUSPENSION 70 MG/ML	Tier 4	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 4	PA
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 4	PA
INREBIC ORAL CAPSULE 100 MG	Tier 4	PA
JAYPIRCA ORAL TABLET 100 MG, 50 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
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 4	PA
LYTGOBI ORAL TABLET 4 MG	Tier 4	PA
NERLYNX ORAL TABLET 40 MG	Tier 4	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 4	PA
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 4	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 4	PA

Drug	Status	Notes
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Tier 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
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	Tier 4	PA
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	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
<i>sunitinib malate 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 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 4	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 4	PA
TEPMETKO ORAL TABLET 225 MG	Tier 4	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 4	PA
TURALIO ORAL CAPSULE 125 MG	Tier 4	PA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 4	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 4	PA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 4	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 4	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 4	PA
VONJO ORAL CAPSULE 100 MG	Tier 4	PA
VOTRIENT ORAL TABLET 200 MG	Tier 4	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 4	PA

Drug	Status	Notes
XOSPATA ORAL TABLET 40 MG	Tier 4	PA
ZEJULA ORAL CAPSULE 100 MG	Tier 4	PA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 4	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 4	PA
ZYKADIA ORAL TABLET 150 MG	Tier 4	PA
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 4	PA
ZOLINZA ORAL CAPSULE 100 MG	Tier 4	
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 4	PA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 4	PA
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 4	PA
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
WELIREG ORAL TABLET 40 MG	Tier 4	PA
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 5	PA
REZLIDHIA ORAL CAPSULE 150 MG	Tier 4	PA
TIBSOVO ORAL TABLET 250 MG	Tier 4	PA
Antineoplastics,Miscellaneous		
<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	

Drug	Status	Notes
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	Tier 4	PA
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 2	
MESNEX ORAL TABLET 400 MG	Tier 4	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Tier 4	QL (24 EA per 14 days)
Intraleural Sclerosing Agents, Antineoplast. Adj.		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 4	
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 2	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM	Tier 4	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Tier 4	
Photoactivated, Antineopls. & Premalignant Lesions		
AMELUZ TOPICAL GEL 10 %	Tier 4	
LEVULAN TOPICAL SOLUTION 20 %	Tier 4	
Radioactive Therapeutic Agents		
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	
<i>sodium iodide-131 oral capsule 3.7 mbq (100 microci)</i>	Tier 2	
Selective Estrogen Receptor Modulators (Serm)		
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 5	PA
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

Drug	Status	Notes
Selective Retinoid X Receptor Agonists (Rxr)		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Tier 4	PA
Steroid Antineoplastics		
EMCYT ORAL CAPSULE 140 MG	Tier 4	
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 2	
Neurological Disease - Miscellaneous		
Agents To Treat Multiple Sclerosis		
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
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)	Tier 4	PA
<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	Tier 4	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	Tier 5	PA
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG (interferon beta-1b)	Tier 5	PA
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	Tier 4	PA
GILENYA ORAL CAPSULE 0.25 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

Drug	Status	Notes
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, 1 MG, 2 MG	Tier 4	PA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	Tier 4	PA
MAYZENT STARTER(FOR 2MG MAINT) 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
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
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	Tier 5	PA
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	Tier 4	PA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 4	PA
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Tier 4	PA

Drug	Status	Notes
FIRDAPSE ORAL TABLET 10 MG	Tier 5	PA
Amyotrophic Lateral Sclerosis Agents		
EXSERVAN ORAL FILM 50 MG	Tier 5	PA
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	Tier 5	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	Tier 5	PA
RELYVRIO ORAL POWDER IN PACKET 3-1 GRAM	Tier 5	PA
<i>riluzole oral tablet 50 mg</i> (Rilutek)	Tier 2	
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 5	PA
Fibromyalgia Agents,Serotonin- Norepineph Ru Inhib		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 4	ST: At least 2 prior prescriptions for Amitriptyline HCL, Cyclobenzaprine HCL, Duloxetine HCL, Gabapentin, or Pregabalin within the past 365 days; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 4	ST: At least 2 prior prescriptions for Amitriptyline HCL, Cyclobenzaprine HCL, Duloxetine HCL, Gabapentin, or Pregabalin within the past 365 days; QL (2 EA per 1 day)
Glypromate (Gpe) Analogs		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 5	PA
Metabolic Disease Enzyme Replacement, Moccd		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Tier 5	PA
Movement Disorders(Drug Therapy)		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)- 9MG(28) -12 MG (14)	Tier 4	PA
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 4	PA
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14)	Tier 4	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG	Tier 4	PA

Drug	Status	Notes
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	Tier 4	PA
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
Nuclear Factor Erythroid 2-Rel. Factor 2 Activator		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 5	PA
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists		
NUDEXTA ORAL CAPSULE 20-10 MG	Tier 4	PA
Sphingosine 1-Phosphate (S1p) Receptor Modulator		
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 5	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	Tier 5	PA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Tier 5	PA
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex 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	
Nose Preparations, Miscellaneous (Rx)		
<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	
Periodontal Collagenase Inhibitors		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 2	
Periodontal Tetracycline Antiinfective, Local		
ARESTIN DENTAL CARTRIDGE 1 MG	Tier 5	PA

Drug	Status	Notes
Other Drugs		
Abortifacient, Progesterone Receptor Antagonist-Typ		
MIFEPREX ORAL TABLET 200 MG (mifepristone)	Tier 4	
<i>mifepristone oral tablet 200 mg</i> (Mifeprex)	Tier 2	
Agents For Stomatological Use		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 4	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %	Tier 4	
ORAFATE MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	Tier 4	
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	Tier 4	
Antivenins		
ANASCORP INTRAVENOUS RECON SOLN 120 MG	Tier 4	
Appetite Stim. For Anorexia, Cachexia, Wasting Synd.		
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	Tier 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
Blood Collection Set With Local Anesthetics		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %	Tier 4	
LIDO BDK KIT 21 GAUGE X 1" - 2.5 %-2.5 %	Tier 4	
Cardioplegic Solutions		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 2	

Drug	Status	Notes
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM), 36 MEQ/500 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM)	Tier 4	
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Tier 2	
CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM), 7.5 MEQ/238.75 ML (POTASSIUM)	Tier 4	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM)	Tier 4	
<i>cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)</i>	Tier 2	
<i>cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)</i>	Tier 2	
<i>cardioplegic soln perfusion solution 16 meq/l (= k+)</i> (Plegisol)	Tier 2	
<i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i>	Tier 2	
CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L	Tier 4	
<i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 2	
<i>microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 2	

Drug	Status	Notes
Cholinesterase Reactivat.&Muscarinic Antg.Antidote		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 4	
Cholinesterase Reactivating,Organophos. Antidotes		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 4	
Condoms		
AIMSCO LATEX CONDOM DEVICE	Tier 4	QL (30 EA per 30 days)
DUREX AVANTI BARE REAL FEEL	Tier 4	QL (30 EA per 30 days)
FANTASY CONDOM DEVICE	Tier 4	QL (30 EA per 30 days)
FC2 FEMALE CONDOM	Tier 4	QL (30 EA per 30 days)
KIMONO CONDOMS(NON-LUBRICATED) DEVICE	Tier 4	QL (30 EA per 30 days)
KIMONO MAXX CONDOMS DEVICE	Tier 4	QL (30 EA per 30 days)
KIMONO MICROTHIN AQUA LUBE CON DEVICE	Tier 4	QL (30 EA per 30 days)
KIMONO MICROTHIN CONDOMS DEVICE	Tier 4	QL (30 EA per 30 days)
KIMONO MICROTHIN LARGE CONDOMS DEVICE	Tier 4	QL (30 EA per 30 days)
KIMONO TEXTURED CONDOMS DEVICE	Tier 4	QL (30 EA per 30 days)
TRUSTEX LATEX CONDOM DEVICE	Tier 4	QL (30 EA per 30 days)
TRUSTEX LUBRICATED CONDOMS DEVICE	Tier 4	QL (30 EA per 30 days)
TRUSTEX NON-LUB CONDOMS DEVICE	Tier 4	QL (30 EA per 30 days)
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	Tier 4	QL (30 EA per 30 days)
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	Tier 4	QL (30 EA per 30 days)
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	Tier 4	QL (30 EA per 30 days)
Cystic Fibrosis - Inhaled Osmotic Agents		
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)
Diluent Solutions		
DILUENT FOR ROTARIX ORAL SYRINGE	Tier 4	

Drug	Status	Notes
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION	Tier 4	
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION	Tier 4	
Drugs To Treat Hereditary Tyrosinemia		
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	Tier 4	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 4	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	Tier 4	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 4	PA
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing		
CERDELGA ORAL CAPSULE 84 MG	Tier 4	
<i>miglustat oral capsule 100 mg</i> (Zavesca)	Tier 4	PA
Environment Allergens And Irritants, Other		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH, MEDICATED	Tier 4	
General Anesthetics - Benzodiazepine, Injectable		
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 2	
<i>midazolam injection solution 5 mg/ml</i>	Tier 2	
General Anesthetics, Inhalant		
<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	
TERRELL INHALATION LIQUID 99.9 % (isoflurane)	Tier 2	
General Inhalation Agents		
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> (Hyper-Sal)	Tier 2	

Drug	Status	Notes
Intra-Uterine Devices (IUD's)		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	PREV	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HRS (8 YRS) 52 MG	PREV	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HOURS (8 YRS) 52 MG	PREV	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	PREV	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	PREV	
Metabolic Deficiency Agents		
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	Tier 4	PA
<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	
Metabolic Disease Enzyme Replace, Hypophosphatasia		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Tier 4	PA
Metabolic Dx Enzyme Replacement, Sev. Comb. Immune Def.		
REVCOSI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 5	PA
Metallic Poison, Agents To Treat		
CHEMET ORAL CAPSULE 100 MG	Tier 4	
CUVRIOR ORAL TABLET 300 MG	Tier 5	PA
<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 1,000 mg, 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 ORAL SOLUTION 100 MG/ML	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	
Muscarinic Receptor Antagonists		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 4	
Needles/Needleless Devices		
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 3	
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 3	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 3	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 3	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 3	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	Tier 3	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 3	
Oral Lipid Supplements		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 5	PA
Oral Mucositis/Stomatitis Agents		
FIRST-MOUTHWASH BLM MUCOUS MEMBRANE MOUTHWASH 200-25-400-40 MG/30 ML	Tier 4	
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	
Saliva Stimulant Agents		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 4	
Saliva Substitute Agents		
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 4	
Skin Tissue Replacement		
APLIGRAF TOPICAL DISK	Tier 4	

Drug	Status	Notes
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, 5 X 5 CM	Tier 4	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 4	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM	Tier 4	
KERAMATRIX TOPICAL SHEET 2 X 2 ", 4 X 4 "	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	
STRATAGRAFT TOPICAL SHEET 8 CM X 12.5 CM	Tier 4	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM	Tier 4	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM	Tier 4	
Somatostatic Agents		
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG	Tier 5	PA
<i>octreotide acetate injection solution</i> <i>1,000 mcg/ml, 200 mcg/ml</i>	Tier 4	
<i>octreotide acetate injection solution 100</i> (Sandostatin) <i>mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 4	
<i>octreotide acetate injection syringe 100</i> <i>mcg/ml (1 ml), 50 mcg/ml (1 ml), 500</i> <i>mcg/ml (1 ml)</i>	Tier 4	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 5	PA
Tissue/Wound Adhesives		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML)	Tier 4	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML	Tier 4	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML	Tier 4	

Drug	Status	Notes
Vaccine Adjuvants		
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION	PREV	QL (1 ML per 365 days); Age (Min 50 Years)
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	Tier 4	PA
<i>pirfenidone oral tablet 267 mg, 801 mg</i> (Esbriet)	Tier 4	PA
<i>pirfenidone oral tablet 534 mg</i>	Tier 4	PA
Cystic Fib. Transmemb Conduct. Reg. (Cftr) Potentiator		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 4	PA
KALYDECO ORAL TABLET 150 MG	Tier 4	PA
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 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 GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Tier 4	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 4	PA
Lung Surfactants		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 4	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 4	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 4	
Mucolytics		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 2	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 4	PA

Drug	Status	Notes
Pulmonary Fibrosis - Systemic Enzyme Inhibitors		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 4	PA
Pain Management - Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		
<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	
Analgesic, Salicylate, Barbiturate, & Xanthine Cmb		
<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	
Analgesic, Non-Salicylate, Barbiturate, & Xanthine Cmb		
<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	
ZEBUTAL ORAL CAPSULE 50-325-40 MG (butalbital-acetaminophen-caff)	Tier 2	
Analgesic/Antipyretics, Salicylates		
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	PREV	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Aspir-Trin)	PREV	
ASPIR-TRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	PREV	
BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)	PREV	
BAYER ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	PREV	
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 2	

Drug	Status	Notes
<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	
Analgesics, Narcotic Agonist And Nsaid Combination		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 2	
Analgesics,Narcotics		
<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)
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 MG/ML, 2 MG/ML, 4 MG/ML (hydromorphone (pf))	Tier 4	
<i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 2	

Drug	Status	Notes
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 500 mcg/50 ml (10 mcg/ml)</i>	Tier 2	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	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
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	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 (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 2	
<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, 32 mg, 8 mg</i>	Tier 2	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<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, 80 MG (hydrocodone bitartrate)	Tier 4	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 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 oral solution 50 mg/5 ml</i>	Tier 2	QL (30 ML per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 2	QL (6 EA per 1 day)
<i>methadone injection solution 10 mg/ml</i>	Tier 2	QL (4 ML per 1 day)
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML (methadone)	Tier 2	QL (4 ML per 1 day)
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	Tier 2	QL (4 ML per 1 day)

Drug	Status	Notes
<i>methadone oral solution 10 mg/5 ml</i>	Tier 2	QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 2	QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>methadone oral tablet, soluble 40 mg</i> (Methadose)	Tier 2	QL (1 EA per 1 day)
METHADOSE ORAL TABLET, SOLUBLE 40 MG (methadone)	Tier 2	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 in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)</i>	Tier 2	
<i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 5 mg/ml</i>	Tier 2	
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 2	
<i>morphine intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/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, 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 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> (MS Contin)	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	

Drug	Status	Notes
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 4	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 4	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, 5 mg</i>	Tier 2	
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	Tier 2	
<i>oxycodone oral tablet,oral only,ext.rel.12</i> (OxyContin) <i>hr 10 mg, 20 mg, 40 mg</i>	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</i> (OxyContin) <i>hr 80 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL (oxycodone) ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL (oxycodone) ONLY,EXT.REL.12 HR 80 MG	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	

Drug	Status	Notes
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG	Tier 4	
<i>tramadol oral solution 5 mg/ml</i> (Qdolo)	Tier 2	PA
<i>tramadol oral tablet 50 mg</i>	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)
Antimigraine Preparations		
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
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 4	PA

Drug	Status	Notes
<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)
<i>dihydroergotamine injection solution 1 mg/ml</i>	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)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	Tier 4	PA
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>	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)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 2	QL (18 EA per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	Tier 3	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Tier 3	PA
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)

Drug	Status	Notes
<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)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Tier 4	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 ML per 28 days); Age (Min 18 Years)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 3	PA
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	Tier 4	PA
<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)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (zolmitriptan)	Tier 2	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)

Drug	Status	Notes
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 3	PA
Narc.& Non-Sal.Analgesic,Barbiturate &Xanthine Cmb		
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)	Tier 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)
Narcotic & Salicylate Analgesics, Barb.& Xanthine		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG (codeine-butalbital-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-butalbital-asa-caff)	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Tier 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)
<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 7.5-325 mg/15 ml</i>	Tier 2	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	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>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	Tier 2	QL (61 ML per 1 day)

Drug	Status	Notes
<i>oxycodone-acetaminophen oral tablet</i> (Endocet) 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 2	QL (12 EA per 1 day)
<i>tramadol-acetaminophen oral tablet</i> 37.5-325 mg	Tier 2	QL (10 EA per 1 day); Age (Min 12 Years)
Narcotic Withdrawal Therapy Agents		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film</i> (Suboxone) 12-3 mg, 8-2 mg	Tier 2	QL (2 EA per 1 day)
<i>buprenorphine-naloxone sublingual film</i> (Suboxone) 2-0.5 mg, 4-1 mg	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)
Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist		
LUCEMYRA ORAL TABLET 0.18 MG	Tier 4	PA
Skeletal Muscle Relaxant, Salicylate, Narc Analgesic		
<i>carisoprodol-aspirin-codeine oral tablet</i> 200-325-16 mg	Tier 2	QL (8 EA per 1 day); Age (Min 12 Years)
Parkinsons Disease		
Antiparkinsonism Drugs, Anticholinergic		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 2	
Antiparkinsonism Drugs, Other		
<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	
<i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)	Tier 4	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</i> (Sinemet)	Tier 2	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	Tier 2	

Drug	Status	Notes
<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
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 5	PA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	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	

Drug	Status	Notes
<i>pramipexole oral tablet extended release</i> (Mirapex ER) 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	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)
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)
Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	Tier 2	
Seizure Disorder		
Anticonvulsant - Benzodiazepine Type		
<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	

Drug	Status	Notes
<i>diazepam rectal kit 12.5-15-17.5-20 mg, (Diastat AcuDial) 5-7.5-10 mg</i>	Tier 2	
<i>diazepam rectal kit 2.5 mg (Diastat)</i>	Tier 2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 4	QL (10 EA per 30 days)
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)
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 4	ST: At least 2 prior prescriptions for Clobazam, Lamotrigine, Levetiracetam, Topiramate, Valproic Acid (as Sodium Salt), or Valproic Acid within the past 365 days
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	Tier 4	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, 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, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (2 EA per 1 day)

Drug	Status	Notes
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 3	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 3	QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	Tier 2	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	Tier 2	
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	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 4	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex)	Tier 4	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (divalproex)	Tier 4	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex)	Tier 4	
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 4	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG (phenytoin)	Tier 4	
DILANTIN ORAL CAPSULE 30 MG	Tier 4	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (phenytoin)	Tier 4	
<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	
EPITOL ORAL TABLET 200 MG (carbamazepine)	Tier 2	
EPRONTIA ORAL SOLUTION 25 MG/ML	Tier 4	PA
<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	QL (30 ML per 1 day)
<i>felbamate oral tablet 400 mg</i> (Felbatol)	Tier 2	QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i> (Felbatol)	Tier 2	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 3 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lacosamide, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Vimpat, Zonisade, 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 3 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lacosamide, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Vimpat, Zonisade, 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 3 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lacosamide, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Vimpat, Zonisade, 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 3 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lacosamide, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Vimpat, Zonisade, 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 300 mg/6 ml (6 ml)</i>	Tier 2	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	Tier 2	
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	Tier 2	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	Tier 2	QL (2 EA per 1 day)
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

Drug	Status	Notes
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
<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)

Drug	Status	Notes
<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 tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	Tier 2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	Tier 2	
<i>methsuximide oral capsule 300 mg</i> (Celontin)	Tier 2	
<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, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Valproic Acid, Zonisade, 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, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (4 EA per 1 day)

Drug		Status	Notes
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	(phenytoin sodium extended)	Tier 4	
<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	
<i>primidone oral tablet 125 mg</i>		Tier 2	
<i>primidone oral tablet 250 mg, 50 mg</i>	(Mysoline)	Tier 2	
<i>rufinamide oral suspension 40 mg/ml</i>	(Banzel)	Tier 2	ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i>	(Banzel)	Tier 2	ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i>	(Banzel)	Tier 2	ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (8 EA per 1 day)
SABRIL ORAL TABLET 500 MG	(vigabatrin)	Tier 5	PA
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	(lamotrigine)	Tier 4	
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS, DOSE PACK 25 MG (35)	(lamotrigine)	Tier 4	
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS, DOSE PACK 25 MG (84) -100 MG (14)	(lamotrigine)	Tier 4	
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS, DOSE PACK 25 MG (42) -100 MG (7)	(lamotrigine)	Tier 4	

Drug	Status	Notes
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (carbamazepine)	Tier 4	
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	Tier 4	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (carbamazepine)	Tier 4	
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i>	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Valproic Acid, Zonisade, 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, extended release 24hr 100 mg</i> (Trokendi XR)	Tier 2	QL (2 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 25 mg</i> (Trokendi XR)	Tier 2	QL (8 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 50 mg</i> (Trokendi XR)	Tier 2	QL (4 EA per 1 day)
<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)

Drug	Status	Notes
<i>topiramate oral capsule, sprinkle, er 24hr</i> (Qudexy XR) 150 mg, 200 mg	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 (topiramate)	Tier 4	QL (2 EA per 1 day)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 25 MG (topiramate)	Tier 4	QL (8 EA per 1 day)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 50 MG (topiramate)	Tier 4	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	PA
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	Tier 4	PA
VIGADRONE ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 4	PA
VIGADRONE ORAL TABLET 500 MG (vigabatrin)	Tier 4	PA
VIMPAT ORAL TABLETS, DOSE PACK 50 MG (14)- 100 MG (14)	Tier 3	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	Tier 3	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, 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, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, 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, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, 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, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 120 days; QL (1 EA per 1 day)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Tier 4	PA
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	Tier 2	
<i>zonisamide oral capsule 50 mg</i>	Tier 2	

Drug	Status	Notes
Neuroactive Steroid Gaba-A Receptor Modulator		
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 5	PA
Skeletal Muscle Disorder		
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh		
<i>dichlorphenamide oral tablet 50 mg</i> (Keveyis)	Tier 4	PA
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	Tier 4	PA
Retinoic Acid Receptor (Rar) Agonists		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Tier 5	PA
Skeletal Muscle Relax.& Top.Irritant Counter-Irritant		
COMFORT PAC-CYCLOBENZAPRINE KIT 10 MG	Tier 4	
COMFORT PAC-TIZANIDINE KIT 4 MG	Tier 4	
Skeletal Muscle Relaxants		
<i>baclofen oral solution 5 mg/5 ml</i> (Ozobax)	Tier 2	PA
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i> (Fleqsuvy)	Tier 2	PA
<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 500 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>dantrolene oral capsule 100 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	Tier 2	QL (3 EA per 1 day)
<i>dantrolene oral capsule 50 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>metaxalone oral tablet 400 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>metaxalone oral tablet 800 mg</i>	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 25-385-30 mg</i> (Norgesic)	Tier 2	QL (8 EA per 1 day)
<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)
<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)

Drug	Status	Notes
Smoking Cessation		
Smoking Deterrent Agents (Ganglionic Stim,Others)		
<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 (168 EA per 10 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 (10 ML per 2 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)
Smoking Deterrent-Nicotinic Recept.Partial Agonist		
<i>varenicline oral tablet 0.5 mg</i>	PREV	FL: 180 DAYS' SUPPLY PER YEAR; QL (2 EA per 1 day); Age (Min 18 Years)
<i>varenicline oral tablet 1 mg</i> (Chantix)	PREV	FL: 180 DAYS' SUPPLY PER YEAR; QL (2 EA per 1 day); Age (Min 18 Years)
<i>varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	PREV	FL: 180 DAYS' SUPPLY PER YEAR; QL (2 EA per 1 day); Age (Min 18 Years)
Smoking Deterrents, Other		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	PREV	FL: 180 DAYS' SUPPLY PER YEAR; QL (2 EA per 1 day); Age (Min 18 Years)
Upper Gastrointestinal Disorders - Digestive		
Gastric Enzymes		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 5	PA
Pancreatic Enzymes		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 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	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	Tier 4	

Drug	Status	Notes
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	
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		
<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	
Belladonna Alkaloids		
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> (Levbid)	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	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine sulfate)	Tier 4	
Upper Gastrointestinal Disorders - Ulcer Disease		
Anticholinergics,Quaternary Ammonium		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> (Librax (with clidinium))	Tier 2	

Drug	Status	Notes
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG	Tier 4	ST: Requires prior prescription for Glycopyrrolate 2mg within the past 120 days; QL (4 EA per 1 day); Age (Min 18 Years)
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i> (Glyrx-PF)	Tier 2	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i> (Cuvposa)	Tier 2	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	Tier 2	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	Tier 2	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML) (glycopyrrolate (pf))	Tier 4	
Anti-Ulcer Preparations		
<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	
Anti-Ulcer-H.Pylori Agents		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 2	QL (112 EA per 10 days)
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i> (Pylera)	Tier 2	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	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)
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	Tier 4	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Tier 4	PA
Histamine H2-Receptor Inhibitors		
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	Tier 2	
<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	
Intestinal Motility Stimulants		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	Tier 5	PA
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 2	

Drug	Status	Notes
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	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)
Proton-Pump Inhibitors		
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)
<i>dexlansoprazole oral capsule, biphase delayed releas 30 mg, 60 mg</i> (Dexilant)	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 20 mg</i> (Nexium)	Tier 2	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 40 mg</i> (Nexium)	Tier 2	QL (2 EA per 1 day)
<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

Drug	Status	Notes
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(dr/ec) 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>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 (dr/ec) 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 (dr/ec) 20 mg</i> (AcipHex)	Tier 2	QL (1 EA per 1 day)
Urinary Tract - Functional Disorders		
Benign Prostatic Hypertrophy/Micturition Agents		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	Tier 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	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	Tier 2	

Drug	Status	Notes
Bph Agent-5-Alpha-Reductase Inh And Pde5 Inh Comb		
ENTADFI ORAL CAPSULE 5-5 MG	Tier 4	PA
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb		
<i>dutasteride-tamsulosin oral capsule, er</i> (Jalyn) <i>multiphase 24 hr 0.5-0.4 mg</i>	Tier 2	ST: Requires prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL within the past 120 days
Cystine-Depleting Agents, Nephropathic Cystinosis		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 5	
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
Endothelin-Angiotensin Receptor Antagonist		
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 5	PA
Kidney Stone Agents		
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	Tier 4	
<i>tiopronin oral tablet 100 mg</i> (Thiola)	Tier 4	
Overactive Bladder Agents, Beta-3 Adrenergic Recep		
GEMTESA ORAL TABLET 75 MG	Tier 4	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days; QL (1 EA per 1 day)
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	
Polycystic Kidney Disease Agent, Avp Recep. Antag		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 4	PA

Drug	Status	Notes
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
Urinary Ph Modifiers		
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	
Urinary Tract Analgesic Agents		
ELMIRON ORAL CAPSULE 100 MG	Tier 3	PA
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Tier 2	
Urinary Tract Antispasmodic, M(3) Selective Antag.		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 2	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	Tier 2	
VESICARE LS ORAL SUSPENSION 1 MG/ML	Tier 4	PA
Urinary Tract Antispasmodic/Antiincontinence Agent		
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	Tier 2	
<i>flavoxate oral tablet 100 mg</i>	Tier 2	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	Tier 4	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 2	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	Tier 2	

Drug	Status	Notes
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 2	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	Tier 4	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 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	
<i>trospium oral capsule,extended release 24hr 60 mg</i>	Tier 2	
<i>trospium oral tablet 20 mg</i>	Tier 2	
Vaginal Disorders		
Vaginal Antibiotics		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 4	ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, or Tinidazole within the past 365 days; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	Tier 2	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Tier 4	ST: Requires prior prescription for generic Clindamycin vaginal cream within the past 120 days
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	Tier 2	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	Tier 4	
Vaginal Antifungals		
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	
Vaginal Antiseptics		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 4	
RELAGARD VAGINAL GEL 0.9-0.025 %	Tier 4	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	Tier 4	

Drug	Status	Notes
Vaginal Estrogen For Sexual Dysfunction		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 4	ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	Tier 4	ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (18 EA per 28 days)
Vaginal Estrogen Preparations		
<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 4	ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	Tier 4	ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 3	
YUVAFEM VAGINAL TABLET 10 MCG (estradiol)	Tier 2	
Vitamin And/Or Mineral Deficiency		
Fluoride Preparations		
CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 4	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 2	
DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))	Tier 2	
<i>fluoride (sodium) dental cream 1.1 %</i> (Denta 5000 Plus)	Tier 2	
<i>fluoride (sodium) dental gel 1.1 %</i> (DentaGel)	Tier 2	
<i>fluoride (sodium) dental paste 1.1 %</i> (Sodium Fluoride 5000 Dry Mouth)	Tier 2	
<i>fluoride (sodium) dental solution 0.2 %</i> (PreviDent)	Tier 2	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	PREV	Age (Max 6 Years)
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> (Ludent Fluoride)	PREV	Age (Max 6 Years)
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 4	

Drug	Status	Notes
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 4	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 4	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 4	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (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 PASTE 1.1 % (fluoride (sodium))	Tier 2	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 2	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Fluoridex Sensitivity Relief)	Tier 2	
Folic Acid Preparations		
<i>folic acid injection solution 5 mg/ml</i>	Tier 2	
<i>folic acid oral tablet 1 mg</i>	Tier 2	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	PREV	
Iron Replacement		
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i> (Pedia 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)
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	Tier 4	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	Tier 4	
Multivitamin Preparations		
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, 38 MG-1,700 MCG DFE-225 MG	Tier 4	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG	Tier 2	
Prenatal Vitamin Preparations		
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	

Drug	Status	Notes
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	
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 DHA PRENATAL DUO ORAL COMB PACK, TABLET DR, CAPSULE DR 29 MG IRON- 1,700 MCG DFE	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	
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	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG - 50 MG-200 MG	Tier 4	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG	Tier 2	
Vitamin B Preparations		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 2	

Drug	Status	Notes
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 2	
Vitamin B1 Preparations		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 2	
Vitamin B12 Preparations		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i> (Dodex)	Tier 2	
DODEX INJECTION SOLUTION 1,000 MCG/ML (cyanocobalamin (vitamin b-12))	Tier 2	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	Tier 2	
<i>mecobalamin (vitamin b12) injection recon soln 10,000 mcg</i>	Tier 2	
Vitamin B6 Preparations		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 2	
Vitamin C Preparations		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML	Tier 4	
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 2	
Vitamin D Preparations		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	Tier 2	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	Tier 2	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> (Vitamin D2)	Tier 2	
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT) (ergocalciferol (vitamin d2))	Tier 2	
Weight Reduction		
Anorexic Agents		
<i>benzphetamine oral tablet 50 mg</i>	Tier 2	QL (3 EA per 1 day); Age (Min 18 Years)
<i>diethylpropion oral tablet 25 mg</i>	Tier 2	QL (3 EA per 1 day); Age (Min 18 Years)
<i>diethylpropion oral tablet extended release 75 mg</i>	Tier 2	QL (1 EA per 1 day); Age (Min 18 Years)
LOMAIRA ORAL TABLET 8 MG (phentermine)	Tier 2	QL (3 EA per 1 day); Age (Min 18 Years)
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	Tier 2	QL (1 EA per 1 day); Age (Min 18 Years)
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Tier 2	QL (6 EA per 1 day); Age (Min 18 Years)
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	Tier 2	QL (1 EA per 1 day); Age (Min 18 Years)

Drug	Status	Notes
<i>phentermine oral tablet 37.5 mg</i> (Adipex-P)	Tier 2	QL (1 EA per 1 day); Age (Min 18 Years)
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
Anti-Obesity - Melanocortin 4 Receptor Agonists		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 5	PA
Anti-Obesity - Opioid Antag/Norepi & Da Reup Inhib		
CONTRACE ORAL TABLET EXTENDED RELEASE 8-90 MG	Tier 4	PA
Anti-Obesity Glucagon-Like Peptide-1 Recep Agonist		
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
Fat Absorption Decreasing Agents		
<i>orlistat oral capsule 120 mg</i> (Xenical)	Tier 2	PA

Index

<i>abacavir</i>	178	ADBRY	69	AEROCHAMBER Z-STAT PLUS- FLW SG	13
<i>abacavir-lamivudine</i>	177	ADDERALL XR.....	21	AEROTRACH PLUS	13
ABILIFY MYCITE MAINTENANCE KIT	24	ADDYI.....	29	AEROVENT PLUS	13
ABILIFY MYCITE STARTER KIT	24	<i>adefovir</i>	180	AFIRMELLE	50
<i>abiraterone</i>	202	ADEINZDE	62	AFLURIA QD 2023-24(3YR UP)(PF).....	163
<i>acamprosate</i>	23	ADEMPAS	42	AFLURIA QUAD 2023-2024(6MO UP).....	163
<i>acarbose</i>	86	<i>adenovirus vac live type-4, 7</i>	164	AFREZZA.....	122
ACCU-CHEK AVIVA PLUS TEST STRP	90	<i>adenovirus vaccine live type-4</i>	164	AFSTYLA.....	148
ACCU-CHEK FASTCLIX LANCET DRUM.....	195	<i>adenovirus vaccine live type-7</i>	165	AFTER PILL	50
ACCU-CHEK GUIDE TEST STRIPS	90	ADLARITY	16	AFTERA.....	50
ACCU-CHEK SAFE-T-PRO	195	ADMELOG SOLOSTAR U-100 INSULIN	122	AGAMATRIX AMP TEST STRIPS ...	91
ACCU-CHEK SAFE-T-PRO PLUS	195	ADMELOG U-100 INSULIN LISPRO	122	AGAMATRIX PRESTO TEST STRIPS	91
ACCU-CHEK SMARTVIEW TEST STRIP	90	ADULT ASPIRIN REGIMEN	155	AIMOVIG AUTOINJECTOR.....	227
ACCU-CHEK SOFTCLIX LANCETS.....	195	ADULT LOW DOSE ASPIRIN	155	AIMSCO LATEX CONDOM.....	216
ACCUTANE.....	61	ADVAIR DISKUS	9	AIRDUO DIGIHALER.....	9
ACCUTREND GLUCOSE TEST STRIPS	91	ADVAIR HFA.....	9	AIRSUPRA.....	9
ACE AEROSOL CLOUD ENHANCER.....	12	ADVANCED ALLERGY COLLECT KIT	69	AJOVY AUTOINJECTOR.....	227
<i>acebutolol</i>	38	ADVANCED GLUC METER TEST STRIP	91	AJOVY SYRINGE.....	227
<i>acetaminophen-codeine</i>	230	ADVANCED TRAVEL LANCETS..	195	AKEEGA	208
<i>acetazolamide</i>	143	ADVATE	148	AKLIEF	65
<i>acetic acid</i>	76, 127	ADVOCATE LANCET	195	AKTEN (PF).....	140
<i>acetylcysteine</i>	221	ADVOCATE REDI-CODE PLUS	91	AKYNZEO (NETUPITANT).....	6
ACIOXIA.....	69	ADYNOVATE	148	ALA-CORT	69
ACIPHEX SPRINKLE	249	ADZENYS XR-ODT.....	21	ALA-SCALP	69
<i>acitretin</i>	81	AEMCOLO	174	<i>albendazole</i>	174
ACTEMRA.....	187	AEROCHAMBER MINI.....	12	<i>albuterol sulfate</i>	8
ACTEMRA ACTPEN.....	187	AEROCHAMBER MV	12	ALCAINE	140
ACTHAR.....	131	AEROCHAMBER PLUS FLOW-VU..	12	<i>alclometasone</i>	69
ACTI-LANCE LANCETS	195	AEROCHAMBER PLUS FLOW- VU,L MSK.....	13	ALECENSA.....	205
ACTIMMUNE	165	AEROCHAMBER PLUS FLOW- VU,M MSK.....	13	<i>alendronate</i>	132
ACUVAIL (PF).....	138	AEROCHAMBER PLUS FLOW- VU,S MSK.....	13	ALFERON N.....	165
<i>acyclovir</i>	67, 176	AEROCHAMBER PLUS Z STAT	13	<i>alfuzosin</i>	250
ADACEL(TDAP ADOLESN/ADULT)(PF).....	164	AEROCHAMBER PLUS Z STAT LG MSK.....	13	ALINIA.....	175
<i>adapalene</i>	64	AEROCHAMBER PLUS Z STAT MD MSK.....	13	<i>aliskiren</i>	43
<i>adapalene-benzoyl peroxide</i>	62	AEROCHAMBER PLUS Z STAT SM MSK.....	13	ALKINDI SPRINKLE	186
ADASUVE.....	26			<i>allopurinol</i>	147

ALOMIDE.....	143	<i>amphetamine</i>	21	<i>aspirin</i>	155, 222
<i>alosectron</i>	193	<i>amphetamine sulfate</i>	21	ASPIRIN CHILDRENS.....	155
ALPHANATE.....	148	<i>ampicillin</i>	170	<i>aspirin-dipyridamole</i>	155
ALPHANINE SD.....	151	<i>amyl nitrite</i>	49	ASPIR-TRIN.....	222
<i>alprazolam</i>	23	ANACAINE.....	79	ASSURE 4 STRIPS.....	92
ALPRAZOLAM INTENSOL.....	23	<i>anagrelide</i>	156	ASSURE HAEMOLANCE PLUS...	195
ALPROLIX.....	151	ANA-LEX KIT.....	191	ASSURE LANCE.....	195
ALREX.....	138	ANALPRAM-HC.....	79	ASSURE LANCE PLUS.....	195
ALTABAX.....	67	ANASCORP.....	214	ASSURE PLATINUM TEST STRIP.	92
ALTACAINE.....	140	ANASTIA.....	80	ASSURE PRISM MULTI STRIP.....	92
ALTAFLUOR BENOX.....	140	<i>anastrozole</i>	203	ASTAGRAF XL.....	166
ALTAVERA (28).....	51	ANDRODERM.....	158	ASTRINGYN.....	157
ALTERNATE SITE LANCET.....	195	ANGELIQ.....	159	<i>atazanavir</i>	179
ALTOPREV.....	44	ANNOVERA.....	50	<i>atenolol</i>	38
ALTRENO.....	64	ANORO ELLIPTA.....	9	<i>atenolol-chlorthalidone</i>	39
ALTUVIIIO.....	148	<i>anticoag citrate phos dextrose</i>	150	<i>atomoxetine</i>	33
ALUNBRIG.....	205	ANUCORT-HC.....	192	ATORVALIQ.....	44
ALVESCO.....	10	ANZEMET.....	6	<i>atorvastatin</i>	44
<i>alvimopan</i>	194	APIDRA SOLOSTAR U-100		<i>atovaquone</i>	175
ALYACEN 1/35 (28).....	51	INSULIN.....	123	<i>atovaquone-proguanil</i>	175
ALYACEN 7/7/7 (28).....	51	APIDRA U-100 INSULIN.....	123	ATRAPRO CP.....	76
ALYQ.....	42	APLIGRAF.....	219	ATROPEN.....	219
AMABELZ.....	159	<i>apomorphine</i>	231	<i>atropine</i>	145
<i>amantadine hcl</i>	231	<i>apraclonidine</i>	143	<i>atropine sulfate (pf)</i>	145
<i>ambrisentan</i>	42	<i>aprepitant</i>	6	ATROVENT HFA.....	7
<i>amcinonide</i>	69	APRI.....	51	AUBRA.....	51
AMELUZ.....	209	APTIOM.....	234	AUBRA EQ.....	51
AMETHIA.....	51	APTIVUS.....	176	AUROVELA 1.5/30 (21).....	51
AMETHYST (28).....	51	ARAKODA.....	175	AUROVELA 1/20 (21).....	51
<i>amiloride</i>	41	ARALAST NP.....	202	AUROVELA 24 FE.....	51
<i>amiloride-hydrochlorothiazide</i>	42	ARANELLE (28).....	51	AUROVELA FE 1.5/30 (28).....	51
<i>aminocaproic acid</i>	147	ARANESP (IN POLYSORBATE)...	151	AUROVELA FE 1-20 (28).....	51
<i>amiodarone</i>	34	ARCALYST.....	183	AURYXIA.....	128
<i>amitriptyline</i>	20	ARESTIN.....	213	AUSTEDO.....	212
<i>amitriptyline-chlordiazepoxide</i>	20	<i>arformoterol</i>	8	AUSTEDO 12MG START	
AMJEVITA(CF).....	183	ARIKAYCE.....	173	TITR(WK1-4).....	212
AMJEVITA(CF) AUTOINJECTOR.	183	<i>aripiprazole</i>	25, 26	AUSTEDO TD TITRATN PK (WK	
<i>amlodipine</i>	40	<i>armodafinil</i>	29	1-2).....	212
<i>amlodipine-atorvastatin</i>	49	ARMONAIR DIGIHALER.....	10	AUSTEDO XR.....	212
<i>amlodipine-benazepril</i>	35	ARMOUR THYROID.....	135	AUSTEDO XR TITRATION	
<i>amlodipine-olmesartan</i>	37	ARNUITY ELLIPTA.....	11	KT(WK1-4).....	213
<i>amlodipine-valsartan</i>	37	ARTISS.....	220	AUVELITY.....	17
<i>amlodipine-valsartan-hcthiazid</i>	36	ASCOMP WITH CODEINE.....	230	AVEIDA.....	63
<i>ammonium lactate</i>	76	ASCOR.....	257	AVIANE.....	51
AMNESTEEM.....	61	<i>ascorbic acid (vitamin c)</i>	257	AVITA.....	64
<i>amoxapine</i>	20	<i>asenapine maleate</i>	26	AVITENE.....	157
<i>amoxicil-clarithromy-lansopraz</i>	248	ASHLYNA.....	51	AVITENE FLOUR.....	157
<i>amoxicillin</i>	169, 170	ASMANEX HFA.....	11	AVONEX.....	210
<i>amoxicillin-pot clavulanate</i>	170	ASMANEX TWISTHALER.....	11	AYUNA.....	51

AYVAKIT	205	BD ULTRA-FINE SHORT PEN NEEDLE	219	<i>bosentan</i>	42
AZASITE	141	BD VEO INSULIN SYR (HALF UNIT)	201	BOSULIF	205
<i>azathioprine</i>	166	BD VEO INSULIN SYRINGE UF ..	201	BP 10-1	68
<i>azelaic acid</i>	63	BECONASE AQ	5	BPO	77
<i>azelastine</i>	5, 137	<i>belladonna alkaloids-opium</i>	223	BRAFTOVI	203
<i>azelastine-fluticasone</i>	5	BELSOMRA	30	BREATHERITE MDI SPACER	13
AZELEX	62	<i>benazepril</i>	37	BREATHERITE SPACER-MASK, NEO	13
<i>azithromycin</i>	168	<i>benazepril-hydrochlorothiazide</i>	35	BREATHERITE SPACER- MASK,ADULT	13
AZOPT	143	BENEFIX	151	BREATHERITE SPACER- MASK,CHILD	13
AZSTARYS	31	BENLYSTA	187	BREATHERITE SPACER- MASK,INFANT	13
AZURETTE (28)	51	<i>benzhydrocodone-acetaminophen</i> ..	230	BREATHERITE SPACER- MASK,S.CHLD	13
B COMPLEX 100	256	<i>benznidazole</i>	175	BREATHERITE VALVED MDI CHAMBER	13
<i>bacitracin</i>	141	<i>benzonatate</i>	60	BREATHERITE VALVED MDI SPACER	13
<i>bacitracin-polymyxin b</i>	141	<i>benzoyl peroxide</i>	77	BREEZE 2 TEST STRIPS	93
<i>baclofen</i>	244	<i>benzphetamine</i>	257	BRENZAVVY	85
BAFIERTAM	210	<i>benztropine</i>	231	BREO ELLIPTA	9
<i>balsalazide</i>	190	<i>bepotastine besilate</i>	137	BREXAFEMME	172
BALVERSA	205	BERINERT	186	BREZTRI AEROSPHERE	10
BALZIVA (28)	51	BESIVANCE	141	BRIELLYN	52
BAQSIMI	121	BESREMI	165	BRILINTA	155
BARACLUDE	180	<i>betaine</i>	218	<i>brimonidine</i>	63, 143
BASADROX	64	BETALOAN SUIK	186	<i>brimonidine-dorzolamide (pf)</i>	143
BASAGLAR KWIKPEN U-100 INSULIN	123	<i>betamethasone dipropionate</i>	69, 70	<i>brimonidine-timolol</i>	143
BAXDELA	170	<i>betamethasone valerate</i>	70	BRIVIACT	235
BAYER ASPIRIN	222	<i>betamethasone, augmented</i>	70	BROMFED DM	61
BAYER LOW DOSE ASPIRIN	155	BETASERON	210	<i>bromfenac</i>	138
B-COMPLEX INJECTION	257	<i>betaxolol</i>	38, 143	<i>bromocriptine</i>	231
BD AUTOSHIELD DUO PEN NEEDLE	219	<i>bethanechol chloride</i>	201	<i>brompheniramine-pseudoeph-dm</i> ..	61
BD INSULIN SYRINGE (HALF UNIT)	200	BETIMOL	143	BROMSITE	138
BD INSULIN SYRINGE U-500	200	BETOPTIC S	143	BRONCHITOL	216
BD INSULIN SYRINGE ULTRA- FINE	200	BEVESPI AEROSPHERE	9	BRUKINSA	205
BD MICROTAINER LANCET	195	<i>bexarotene</i>	79, 210	<i>budesonide</i>	11, 186, 192
BD NANO 2ND GEN PEN NEEDLE	219	BEXSERO	162	BULLSEYE MINI SAFETY LANCETS	195
BD POSIFLUSH NORMAL SALINE 0.9	130	<i>bicalutamide</i>	202	<i>bumetanide</i>	41
BD ULTRA-FINE MICRO PEN NEEDLE	219	BIJUVA	159	BUPRENEX	223
BD ULTRA-FINE MINI PEN NEEDLE	219	BIKTARVY	180	<i>buprenorphine</i>	223
BD ULTRA-FINE NANO PEN NEEDLE	219	<i>bimatoprost</i>	143	<i>buprenorphine hcl</i>	223, 231
BD ULTRA-FINE ORIG PEN NEEDLE	219	BIONIME RIGHTEST TEST STRIPS	92	<i>buprenorphine-naloxone</i>	231
		<i>bismuth subcit k-metronidz-tcn</i>	248	<i>bupropion hcl</i>	17
		<i>bisoprolol fumarate</i>	38	<i>bupropion hcl (smoking deter)</i>	246
		<i>bisoprolol-hydrochlorothiazide</i>	39	<i>buspiron</i>	24
		BLISOVI 24 FE	51		
		BLISOVI FE 1.5/30 (28)	51		
		BLISOVI FE 1/20 (28)	51		
		BLOOD GLUCOSE TEST	92		
		BOOSTRIX TDAP	164		

BUTALBITAL COMPOUND W/CODEINE	230	CARDIOPLEGIA IND 4:1 PLASMA	214	<i>cefepodoxime</i>	168
<i>butalbital-acetaminop-caf-cod</i>	230	CARDIOPLEGIA IND 4:1 RINGER	214	<i>cefprozil</i>	167
<i>butalbital-acetaminophen</i>	222	CARDIOPLEGIA IND 8:1 NON- ENRCH	214	<i>cefuroxime axetil</i>	167
<i>butalbital-acetaminophen-caff</i>	222	CARDIOPLEGIA INDUCTION 4:1	215	<i>celecoxib</i>	188
<i>butalbital-aspirin-caffeine</i>	222	CARDIOPLEGIA INDUCTION 8:1	215	CEM-UREA	77
<i>butorphanol</i>	223	CARDIOPLEGIA MAIN 8:1 NO- ENRCH	215	CENTANY AT	65
BUTTERFLY TOUCH LANCET	195	CARDIOPLEGIA MAINT 4:1 PLASMA	215	<i>cephalexin</i>	167
BYDUREON BCISE	85	CARDIOPLEGIA MAINT 4:1 RINGER	215	CEQUA	142
BYETTA	85	CARDIOPLEGIA MAINTENANCE 4:1	215	CERDELGA	217
BYLVAY	193	CARDIOPLEGIA MAINTENANCE 8:1	215	CERVIDIL	60
<i>cabergoline</i>	135	CARDIOPLEGIA REPERFUSATE 4:1	215	CETACAINE	80
CABLIVI	147	CARDIOPLEGIA WARM INDUCT 4:1	215	CETACAINE ANESTHETIC	80
CABOMETYX	205	<i>cardioplegic no.17(induct 4:1)</i>	215	<i>cetirizine</i>	4
CADIRA COMPLIANT BLOOD STAT	214	<i>cardioplegic no.19 (maint 4:1)</i>	215	<i>cevimeline</i>	201
<i>caffeine citrate</i>	15	<i>cardioplegic soln</i>	215	CHARLOTTE 24 FE	52
<i>calcipotriene</i>	82	<i>cardioplegic solution no.25</i>	215	CHATEAL (28)	52
<i>calcipotriene-betamethasone</i>	84	CARDURA XL	36	CHATEAL EQ (28)	52
<i>calcitonin (salmon)</i>	132	CAREONE ULTRA THIN LANCET	195	CHEMET	218
<i>calcitriol</i>	82, 257	CARESENS LANCETS	196	CHENODAL	193
<i>calcium acetate(phosphat bind)</i>	128	CARESENS N TEST STRIPS	93	CHILDREN'S ASPIRIN	155
CALQUENCE (ACALABRUTINIB MAL)	205	CARETOUCH SAFETY LANCETS	196	<i>chlordiazepoxide hcl</i>	23
CAMILA	52	CARETOUCH TEST STRIP	93	<i>chlordiazepoxide-clidinium</i>	247
CAMRESE	52	CARETOUCH TWIST LANCET	196	<i>chlorhexidine gluconate</i>	213
CAMRESE LO	52	<i>carglumic acid</i>	192	<i>chloroquine phosphate</i>	175
CAMZYOS	49	<i>carisoprodol</i>	244	<i>chlorpromazine</i>	28
<i>candesartan</i>	37	<i>carisoprodol-aspirin</i>	244	<i>chlorthalidone</i>	43
<i>candesartan-hydrochlorothiazid</i>	36	<i>carisoprodol-aspirin-codeine</i>	231	<i>chlorzoxazone</i>	244
<i>cantharidin in acetone</i>	77	<i>carteolol</i>	143	CHOICEDM CLARUS	93
<i>capecitabine</i>	203	CARTIA XT	40	CHOLBAM	193
CAPEX	70	<i>carvedilol</i>	36	<i>cholestyramine (with sugar)</i>	47
CAPLYTA	26	<i>carvedilol phosphate</i>	36	CHOLESTYRAMINE LIGHT	47
CAPRELSA	205	CAVERJECT	130	<i>cholestyramine-aspartame</i>	47
<i>captopril</i>	37	CAVERJECT IMPULSE	130	<i>choline,magnesium salicylate</i>	222
<i>captopril-hydrochlorothiazide</i>	35	CAYA CONTOURED	59	CIBINQO	188
CARBAGLU	192	CAYSTON	167	CICLODAN KIT	66
<i>carbamazepine</i>	235	CAZIAN (28)	52	<i>ciclopirox</i>	66
CARBATROL	235	<i>cefactor</i>	167	<i>ciclopirox-ure-camph-menth-euc</i>	66
<i>carbidopa</i>	233	<i>cefadroxil</i>	167	<i>cilostazol</i>	155
<i>carbidopa-levodopa</i>	231, 232	<i>cefdinir</i>	167, 168	CILOXAN	141
<i>carbidopa-levodopa-entacapone</i>	232	<i>cefixime</i>	168	CIMDUO	177
<i>carbinoxamine maleate</i>	4			<i>cimetidine</i>	248
CARDIOPLEGIA DEL NIDO FORMULA	214			CIMZIA	183
CARDIOPLEGIA HIGH POTASSIUM	214			CIMZIA POWDER FOR RECONST	183
				CIMZIA STARTER KIT	183
				<i>cinacalcet</i>	133
				CINRYZE	186
				CIPRO	170
				CIPRO HC	128

<i>ciprofloxacin</i>	170	<i>clomipramine</i>	20	CONTRAWE.....	258
<i>ciprofloxacin hcl</i>	128, 141, 170	<i>clonazepam</i>	233	COPAXONE.....	210
<i>ciprofloxacin-dexamethasone</i>	128	<i>clonidine</i>	38	COPIKTRA.....	205
<i>ciprofloxacin-fluocinolone</i>	128	<i>clonidine hcl</i>	31, 38	CORDRAN.....	71
<i>citalopram</i>	17	<i>clopidogrel</i>	155	CORDRAN TAPE LARGE ROLL.....	71
CITRANATAL (DUAL-IRON).....	255	<i>clorazepate dipotassium</i>	23	CORIFACT.....	151
CITRANATAL 90 DHA (ALGAL OIL).....	255	<i>clotrimazole</i>	66, 172	CORLANOR.....	48, 49
CITRANATAL ASSURE.....	256	<i>clotrimazole-betamethasone</i>	66	CORTANE-B.....	127
CITRANATAL DHA (ALGAL OIL).....	256	<i>clozapine</i>	26	CORTIFOAM.....	192
CITRANATAL HARMONY (IRON FUM).....	256	COAGADEX.....	151	<i>cortisone</i>	186
<i>citric-sod citrat-sod phos-dex</i>	150	COAGUCHEK LANCETS.....	196	CORTISPORIN-TC.....	128
CLARAVIS.....	61	COARTEM.....	175	CORTROPHIN GEL.....	131
CLARINEX-D 12 HOUR.....	3	<i>cocaine</i>	213	COSENTYX.....	81
<i>clarithromycin</i>	168, 169	<i>codeine sulfate</i>	223	COSENTYX (2 SYRINGES).....	81
CLEANSING WASH.....	68	<i>codeine-butalbital-asa-caff</i>	230	COSENTYX PEN.....	81
CLEARSHIELD SODIUM CHLOR FLUSH.....	130	<i>colchicine (gout)</i>	147	COSENTYX PEN (2 PENS).....	81
<i>clemastine</i>	4	<i>colesevelam</i>	47	COSENTYX UNOREADY PEN.....	81
CLENPIQ.....	194	COLESTID FLAVORED.....	47	COTELLIC.....	204
CLEOCIN.....	253	<i>colestipol</i>	47	COTEMPLA XR-ODT.....	32
CLEVER CHEK LANCETS.....	196	COLOR LANCETS.....	196	COVARYX.....	159
CLEVER CHOICE CHAMBER-LRG MASK.....	13	COMBIPATCH.....	159	COVARYX H.S.....	159
CLEVER CHOICE CHAMBER-MED MASK.....	13	COMBIVENT RESPIMAT.....	9	CREON.....	246
CLEVER CHOICE CHAMBER-SM MASK.....	13	COMETRIQ.....	205	CRESEMBA.....	172
CLEVER CHOICE MICRO TEST STRIP.....	93	COMFORT EZ LANCETS.....	196	CRINONE.....	161
CLEVER CHOICE PRO.....	94	COMFORT PAC-CYCLOBENZAPRINE.....	244	<i>cromolyn</i>	12, 143
CLEVER CHOICE TALK TEST.....	94	COMFORT PAC-IBUPROFEN.....	188	CRYODOSE TA MEDIUM STREAM SPR.....	80
CLEVER CHOICE TEST STRIPS... ..	94	COMFORT PAC-MELOXICAM.....	188	CRYODOSE TA MIST SPRAY.....	80
CLEVER CHOICE VOICE PLUS TEST.....	94	COMFORT PAC-NAPROXEN.....	188	CRYSSELLE (28).....	52
CLIMARA PRO.....	159	COMFORT PAC-TIZANIDINE.....	244	CUPRIMINE.....	181
<i>clindamycin hcl</i>	173	COMFORT TOUCH PLUS SAFETY LANC.....	196	CUROSURF.....	221
<i>clindamycin palmitate hcl</i>	173	COMFORT TOUCH ULT THIN LANCETS.....	196	CUSTODIOL HTK.....	215
CLINDAMYCIN PEDIATRIC.....	174	COMPACT SPACE CHAMBER.....	13	CUTAQUIG.....	161
<i>clindamycin phosphate</i>	65, 253	COMPACT SPACE CHAMBER-LRG MASK.....	13	CUVITRU.....	161
<i>clindamycin-benzoyl peroxide</i>	62	COMPACT SPACE CHAMBER-MED MASK.....	14	CUVRIOR.....	218
CLINDESSE.....	253	COMPACT SPACE CHAMBER-SM MASK.....	14	<i>cyanocobalamin (vitamin b-12)</i>	257
CLINPRO 5000.....	254	COMPLERA.....	179	<i>cyclobenzaprine</i>	244
<i>clobazam</i>	233	COMPRO.....	6	CYCLOMYDRIL.....	145
<i>clobetasol</i>	70	CONCERTA.....	32	<i>cyclopentolate</i>	145
<i>clobetasol-emollient</i>	70	CONDYLOX.....	77	<i>cyclopen-tropic-phenyleph-watr</i>	145
<i>clocortolone pivalate</i>	70	CONJUPRI.....	40	<i>cyclopen-tropic-phen-ketr-wat</i>	145
CLODAN KIT.....	70	CONSTULOSE.....	194	<i>cyclophosphamide</i>	202
		CONTOUR NEXT TEST STRIPS... ..	94	<i>cyclop-trop-propa-phen-ket-wat</i>	146
		CONTOUR TEST STRIPS.....	95	<i>cycloserine</i>	173
				CYCLOSET.....	86
				<i>cyclosporine</i>	142, 166
				CYCLOSPORINE IN KLARITY.....	142
				<i>cyclosporine modified</i>	166
				CYLTEZO(CF).....	183

CYLTEZO(CF) PEN.....	183	DERMAZENE.....	64	<i>dihydroergotamine</i>	228
CYLTEZO(CF) PEN CROHN'S-UC-HS.....	183	DESCOVY.....	177	DILANTIN.....	235
CYLTEZO(CF) PEN PSORIASIS-UV.....	183	<i>desflurane</i>	217	DILANTIN EXTENDED.....	235
<i>cyproheptadine</i>	4	<i>desipramine</i>	20	DILANTIN INFATABS.....	235
CYRED.....	52	<i>desloratadine</i>	4	DILANTIN-125.....	235
CYRED EQ.....	52	<i>desmopressin</i>	131	DILAUDID (PF).....	223
CYSTADROPS.....	146	<i>desog-e.estradiol/e.estradiol</i>	52	<i>diltiazem hcl</i>	40
CYSTAGON.....	251	<i>desonide</i>	71	DILT-XR.....	40
CYSTARAN.....	146	<i>desoximetasone</i>	71	DILUENT FOR ROTARIX.....	216
<i>dabigatran etexilate</i>	156	<i>desvenlafaxine</i>	18	DILUTING MEDIUM FOR NOVOLOG.....	217
<i>dalfampridine</i>	211	<i>desvenlafaxine succinate</i>	18	<i>dimethyl fumarate</i>	210
<i>danazol</i>	135	<i>dexamethasone</i>	186	DIOOXIA.....	82
<i>dantrolene</i>	244	DEXAMETHASONE INTENSOL... ..	186	DIPENTUM.....	191
<i>dapsone</i>	62, 173	<i>dexamethasone sodium phosphate</i>	138	DIPHEN.....	4
<i>darifenacin</i>	252	DEXCOM G6 RECEIVER.....	119	<i>diphenoxylate-atropine</i>	193
DARIO BLOOD GLUCOSE TEST STRIP.....	95	DEXCOM G6 SENSOR.....	119	<i>dipyridamole</i>	155
DARTISLA.....	248	DEXCOM G6 TRANSMITTER.....	119	<i>disopyramide phosphate</i>	34
<i>darunavir ethanolate</i>	176, 177	DEXCOM G7 RECEIVER.....	119	<i>disulfiram</i>	23
DASETTA 1/35 (28).....	52	DEXCOM G7 SENSOR.....	119	DIURIL.....	43
DASETTA 7/7/7 (28).....	52	<i>dexlansoprazole</i>	249	<i>divalproex</i>	235
DAURISMO.....	204	<i>dexmethylphenidate</i>	32	DM2.....	88
DAYBUE.....	212	DEXONTO.....	186	DODEX.....	257
DAYSEE.....	52	DEXTENZA.....	138	<i>dofetilide</i>	34
DAYVIGO.....	30	<i>dextroamphetamine sulfate</i>	21, 22	DOJOLVI.....	219
DAZAVEIDAOXIA.....	63	<i>dextroamphetamine-amphetamine</i> ..	22	DOLISHALE.....	52
DAZOMON.....	63	DIACOMIT.....	235	<i>donepezil</i>	16
DEBACTEROL.....	214	DIASAXIATAR.....	63	DOPTELET (10 TAB PACK).....	156
DEBLITANE.....	52	DIATRUE PLUS TEST STRIP.....	95	DOPTELET (15 TAB PACK).....	156
<i>deferasirox</i>	218	<i>diazepam</i>	23, 234	DOPTELET (30 TAB PACK).....	156
<i>deferiprone</i>	218	DIAZEPAM INTENSOL.....	23	<i>dorzolamide</i>	143
<i>deferoxamine</i>	218	<i>diazoxide</i>	121	<i>dorzolamide (pf)</i>	143
DELSTRIGO.....	179	<i>dichlorphenamide</i>	244	<i>dorzolamide-timolol</i>	144
<i>demeclocycline</i>	171	<i>diclofenac epolamine</i>	75	<i>dorzolamide-timolol (pf)</i>	144
DEMEROL (PF).....	223	<i>diclofenac potassium</i>	188	DOTTI.....	160
DENTA 5000 PLUS.....	254	<i>diclofenac sodium</i>	75, 79, 138, 188, 189	DOVATO.....	175
DENTAGEL.....	254	<i>diclofenac-misoprostol</i>	188	<i>doxazosin</i>	36
DEOXIATAR.....	63	<i>dicloxacillin</i>	170	<i>doxepin</i>	20, 31
DEOXIAVAR.....	63	<i>dicyclomine</i>	247	<i>doxercalciferol</i>	134
DEPAKOTE.....	235	<i>didanosine</i>	178	<i>doxycycline hyclate</i>	171, 213
DEPAKOTE ER.....	235	<i>diethylpropion</i>	257	<i>doxycycline monohydrate</i>	171
DEPAKOTE SPRINKLES.....	235	DIFFERIN.....	64	<i>doxylamine-pyridoxine (vit b6)</i>	6
DEPO-ESTRADIOL.....	159	DIFICID.....	169	D-PENAMINE.....	181
DEPO-SUBQ PROVERA 104.....	50	<i>diflunisal</i>	223	DRITHOCREME HP.....	82
DERMACINRX LIDOCAN.....	80	<i>difluprednate</i>	138	<i>dronabinol</i>	6
DERMACINRX LIDOGEL.....	80	DIGITEK.....	35	DROPLET LANCETS.....	196
DERMACINRX LIDOREX.....	80	DIGOX.....	35	<i>drospirenone-e.estradiol-lm.fa</i>	52
		<i>digoxin</i>	35	<i>drospirenone-ethinyl estradiol</i>	52
				DROXIA.....	156

<i>droxidopa</i>	48	EDARBI.....	38	EMTRIVA.....	178
DRYSOL.....	76	EDARBYCLOR.....	36	EMVERM.....	174
DRYSOL DAB-O-MATIC.....	75	EDEX.....	130	<i>enalapril maleate</i>	37
DUAKLIR PRESSAIR.....	9	ED-SPAZ.....	247	<i>enalapril-hydrochlorothiazide</i>	35
DUAVEE.....	159	EDURANT.....	178	ENBREL.....	183
DULERA.....	10	EEMT.....	159	ENBREL MINI.....	183
<i>duloxetine</i>	19	EEMT HS.....	159	ENBREL SURECLICK.....	184
DUOBRII.....	82	<i>efavirenz</i>	178	ENDARI.....	156
DUODOTE.....	216	<i>efavirenz-emtricitabin-tenofov</i>	179	ENDO AVITENE.....	157
DUOPA.....	232	<i>efavirenz-lamivu-tenofov disop</i>	180	ENDOCET.....	230
DUPIXENT PEN.....	12	EFFACLAR ADAPALENE.....	64	ENILLORING.....	50
DUPIXENT SYRINGE.....	12	EFFER-K.....	129	<i>enoxaparin</i>	152
DUREX AVANTI BARE REAL		EGATEN.....	174	ENOXILUV.....	152
FEEL.....	216	EGRIFTA SV.....	133	ENPRESSE.....	53
DUROLANE.....	185	ELEMENT COMPACT TEST		ENSKYCE.....	53
<i>dutasteride</i>	250	STRIPS.....	97	ENSPRYNG.....	187
<i>dutasteride-tamsulosin</i>	251	ELEMENT TEST STRIPS.....	98	ENSTILAR.....	84
DUZALLO.....	147	ELESTRIN.....	160	<i>entacapone</i>	232
DYANAVEL XR.....	22	<i>eletriptan</i>	228	ENTADFI.....	251
E.E.S. 400.....	169	ELIGARD.....	132	<i>entecavir</i>	180
EASIVENT HOLDING CHAMBER... 14		ELIGARD (3 MONTH).....	131	ENTRESTO.....	48
EASIVENT MASK LARGE.....	14	ELIGARD (4 MONTH).....	131	ENULOSE.....	192
EASIVENT MASK MEDIUM.....	14	ELIGARD (6 MONTH).....	132	ENVARBUS XR.....	166
EASIVENT MASK SMALL.....	14	ELINEST.....	53	ENZNONUTY.....	80
EASY COMFORT LANCETS.....	196	ELIQUIS.....	150	EPCLUSA.....	180
EASY PLUS II TEST.....	95	ELIQUIS DVT-PE TREAT 30D		EPIDIOLEX.....	234
EASY STEP.....	95	START.....	150	EPIFIX AMNIOTIC MEMBRANE... 220	
EASY TALK GLUCOSE TEST.....	96	ELIXOPHYLLIN.....	15	EPIFOAM.....	79
EASY TALK PLUS II TEST STRIP.. 96		ELLA.....	53	<i>epinastine</i>	137
EASY TOUCH BLU LINK TEST		ELMIRON.....	252	<i>epinephrine</i>	35, 201
STRIP.....	96	ELOCTATE.....	148	<i>epinephrine hcl</i>	61
EASY TOUCH LANCETS.....	196	ELURYNG.....	50	EPITOL.....	235
EASY TOUCH SAFETY LANCETS		ELYXYB.....	228	<i>eplerenone</i>	41
.....	196	EMBRACE BLOOD GLUCOSE		EPOGEN.....	151
EASY TOUCH TEST STRIP.....	96	SYSTEM.....	98	EPRONTIA.....	235
EASY TOUCH TWIST LANCETS.. 196		EMBRACE EVO TEST STRIPS.....	98	<i>eprosartan</i>	38
EASY TRAK GLUCOSE TEST.....	96	EMBRACE LANCETS.....	196	EQUETRO.....	24
EASY TRAK II TEST STRIP.....	97	EMBRACE PRO TEST STRIPS.....	98	<i>ergocalciferol (vitamin d2)</i>	257
EASY TWIST AND CAP LANCETS		EMBRACE SAFETY LANCET.....	196	<i>ergoloid</i>	50
.....	196	EMBRACE TALK TEST STRIPS.....	98	ERGOMAR.....	228
EASYGLUCO TEST.....	97	EMCYT.....	210	<i>ergotamine-caffeine</i>	228
EASYMAX.....	97	EMEND.....	6	ERIVEDGE.....	204
EASYMAX 15 TEST STRIPS.....	97	EMFLAZA.....	186	ERLEADA.....	202
EC-NAPROXEN.....	189	EMGALITY PEN.....	228	<i>erlotinib</i>	205
<i>econazole</i>	66	EMGALITY SYRINGE.....	228, 230	ERMEZA.....	135
ECONTRA EZ.....	52	EMPAVELI.....	150	ERRIN.....	53
ECONTRA ONE-STEP.....	53	EMSAM.....	29	ERY PADS.....	65
ECOTRIN.....	223	<i>emtricitabine</i>	178	ERY-TAB.....	169
ECOZA.....	66	<i>emtricitabine-tenofovir (tdf)</i>	177	ERYTHROCIN (AS STEARATE)... 169	

<i>erythromycin</i>	141, 169	EXKIVITY	205	FINACEA.....	63
<i>erythromycin ethylsuccinate</i>	169	EXODERM.....	66	<i>finasteride</i>	250
<i>erythromycin with ethanol</i>	65	EXSERVAN.....	212	FINGERSTIX LANCETS.....	196
<i>erythromycin-benzoyl peroxide</i>	66	EXTAVIA.....	210	<i> fingolimod</i>	210
<i>escitalopram oxalate</i>	17	EYSUVIS.....	138	FINTEPLA.....	236
<i>esomeprazole magnesium</i>	249	E-Z JECT LANCETS.....	196	FINZALA.....	53
ESPEROCT.....	148	E-Z JECT THIN LANCETS.....	196	FIORICET.....	222
ESTARYLLA.....	53	EZ SMART LANCETS.....	196	FIRDAPSE.....	212
<i>estazolam</i>	30	EZ SMART PLUS TEST.....	100	FIRMAGON.....	205
<i>estradiol</i>	160, 254	EZ SMART TEST.....	100	FIRMAGON KIT W DILUENT	
<i>estradiol valerate</i>	160	EZALLOR SPRINKLE.....	45	SYRINGE.....	205
<i>estradiol-norethindrone acet</i>	160	<i>ezetimibe</i>	48	FIRST-MOUTHWASH BLM.....	219
ESTRING.....	254	<i>ezetimibe-simvastatin</i>	44	FLAREX.....	138
ESTROGEL.....	160	FACTIVE.....	170	<i>flavoxate</i>	252
<i>estrogens-methyltestosterone</i>	159	FALMINA (28).....	53	<i>flecainide</i>	34
<i>eszopiclone</i>	31	<i>famciclovir</i>	176	FLEXICHAMBER.....	14
<i>ethacrynic acid</i>	41	<i>famotidine</i>	248	FLEXICHAMBER-LG CHILD	
<i>ethambutol</i>	173	FANAPT.....	27	MASK.....	14
<i>ethosuximide</i>	235	FANTASY CONDOM.....	216	FLEXICHAMBER-SM ADULT	
<i>ethyl chloride</i>	80	FARXIGA.....	85	MASK.....	14
<i>ethynodiol diac-eth estradiol</i>	53	FARYDAK.....	208	FLEXICHAMBER-SM CHILD	
<i>etodolac</i>	189	FASENRA PEN.....	12	MASK.....	14
<i>etonogestrel-ethinyl estradiol</i>	50	FC2 FEMALE CONDOM.....	216	FLOLIPID.....	45
<i>etoposide</i>	208	<i>febuxostat</i>	147	FLOSEAL.....	157
<i>etravirine</i>	178	FEIBA NF.....	148	FLOVENT DISKUS.....	11
EUCRISA.....	69	<i>felbamate</i>	236	FLOVENT HFA.....	11
EUFLEXXA.....	185	<i>felodipine</i>	40	FLUAD QUAD 2023-24(65Y	
EUTHYROX.....	135	FEM PH.....	253	UP)(PF).....	163
EVAMIST.....	160	FEMCAP.....	59	FLUARIX QUAD 2023-2024 (PF)..	163
EVARREST.....	157	FEMRING.....	254	FLUBLOK QUAD 2023-2024 (PF)..	163
EVENCARE G2.....	99	<i>fenofibrate</i>	48	FLUCELVAX QUAD 2023-2024	163
EVENCARE G3 TEST.....	99	<i>fenofibrate micronized</i>	48	FLUCELVAX QUAD 2023-2024	
EVENCARE MINI GLUCOSE		<i>fenofibrate nanocrystallized</i>	48	(PF).....	163
TEST STR.....	99	<i>fenofibric acid</i>	48	<i>fluconazole</i>	172
EVENCARE PROVIEW TEST		<i>fenofibric acid (choline)</i>	48	<i>flucytosine</i>	172
STRIP.....	99	<i>fentanyl</i>	224	<i>fludrocortisone</i>	188
EVENCARE TEST.....	99	<i>fentanyl citrate</i>	224	FLULAVAL QUAD 2023-2024 (PF)	163
<i>everolimus (antineoplastic)</i>	204	<i>fentanyl citrate (pf)</i>	223	FLUMIST QUAD 2023-2024.....	163
<i>everolimus (immunosuppressive)</i> ..	166	<i>fentanyl citrate (pf)-0.9%nacl</i>	224	<i>flunisolide</i>	5
EVERSENSE E3 SMART		FERRIPROX.....	218	<i>fluocinolone</i>	71, 72
TRANSMITTER.....	119	<i>ferrous sulfate</i>	255	<i>fluocinolone acetonide oil</i>	127
EVERSENSE SMART		<i>fesoterodine</i>	252	<i>fluocinolone and shower cap</i>	71
TRANSMITTER.....	119	FETZIMA.....	19	<i>fluocinonide</i>	72
EVICEL.....	157	FIASP FLEXTOUCH U-100		FLUOCINONIDE-E.....	72
EVOLUTION TEST STRIPS.....	100	INSULIN.....	123	<i>fluocinonide-emollient</i>	72
EVOTAZ.....	179	FIASP PENFILL U-100 INSULIN...	123	<i>fluorescein-benoxinate</i>	140
EVRYSDI.....	201	FIASP PUMPCART.....	124	<i>fluorescein-proparacaine</i>	140
EXELDERM.....	66	FIASP U-100 INSULIN.....	124	<i>fluoride (sodium)</i>	254
<i>exemestane</i>	203	FILSPARI.....	251	FLUORIDEX DAILY DEFENSE.....	254

FLUORIDEX SENSITIVITY RELIEF	255	FORACARE LANCETS	196	GAMUNEX-C	161
FLUORIMAX 5000	255	<i>formoterol fumarate</i>	8	GARDASIL 9 (PF)	165
FLUORIMAX 5000 SENSITIVE	255	FORTEO	132	<i>gatifloxacin</i>	141
<i>fluorometholone</i>	138	FORTISCARE G1 TEST STRIP	104	GATTEX 30-VIAL	195
FLUROPLEX	79	FORTISCARE GLUCOSE TEST STRIPS	104	GATTEX ONE-VIAL	195
<i>fluorouracil</i>	79	FOSAMAX PLUS D	132	GAVILYTE-C	194
<i>fluoxetine</i>	17, 18	<i>fosamprenavir</i>	179	GAVILYTE-G	194
FLUOXIA	72	<i>fosfomycin tromethamine</i>	168	GAVRETO	206
<i>fluphenazine hcl</i>	28	<i>fosinopril</i>	37	GE100 BLOOD GLUCOSE TEST STRIP	104
<i>flurandrenolide</i>	72	<i>fosinopril-hydrochlorothiazide</i>	35	GE333 BLOOD GLUCOSE TEST STRIP	105
<i>flurazepam</i>	30	FOSRENOL	129	GEAMETDRAY	77
<i>flurbiprofen</i>	189	FOTIVDA	206	<i>gefitinib</i>	206
<i>flurbiprofen sodium</i>	138	FRAGMIN	152, 153	GELCLAIR	219
<i>fluticasone propionate</i>	5, 72	FREESTYLE FREEDOM LITE	119	GELFILM	146
<i>fluticasone propion-salmeterol</i>	10	FREESTYLE INSULINX	104, 119	GELFOAM	157
<i>fluvastatin</i>	45	FREESTYLE INSULINX TEST STRIPS	104	GELFOAM JMI POWDER	157
<i>fluvoxamine</i>	18	FREESTYLE LANCETS	196	GELFOAM JMI SPONGE	157
FLUZONE HIGHDOSE QUAD 23-24 PF	164	FREESTYLE LIBRE 14 DAY READER	120	GELFOAM SPONGE SIZE 200	157
FLUZONE QUAD 2023-2024	164	FREESTYLE LIBRE 14 DAY SENSOR	120	GELNIQUE	252
FLUZONE QUAD 2023-2024 (PF)	164	FREESTYLE LIBRE 2 READER ..	120	GEL-ONE	185
FML FORTE	139	FREESTYLE LIBRE 2 SENSOR ..	120	GELSYN-3	185
FOLET ONE	255	FREESTYLE LIBRE 3 SENSOR ..	120	GELX	219
<i>folic acid</i>	255	FREESTYLE LIBRE 3 SENSOR ..	120	<i>gemfibrozil</i>	48
<i>fondaparinux</i>	152	FREESTYLE LITE METER	120	GEMMILY	53
FORA 6 CONNECT GLUCOSE STRIP	100	FREESTYLE LITE STRIPS	104	GEMTESA	251
FORA D15G STRIPS	100	FREESTYLE LITE STRIPS	104	GENADUR (WITH LEXINAL)	78
FORA D20	101	FREESTYLE PRECISION NEO METER	120	GENERLAC	192
FORA D40-G31 TEST STRIPS	101	FREESTYLE PRECISION NEO STRIPS	104	GENGRAF	166
FORA G20	101	FREESTYLE SYSTEM KIT	120	GENOTROPIN	133
FORA G30-PREMIUM V10 TEST STRIP	101	FREESTYLE TEST	104	GENOTROPIN MINIQUICK	133
FORA GD50 TEST STRIPS	101	FREESTYLE UNISTIK 2	196	GENSTRIP TEST STRIP	105
FORA GTEL GLUCOSE TEST STRIP	102	<i>frovatriptan</i>	228	<i>gentamicin</i>	66, 141
FORA TEST STRIP	102	FULPHILA	154	GENULTIMATE TEST STRIP	105
FORA TN'G ADVAN PRO TEST STRIP	102	FUROSCIX	41	GENVISC 850	185
FORA TN'G VOICE TEST STRIPS	102	<i>furosemide</i>	41	GENVOYA	180
FORA V10	102	FUZEON	177	GILENYA	210
FORA V10-V12-D10-D20 STRIPS	103	FYAVOLV	160	GILOTRIF	206
FORA V12 GLUCOSE	103	FYCOMPA	236, 237	GIMOTI	248
FORA V20	103	FYLNETHA	154	<i>glatiramer</i>	210
FORA V30A	103	<i>gabapentin</i>	237	GLATOPA	210
FORACARE GD20	103	GALAFOLD	201	GLEOSTINE	202
FORACARE GD40 TEST STRIPS	104	<i>galantamine</i>	16	<i>glimepiride</i>	87
		GALZIN	219	<i>glipizide</i>	87
		GAMMAGARD LIQUID	161	<i>glipizide-metformin</i>	88
		GAMMAKED	161	GLOPERBA	147
				GLUCAGON (HCL) EMERGENCY KIT	121

GLUCAGON EMERGENCY KIT (HUMAN).....	121	GVOKE PFS 1-PACK SYRINGE	121, 122	HUMALOG KWIKPEN INSULIN	124
GLUCO NAVII TEST STRIP	105	GVOKE PFS 2-PACK SYRINGE ...	122	HUMALOG MIX 50-50 INSULN U-100	124
GLUCOCARD 01 SENSOR PLUS	105	GYNAZOLE-1	253	HUMALOG MIX 50-50 KWIKPEN .	124
GLUCOCARD EXPRESSION	106	HAEGARDA	186	HUMALOG MIX 75-25 KWIKPEN .	124
GLUCOCARD SHINE TEST STRIPS	106	HAILEY	53	HUMALOG MIX 75-25(U-100)INSULN	124
GLUCOCARD VITAL SENSOR	106	HAILEY 24 FE	53	HUMALOG U-100 INSULIN	124
GLUCOCARD VITAL TEST STRIPS	106	HAILEY FE 1.5/30 (28)	53	HUMATE-P	149
GLUCOCOM GLUCOSE	106	HAILEY FE 1/20 (28)	53	HUMATROPE	133
GLUCOCOM LANCETS	196	<i>halcinonide</i>	72	HUMIRA	184
<i>glyburide</i>	87	<i>halobetasol propionate</i>	73	HUMIRA PEN	184
<i>glyburide micronized</i>	87	HALOETTE	50	HUMIRA PEN CROHNS-UC-HS START	184
<i>glyburide-metformin</i>	88	HALOG	73	HUMIRA PEN PSOR-UVEITS-ADOL HS	184
<i>glycine urologic solution</i>	173	<i>haloperidol</i>	28	HUMIRA PEN PEDI CROHNS STARTER	184
<i>glycopyrrolate</i>	248	<i>haloperidol lactate</i>	28	HUMIRA(CF)	184
<i>glycopyrrolate (pf)</i>	248	HARMONY GLUCOSE TEST STRIP	107	HUMIRA(CF) PEDI CROHNS	184
GLYDO	190	HARVONI	180	STARTER	184
GLYRX-PF	248	HAVRIX (PF)	165	HUMIRA(CF) PEN	184
GLYXAMBI	87	HAXDRAX	66	HUMIRA(CF) PEN CROHNS-UC-HS	184
GM100	107	HEALTHPRO TEST STRIPS	107	HUMIRA(CF) PEN PEDIATRIC UC	184
GOCOVRI	232	HEALTHY ACCENTS UNILET LANCET	197	HUMIRA(CF) PEN PSOR-UV-ADOL HS	184
GOJJI BLOOD GLUCOSE TEST STRIP	107	HEATHER	53	HUMULIN 70/30 U-100 INSULIN ..	124
GOJJI LANCETS	197	HEMANGEOL	39	HUMULIN 70/30 U-100 KWIKPEN	125
GOODLIFE AC-302 TEST STRIP .	107	HEMLIBRA	152	HUMULIN N NPH INSULIN KWIKPEN	125
GRAFIX CORE	220	HEMOFIL M HIGH	148	HUMULIN N NPH U-100 INSULIN	125
GRAFIX PRIME	220	HEMOFIL M LOW	148	HUMULIN R REGULAR U-100 INSULN	125
GRAFIX XC	220	HEMOFIL M MID	148	HUMULIN R U-500 (CONC) INSULIN	125
<i>granisetron hcl</i>	7	HEMOFIL M SUPER HIGH	148	HUMULIN R U-500 (CONC) KWIKPEN	125
GRANIX	154	HEP FLUSH-10 (PF)	153	HYALGAN	185
GRASTEK	3	<i>heparin (porcine)</i>	153	HYCANTIN	204
<i>griseofulvin microsize</i>	172	<i>heparin (porcine) in 0.9% nacl</i>	153	<i>hydralazine</i>	38
<i>griseofulvin ultramicrosize</i>	172	<i>heparin (porcine) in 5 % dex</i>	153	HYDRO 35	77
<i>guanfacine</i>	31, 38	<i>heparin lock flush (porcine)</i>	153	<i>hydrochlorothiazide</i>	43, 44
GUARDIAN 4 GLUCOSE SENSOR	120	HEPARIN LOCKFLUSH(PORCINE)(PF)	153	<i>hydrocodone bitartrate</i>	224
GUARDIAN 4 TRANSMITTER	120	<i>heparin, porcine (pf)</i>	153, 154	<i>hydrocodone-acetaminophen</i>	230
GUARDIAN CONNECT TRANSMITTER	120	HEPLISAV-B (PF)	165	<i>hydrocodone-chlorpheniramine</i>	60
GUARDIAN LINK 3 TRANSMITTER	120	HER STYLE	53	<i>hydrocodone-homatropine</i>	61
GUARDIAN SENSOR 3	120	HETLIOZ LQ	29	<i>hydrocodone-ibuprofen</i>	223
GVOKE	122	HEXIOUNYL	66	<i>hydrocortisone</i>	74, 186, 192
GVOKE HYPOPEN 1-PACK	121	HICON	209	<i>hydrocortisone acetate</i>	192
GVOKE HYPOPEN 2-PACK	121	HIXDEFRIMA	66		
		HIZENTRA	162		
		HOMATROPAIRE	146		
		HPR PLUS	76		
		HUMALOG JUNIOR KWIKPEN U-100	124		

<i>hydrocortisone butyrate</i>	73	IMPAVIDO.....	175	<i>isotretinoin</i>	61
<i>hydrocortisone butyr-emollient</i>	73	IMVEXXY MAINTENANCE PACK.....	254	<i>isradipine</i>	40
<i>hydrocortisone valerate</i>	74	IMVEXXY STARTER PACK.....	254	ISTURISA.....	131
<i>hydrocortisone-acetic acid</i>	127	INBRIJA.....	232	<i>itraconazole</i>	172
<i>hydrocortisone-iodoquinol</i>	64	INCASSIA.....	53	<i>ivermectin</i>	174
<i>hydrocortisone-iodoquinol-aloe</i>	64	INCONTROL SUPER THIN		IXINITY.....	151
<i>hydrocortisone-pramoxine</i>	79, 191	LANCETS.....	197	IYUZEH.....	144
HYDROMET.....	61	INCONTROL ULTRA THIN		JAIMIESS.....	53
<i>hydromorphone</i>	224	LANCETS.....	197	JAKAFI.....	204
<i>hydromorphone (pf)-0.9 % nacl</i>	224	INCRELEX.....	134	JANTOVEN.....	147
<i>hydroxocobalamin</i>	257	INCRUSE ELLIPTA.....	7	JANUMET.....	84
<i>hydroxychloroquine</i>	175	<i>indapamide</i>	44	JANUMET XR.....	84
<i>hydroxyurea</i>	202	<i>indomethacin</i>	189	JANUVIA.....	86
<i>hydroxyzine hcl</i>	4	INFASURF.....	221	JARDIANCE.....	86
<i>hydroxyzine pamoate</i>	4	INFINITY TEST STRIPS.....	108	JASMIEL (28).....	53
HYFTOR.....	83	INGREZZA.....	213	JATENZO.....	158
HYMOVIS.....	185	INGREZZA INITIATION PACK.....	213	JAVYGTOR.....	201
<i>hyoscyamine sulfate</i>	247	INJECT EASE LANCETS.....	197	JAYPIRCA.....	206
HYOSYNE.....	247	INLYTA.....	206	JELMYTO.....	203
HYPER-SAL.....	217	INPEFA.....	85	JENCYCLA.....	53
HYQVIA.....	162	INQOVI.....	203	JENTADUETO.....	84
HYQVIA HY COMPONENT.....	81	INREBIC.....	206	JENTADUETO XR.....	84
HYQVIA IG COMPONENT.....	162	<i>insulin asp prt-insulin aspart</i>	125	JESDUVROQ.....	154
HYSINGLA ER.....	224	<i>insulin aspart u-100</i>	125, 126	JINTELI.....	160
<i>ibandronate</i>	132	<i>insulin lispro</i>	126	JIVI.....	149
IBRANCE.....	206	<i>insulin lispro protamin-lispro</i>	126	JOENJA.....	202
IBSRELA.....	193	INTELENCE.....	178	JOLESSA.....	54
IBU.....	189	INTRAROSA.....	158	JORNAY PM.....	32
<i>ibuprofen</i>	189	INVACARE LANCETS.....	197	JOYEAUX.....	54
<i>icatibant</i>	185	INVELTYS.....	139	JULEBER.....	54
ICLEVIA.....	53	INVOKAMET.....	89	JULUCA.....	175
ICLUSIG.....	206	INVOKAMET XR.....	89	JUNEL 1.5/30 (21).....	54
IDAOXIA.....	63	INVOKANA.....	86	JUNEL 1/20 (21).....	54
IDARAN.....	63	INZDEAXIAVAR.....	63	JUNEL FE 1.5/30 (28).....	54
IDELVION.....	151	IODOFLEX.....	64	JUNEL FE 1/20 (28).....	54
IDHIFA.....	208	IODOSORB.....	64	JUNEL FE 24.....	54
IDYYXIATAR.....	63	IOPIDINE.....	144	JUST RIGHT 5000.....	255
IFE-BIMIX 30/1.....	130	<i>ipratropium bromide</i>	7, 213	JUXTAPID.....	46
IFE-PG20.....	130	<i>ipratropium-albuterol</i>	9	JYNARQUE.....	251, 252
IGALMI.....	31	<i>irbesartan</i>	38	KAITLIB FE.....	54
IGLUCOSE TEST STRIP.....	108	<i>irbesartan-hydrochlorothiazide</i>	36	KALETRA.....	179
IHEEZO (PF).....	140	ISENTRESS.....	179	KALLIGA.....	54
ILEVRO.....	139	ISENTRESS HD.....	179	KALYDECO.....	221
<i>imatinib</i>	206	ISIBLOOM.....	53	KAPSPARGO SPRINKLE.....	39
IMBRUVICA.....	206	<i>isoflurane</i>	217	KARBINAL ER.....	4
IMCIVREE.....	258	<i>isoniazid</i>	173	KARIVA (28).....	54
<i>imipramine hcl</i>	20	<i>isosorbide dinitrate</i>	49	KELNOR 1/35 (28).....	54
<i>imipramine pamoate</i>	21	<i>isosorbide mononitrate</i>	49	KELNOR 1-50 (28).....	54
<i>imiquimod</i>	165	<i>isosorbide-hydralazine</i>	44	KERALYT SCALP COMPLETE.....	77

KERAMATRIX.....	220	L.E.T. (LIDO-EPINEPH-TETRA).....	80	<i>levobunolol</i>	144
KERASTAT.....	76	L.E.T.(LIDO-EPINEPH BIT- TETRA).....	80	<i>levocarnitine</i>	218
KERENDIA.....	41	<i>labetalol</i>	36	<i>levocarnitine (with sugar)</i>	218
KESIMPTA PEN.....	210	<i>lacosamide</i>	237	<i>levocetirizine</i>	4, 5
<i>ketamine</i>	31	LACRISERT.....	146	<i>levofloxacin</i>	141, 170
<i>ketoconazole</i>	66, 172	<i>lactated ringers</i>	77	LEVONEST (28).....	55
KETODAN KIT.....	66	<i>lactulose</i>	194	<i>levonorgest-eth.estradiol-iron</i>	55
<i>ketoprofen</i>	189	LAGEVRIO (EUA).....	176	<i>levonorgestrel</i>	55
<i>ketorolac</i>	139, 189	LAMICTAL XR STARTER (BLUE).....	237	<i>levonorgestrel-ethinyl estrad</i>	55
KEVEYIS.....	244	LAMICTAL XR STARTER (GREEN).....	238	<i>levonorg-eth estrad triphasic</i>	55
KEVZARA.....	187, 188	LAMICTAL XR STARTER (ORANGE).....	238	LEVORA-28.....	55
KIMONO CONDOMS(NON- LUBRICATED).....	216	<i>lamivudine</i>	178, 181	<i>levorphanol tartrate</i>	224
KIMONO MAXX CONDOMS.....	216	<i>lamivudine-zidovudine</i>	177	<i>levothyroxine</i>	135, 136
KIMONO MICROTHIN AQUA		<i>lamotrigine</i>	238, 239	LEVULAN.....	209
LUBE CON.....	216	LAMPIT.....	175	LEXIVA.....	179
KIMONO MICROTHIN CONDOMS		<i>lancets</i>	197	LIALDA.....	191
.....	216	LANCETS, SUPER THIN.....	197	LICART.....	75
KIMONO MICROTHIN LARGE		LANCETS, THIN.....	197	LIDO BDK.....	214
CONDOMS.....	216	LANCETS, ULTRA THIN.....	197	<i>lidocaine</i>	80
KIMONO TEXTURED CONDOMS		LANOXIN.....	35	<i>lidocaine hcl</i>	80, 190
KINERET.....	183	<i>lansoprazole</i>	249	<i>lidocaine hcl-hydrocortison ac</i>	79, 191
KISQALI.....	206	<i>lanthanum</i>	129	LIDOCAINE VISCOUS.....	190
KISQALI FEMARA CO-PACK.....	204	<i>lapatinib</i>	206	<i>lidocaine-hydrocortisone-aloe</i>	191
KLARITY (CHONDROITIN) (PF)...	146	LARIN 1.5/30 (21).....	54	<i>lidocaine-prilocaine</i>	80
KLARITY-A (AZITHRO- CHONDR)(PF).....	141	LARIN 1/20 (21).....	54	LIDOPIN.....	80
KLARITY-L (LOTEPRED- CHOND)(PF).....	139	LARIN 24 FE.....	54	LIDTOPIC MAX.....	80
KLISYRI.....	79	LARIN FE 1.5/30 (28).....	54	LILETTA.....	218
KLOR-CON M10.....	129	LARIN FE 1/20 (28).....	54	<i>lindane</i>	67
KLOR-CON M15.....	129	<i>latanoprost</i>	144	<i>linezolid</i>	169
KLOR-CON M20.....	129	LAYOLIS FE.....	55	LINZESS.....	192
KLOXXADO.....	30	LEENA 28.....	55	<i>liothyronine</i>	136
KOATE.....	149	<i>leflunomide</i>	184	LIQREV.....	42
KOGENATE FS.....	149	<i>lenalidomide</i>	205	<i>lisdexamfetamine</i>	22
KORLYM.....	88	LENVIMA.....	206	<i>lisinopril</i>	37
KOSELUGO.....	204	LESSINA.....	55	<i>lisinopril-hydrochlorothiazide</i>	35
KOVALTRY.....	149	<i>letrozole</i>	203	LITE TOUCH LANCETS.....	197
KOVANAZE.....	190	<i>leucovorin calcium</i>	209	LITE TOUCH-MEDIUM MASK.....	14
K-PHOS NO 2.....	252	LEUKERAN.....	202	LITEAIRE MDI CHAMBER.....	14
K-PHOS ORIGINAL.....	252	LEUKINE.....	154	LITETOUCH-LARGE MASK.....	14
KRAZATI.....	204	<i>leuprolide</i>	132	LITETOUCH-SMALL MASK.....	14
KRINTAFEL.....	175	<i>levabuterol hcl</i>	8	LITFULO.....	76
KURVELO (28).....	54	<i>levabuterol tartrate</i>	8	<i>lithium carbonate</i>	24
KUVAN.....	202	<i>levamlodipine</i>	40	<i>lithium citrate</i>	24
KYLEENA.....	218	LEVEMIR FLEXPEN.....	126	LITHOSTAT.....	192
KYZATREX.....	158	LEVEMIR U-100 INSULIN.....	126	LIVALO.....	45
<i>l norgest/e.estradiol-e.estrad</i>	54	<i>levetiracetam</i>	239	LIVMARLI.....	193

LOKELMA.....	129	MATRISTEM.....	220	<i>mesalamine</i>	190, 191
LOMAIRA.....	257	MATRISTEM MICROMATRIX.....	220	<i>mesalamine with cleansing wipe</i> ...	190
LONSURF.....	203	MATULANE.....	208	MESNEX.....	209
<i>loperamide</i>	193	MATZIM LA.....	40	METADATE ER.....	32
<i>lopinavir-ritonavir</i>	179	MAVENCLAD (10 TABLET PACK)	210	<i>metaxalone</i>	244
<i>lorazepam</i>	23	MAVENCLAD (4 TABLET PACK)	210	<i>metformin</i>	88
LORAZEPAM INTENSOL.....	23	MAVENCLAD (5 TABLET PACK)	210	<i>methadone</i>	224, 225
LORBRENA.....	206	MAVENCLAD (6 TABLET PACK)	211	METHADONE INTENSOL.....	224
LORYNA (28).....	55	MAVENCLAD (7 TABLET PACK)	211	METHADOSE.....	225
<i>losartan</i>	38	MAVENCLAD (8 TABLET PACK)	211	<i>methamphetamine</i>	22
<i>losartan-hydrochlorothiazide</i>	36	MAVENCLAD (9 TABLET PACK)	211	<i>methazolamide</i>	143
LOTEMAX.....	139	MAVYRET.....	181	<i>methenamine hippurate</i>	168
LOTEMAX SM.....	139	MAXIDEX.....	139	<i>methenamine mandelate</i>	168
<i>loteprednol etabonate</i>	139	MAYZENT.....	211	<i>methen-sod phos-meth blue-hyos</i>	168
LOTREXONE.....	30	MAYZENT STARTER(FOR 1MG		<i>methimazole</i>	135
LOUTREX.....	76	MAINT).....	211	METHITEST.....	158
<i>lovastatin</i>	45	MAYZENT STARTER(FOR 2MG		<i>methocarbamol</i>	244
LOW-OGESTREL (28).....	55	MAINT).....	211	<i>methotrexate sodium</i>	203
<i>loxapine succinate</i>	26	MB HYDROGEL.....	76	<i>methotrexate sodium (pf)</i>	203
LO-ZUMANDIMINE (28).....	55	<i>meclizine</i>	7	<i>methoxsalen</i>	81
<i>lubiprostone</i>	194	<i>meclofenamate</i>	189	<i>methscopolamine</i>	247
LUCEMYRA.....	231	<i>mecobalamin (vitamin b12)</i>	257	<i>methsuximide</i>	239
LUGOLS.....	64	MEDISENSE THIN LANCETS.....	197	<i>methyl dopa</i>	38
<i>luliconazole</i>	67	MEDLANCE PLUS LANCETS.....	197	<i>methyl dopa-hydrochlorothiazide</i>	38
LUMAKRAS.....	204	MEDLANCE PLUS SPECIAL		<i>methyl ergonovine</i>	60
LUMIGAN.....	144	BLADE.....	197	<i>methylphenidate</i>	33
LUMRYZ.....	24	MEDROL.....	186	<i>methylphenidate hcl</i>	32, 33
LUPANETA PACK (1 MONTH).....	161	MEDROLOAN II SUIK.....	186	<i>methylprednisolone</i>	186
LUPKYNIS.....	166	MEDROLOAN SUIK.....	186	<i>methyltestosterone</i>	158
<i>lurasidone</i>	27	<i>medroxyprogesterone</i>	50, 161	<i>metoclopramide hcl</i>	248, 249
LUTERA (28).....	55	<i>mefenamic acid</i>	189	<i>metolazone</i>	44
LYBALVI.....	27	<i>mefloquine</i>	175	<i>metoprolol succinate</i>	39
LYLEQ.....	55	<i>megestrol</i>	210, 214	<i>metoprolol ta-hydrochlorothiaz</i>	39
LYLLANA.....	160	MEKINIST.....	204	<i>metoprolol tartrate</i>	39
LYNPARZA.....	206	MEKTOVI.....	204	<i>metronidazole</i>	63, 174, 253
LYSODREN.....	208	<i>meloxicam</i>	189	<i>metyrosine</i>	38
LYTGOBI.....	206	<i>melphalan</i>	202	<i>mexiletine</i>	34
LYUMJEV KWIKPEN U-100		<i>memantine</i>	16	MIBELAS 24 FE.....	56
INSULIN.....	126	MENACTRA (PF).....	162	<i>miconazole nitrate-zinc ox-pet</i>	67
LYUMJEV KWIKPEN U-200		MENEST.....	160	MICONAZOLE-3.....	253
INSULIN.....	126	MENOSTAR.....	160	MICRO BLOOD GLUCOSE.....	108
LYUMJEV U-100 INSULIN.....	126	MENQUADFI (PF).....	162	MICRO THIN LANCETS.....	197
LYZA.....	55	MENTAX.....	67	MICROCHAMBER.....	14
<i>mafenide acetate</i>	68	MENVEO A-C-Y-W-135-DIP (PF)	162	MICRODOT BLOOD GLUCOSE	
<i>malathion</i>	67	<i>mepерidine</i>	224	SYSTEM.....	108
<i>maraviroc</i>	177	<i>mepерidine (pf)</i>	224	MICRODOT XTRA BLOOD	
MARLISSA (28).....	55	<i>meprobamate</i>	24	GLUCOSE.....	108
MARPLAN.....	17	<i>mercaptapurine</i>	203	MICROGESTIN 1.5/30 (21).....	56
MARVONA SUIK (PF).....	190	MERZEE.....	55	MICROGESTIN 1/20 (21).....	56

MICROGESTIN 24 FE	56	MOXATAG	170	<i>nefazodone</i>	18
MICROGESTIN FE 1.5/30 (28)	56	<i>moxifloxacin</i>	141, 171	NENDRUX	77
MICROGESTIN FE 1/20 (28)	56	MUGARD	219	<i>neomycin</i>	173
MICROLET LANCET	197	MULPLETA	156	<i>neomycin-bacitracin-poly-hc</i>	136
<i>microplegic solution no.1</i>	215	MULTAQ	34	<i>neomycin-bacitracin-polymyxin</i>	142
<i>microplegic solution no.1-cp2d</i>	215	<i>mupirocin</i>	66	<i>neomycin-polymyxin b gu</i>	77
MICROSPACER	14	<i>mupirocin calcium</i>	66	<i>neomycin-polymyxin b-dexameth.</i> ..	137
<i>midazolam</i>	30, 217	MUSCUSOLICE	83	<i>neomycin-polymyxin-gramicidin</i>	142
<i>midazolam (pf)</i>	217	MUSE	130	<i>neomycin-polymyxin-hc</i>	128, 137
<i>midodrine</i>	48	MY CHOICE	56	NEO-POLYCIN	142
MIEBO	146	MY WAY	56	NEO-POLYCIN HC	137
MIFEPREX	214	MYALEPT	134	NEORAL	166
<i>mifepristone</i>	214	MYCAPSSA	220	NEOSALUS	76
<i>miglitol</i>	86	<i>mycophenolate mofetil</i>	166	NEO-SYNALAR	69
<i>miglustat</i>	217	<i>mycophenolate sodium</i>	166	NEO-SYNALAR KIT	69
MILI	56	MYDAYIS	22	NERLYNX	206
MIMVEY	161	MYDRIATIC4(TROP-PROP-PE- KTRLC)	146	NEUAC	63
MINIMED 630G INSULIN PUMP ..	120	MYFEMBREE	134	NEULASTA	154
MINIMED 780G INSULIN PUMP ..	120	MYGLUCOHEALTH	109	NEULASTA ONPRO	154
<i>minocycline</i>	171	MYGLUCOHEALTH LANCETS	197	NEUPOGEN	154
<i>minoxidil</i>	38	MYLERAN	202	NEUPRO	232
MIRCERA	152	MYNATAL	256	NEURAPTINE	83
MIRENA	218	MYNATAL ADVANCE	256	NEUTEK 2TEK TEST STRIPS	109
<i>mirtazapine</i>	17	MYNATAL PLUS	256	NEVANAC	139
<i>misoprostol</i>	248	MYNATAL-Z	256	<i>nevirapine</i>	178
<i>mitomycin (pf) in water</i>	146	MYNATE 90 PLUS	256	NEW DAY	56
MITOSOL	146	MYRBETRIQ	251	NEXA PLUS	256
MKO (MIDAZOLAM-KETAMINE- ONDAN)	31	MYTESI	193	NEXAVIR	201
M-M-R II (PF)	164	<i>nabumetone</i>	189	NEXIUM PACKET	250
MOBILE LANCETS	197	<i>nadolol</i>	39	NEXLETOL	44
<i>modafinil</i>	29	<i>naftifine</i>	67	NEXLIZET	47
<i>moexipril</i>	37	<i>nalbuphine</i>	225	NEXOBRID	81
<i>molindone</i>	28	<i>naloxone</i>	30	NEXPLANON	50
<i>mometasone</i>	5, 74	NALTREX	30	NEXTSTELLIS	56
MONDOXYNE NL	172	<i>naltrexone</i>	30	NGENLA	133
MONOLET LANCETS	197	NAMENDA XR	16	<i>niacin</i>	48
MONOLET THIN LANCETS	197	NAMZARIC	16	NIACOR	48
MONO-LINYAH	56	<i>naproxen</i>	189	<i>nicardipine</i>	40
MONOVISC	185	<i>naproxen sodium</i>	189, 190	<i>nicotine</i>	245
MONSEL'S	157	<i>naratriptan</i>	228	<i>nicotine (polacrilex)</i>	245
<i>montelukast</i>	12	NATACYN	142	NICOTROL	245
<i>morphine</i>	225	NATAZIA	56	NICOTROL NS	245
<i>morphine (pf)</i>	225	<i>nateglinide</i>	87	<i>nifedipine</i>	40
<i>morphine concentrate</i>	225	NATESTO	158	NIKKI (28)	56
<i>morphine in 0.9 % sodium chlor</i> ..	225	NAYZILAM	234	<i>nilutamide</i>	202
MOTEGRITY	249	<i>nebivolol</i>	39	<i>nimodipine</i>	41
MOUNJARO	86	NEBUSAL	217	NINLARO	206
MOVANTIK	194	NECON 0.5/35 (28)	56	<i>nisoldipine</i>	41
				<i>nitazoxanide</i>	175

<i>nitisinone</i>	217	NUCYNTA.....	226	<i>omega-3 acid ethyl esters</i>	48
NITRO-BID.....	49	NUCYNTA ER.....	226	<i>omeprazole</i>	250
NITRO-DUR.....	49	NUEDEXTA.....	213	<i>omeprazole-sodium bicarbonate</i> ...	250
<i>nitrofurantoin</i>	169	NUJO.....	83	OMNARIS.....	5
<i>nitrofurantoin macrocrystal</i>	169	NULIBRY.....	212	OMNIFLEX DIAPHRAGM.....	60
<i>nitrofurantoin monohyd/m-cryst</i>	169	NUMBONEX.....	80	OMNIPOD 5 G6 INTRO KIT (GEN	5).....
<i>nitroglycerin</i>	49	NUMBRINO.....	213	OMNIPOD 5 G6 PODS (GEN 5)...	120
NITRO-TIME.....	50	NUMOISYN.....	219	OMNIPOD CLASSIC PODS (GEN	3).....
NITYR.....	217	NUPLAZID.....	31	OMNIPOD DASH INTRO KIT	(GEN 4).....
NIVESTYM.....	154	NURTEC ODT.....	228	OMNIPOD DASH PDM KIT (GEN	4).....
<i>nizatidine</i>	248	NUTRASEB.....	76	OMNIPOD DASH PODS (GEN 4).	120
NOCDURNA (MEN).....	131	NUTROPIN AQ NUSPIN.....	134	OMNIPOD GO PODS.....	121
NOCDURNA (WOMEN).....	131	NUVESSA.....	253	OMNIPOD GO PODS 10	UNITS/DAY.....
NOCTIVA.....	131	NUWIQ.....	149	OMNIPOD GO PODS 15	UNITS/DAY.....
NORA-BE.....	56	NUZYRA.....	172	OMNIPOD GO PODS 20	UNITS/DAY.....
NORDITROPIN FLEXPRO.....	133	NYAMYC.....	67	OMNIPOD GO PODS 25	UNITS/DAY.....
<i>noreth-ethinyl estradiol-iron</i>	56	NYLIA 1/35 (28).....	57	OMNIPOD GO PODS 30	UNITS/DAY.....
<i>norethindrone (contraceptive)</i>	56	NYLIA 7/7/7 (28).....	57	OMNIPOD GO PODS 40	UNITS/DAY.....
<i>norethindrone acetate</i>	161	NYMALIZE.....	41	OMNITROPE.....	134
<i>norethindrone ac-eth estradiol</i> . 56, 161		NYMYO.....	57	ON CALL EXPRESS TEST STRIP	109
<i>norethindrone-e.estradiol-iron</i>	56, 57	NYNUTEY.....	80	ON CALL LANCET.....	197
<i>norgestimate-ethinyl estradiol</i>	57	<i>nystatin</i>	67, 172, 173	ON CALL PLUS LANCET.....	197
NORMAL SALINE FLUSH.....	130	<i>nystatin-triamcinolone</i>	67	ON CALL PLUS TEST STRIP.....	109
NORMLGEL AG.....	64	NYSTOP.....	67	ON CALL VIVID TEST STRIP.....	110
NORPACE CR.....	34	NYVEPRIA.....	154	<i>ondansetron</i>	7
NORTREL 0.5/35 (28).....	57	OBIZUR.....	149	<i>ondansetron hcl</i>	7
NORTREL 1/35 (21).....	57	OBSTETRIX DHA.....	256	ONETOUCH DELICA PLUS	LANCET.....
NORTREL 1/35 (28).....	57	OBSTETRIX DHA PRENATAL	DUO.....	ONETOUCH DELICA SAFETY	LANCET.....
NORTREL 7/7/7 (28).....	57	OBSTETRIX EC.....	256	ONETOUCH ULTRA TEST.....	110
<i>nortriptyline</i>	21	OBSTETRIX ONE.....	255	ONETOUCH ULTRASOFT 2	LANCET.....
NORVIR.....	179	OALIVA.....	193	ONETOUCH VERIO TEST	STRIPS.....
NOURIANZ.....	232	OCELLA.....	57	ONEXTON.....	63
NOVA MAX GLUCOSE TEST.....	109	<i>octreotide acetate</i>	220	ONGENTYS.....	232
NOVA SAFETY LANCETS.....	197	ODACTRA.....	3	ON-THE-GO LANCETS.....	198
NOVA SUREFLEX LANCETS.....	197	ODEFSEY.....	180	ONUREG.....	203
NOVOEIGHT.....	149	ODOMZO.....	204		
NOVOLIN 70/30 U-100 INSULIN...	126	OFEV.....	222		
NOVOLIN 70-30 FLEXPEN U-100	126	<i>ofloxacin</i>	128, 142, 171		
NOVOLIN N FLEXPEN.....	126	OJJAARA.....	206		
NOVOLIN N NPH U-100 INSULIN	127	<i>olanzapine</i>	27		
NOVOLIN R FLEXPEN.....	127	<i>olanzapine-fluoxetine</i>	31		
NOVOLIN R REGULAR U100	INSULIN.....	<i>olmesartan</i>	38		
NOVOSEVEN RT.....	149	<i>olmesartan-amlodipin-hctiazid</i>	36		
NOXAFIL.....	172	<i>olmesartan-hydrochlorothiazide</i>	36		
NP THYROID.....	136	<i>olopatadine</i>	5, 137		
NUBEQA.....	203	OLPRUVA.....	192		
NUCALA.....	12	OLUMIANT.....	188		
NUCORT.....	74	OMECLAMOX-PAK.....	248		

ONZDEAXIADEMTAR.....	63	OSCIMIN SL.....	247	<i>paliperidone</i>	27
ONZDEAXIADEMVAR.....	63	<i>oseltamivir</i>	176	PALYNZIQ.....	201
ONZDEAXIAZAR.....	63	OSPHENA.....	135	PANCREAZE.....	246
OPCICON ONE-STEP.....	57	OTEZLA.....	184	PANDEL.....	74
<i>opium tincture</i>	193	OTEZLA STARTER.....	184	PANRETIN.....	79
OPSUMIT.....	42	OTREXUP (PF).....	181	<i>pantoprazole</i>	250
OPTICHAMBER ADULT MASK- LARGE.....	14	OVACE PLUS.....	76	<i>papaverine</i>	50
OPTICHAMBER DIAMOND LG MASK.....	14	OVACE PLUS SHAMPOO.....	76	PARAGARD T 380A.....	218
OPTICHAMBER DIAMOND VHC....	14	<i>oxaprozin</i>	190	<i>paricalcitol</i>	134
OPTICHAMBER DIAMOND-MED MSK.....	14	OXAYDO.....	226	PAROEX ORAL RINSE.....	213
OPTICHAMBER DIAMOND-SML MASK.....	14	<i>oxazepam</i>	23	<i>paromomycin</i>	174
OPTION-2.....	57	OXBRYTA.....	156	<i>paroxetine hcl</i>	18
OPTIUM EZ.....	110	<i>oxcarbazepine</i>	239	<i>paroxetine mesylate(menop.sym)</i>	29
OPTIUM TEST.....	110	OXERVATE.....	142	PASER.....	173
OPTUMRX.....	111	OXIAICE.....	68	PAXLOVID.....	176
OPVEE.....	30	OXIANUJI.....	83	PEDIA IRON.....	255
OPZELURA.....	75	OXIABAR.....	63	PEDIATRIC FE-VITE.....	255
ORACIT.....	252	OXIABARY.....	63	<i>peg 3350-electrolytes</i>	194
ORAFATE.....	214	<i>oxiconazole</i>	67	<i>peg3350-sod sul-nacl-kcl-asb-c</i>	194
ORALAIR.....	3	OXISTAT.....	67	PEGASYS.....	181
ORALONE.....	213	OXTELLAR XR.....	239	<i>peg-electrolyte soln</i>	194
ORAMAGICRX.....	219	<i>oxybutynin chloride</i>	252, 253	PEMAZYRE.....	206
ORAQIX.....	190	<i>oxycodone</i>	226	<i>penicillamine</i>	181
ORAVIG.....	172	<i>oxycodone-acetaminophen</i>	230, 231	<i>penicillin v potassium</i>	170
ORENCIA.....	185	OXYCONTIN.....	226	<i>pentamidine</i>	175
ORENCIA CLICKJECT.....	185	<i>oxymorphone</i>	226	PENTASA.....	191
ORENITRAM.....	43	OXYTROL.....	253	<i>pentazocine-naloxone</i>	226
ORENITRAM MONTH 1 TITRATION KT.....	42	OZEMPIC.....	85	<i>pentoxifylline</i>	152
ORENITRAM MONTH 2 TITRATION KT.....	42	PACERONE.....	34	<i>perindopril erbumine</i>	37
ORENITRAM MONTH 3 TITRATION KT.....	43	PACNEX HP.....	77	PERIOGARD.....	213
ORFADIN.....	217	PACNEX LP.....	77	<i>permethrin</i>	67
ORGOVYX.....	205	PAIN EASE MEDIUM STREAM SPRAY.....	80	<i>perphenazine</i>	29
ORIAHNN.....	134	PAIN EASE MIST SPRAY.....	80	<i>perphenazine-amitriptyline</i>	20
ORLISSA.....	135	PALFORZIA (LEVEL 1).....	3	PERTZYE.....	246
ORKAMBI.....	221	PALFORZIA (LEVEL 2).....	3	PFLEX INSPIRATORY TRAINER... 14	
ORLADEYO.....	190	PALFORZIA (LEVEL 3).....	3	PHARMACIST CHOICE.....	111
<i>orlistat</i>	258	PALFORZIA (LEVEL 4).....	3	PHEBURANE.....	192
<i>orphenadrine citrate</i>	244	PALFORZIA (LEVEL 5).....	3	PHEDRAX.....	67
<i>orphenadrine-asa-caffeine</i>	244	PALFORZIA (LEVEL 6).....	3	<i>phenazopyridine</i>	252
ORSERDU.....	209	PALFORZIA (LEVEL 7).....	3	<i>phendimetrazine tartrate</i>	257
ORTHOVISC.....	185	PALFORZIA (LEVEL 8).....	3	<i>phenelzine</i>	17
OSCIMIN.....	247	PALFORZIA (LEVEL 9).....	3	<i>phenobarbital</i>	29
		PALFORZIA (LEVEL 10).....	3	<i>phenoxybenzamine</i>	36
		PALFORZIA (LEVEL 11 UP- DOSE).....	3	<i>phentermine</i>	257, 258
		PALFORZIA INITIAL DOSE.....	4	<i>phenylephrine hcl</i>	141
		PALFORZIA LEVEL 11 MAINTENANCE.....	4	<i>phenyleph-tropicamide in water</i>	146
				PHENYTEK.....	240
				<i>phenytoin</i>	240
				<i>phenytoin sodium extended</i>	240

PHEXXI	50	PRADAXA	156	PRESSURE ACTIVATED	
PHILITH	57	PRAKETAMIDE	80	LANCETS	198
PHOSLYRA	129	<i>pralidoxime</i>	216	<i>pretomanid</i>	173
PHOSPHOLINE IODIDE	144	PRALUENT PEN	46	PREVALITE	47
PHOTREXA	146	<i>pramipexole</i>	232, 233	PREVNAR 20 (PF)	163
PHOTREXA CROSS-LINKING KIT		PRAMOSONE	79	PREVYMIS	176
.....	146	<i>prasugrel</i>	155	PREZCOBIX	177
PHOTREXA VISCOUS	146	<i>pravastatin</i>	46	PREZISTA	177
PHYSIOLYTE	77	<i>praziquantel</i>	175	PRIFTIN	173
PHYSIOSOL IRRIGATION	77	<i>prazosin</i>	36	PRIOLOSEC	250
<i>phytonadione (vitamin k1)</i>	158	PRECISION PCX PLUS TEST	111	<i>primaquine</i>	175
PIFELTRO	178	PRECISION PCX TEST	111	PRIMEAIRE	14
<i>pilocarpine hcl</i>	144, 201	PRECISION POINT OF CARE		<i>primidone</i>	240
<i>pimecrolimus</i>	83	TEST	112	PRIMSOL	168
<i>pimozide</i>	24	PRECISION Q-I-D TEST	112	PRIORIX (PF)	164
PIMTREA (28)	57	PRECISION XTRA MONITOR	121	PRO COMFORT LANCET	198
<i>pindolol</i>	39	PRECISION XTRA TEST	112	PRO COMFORT SAFETY	
<i>pioglitazone</i>	87	PRED MILD	139	LANCET	198
<i>pioglitazone-glimepiride</i>	88	<i>prednicarbate</i>	74	PRO VOICE V8-V9 TEST STRIP ..	112
<i>pioglitazone-metformin</i>	89, 90	<i>prednisol ace-gatiflox-bromfen</i>	136	<i>probenecid</i>	147
PIP BLOOD GLUCOSE TEST		<i>prednisoln sp-gatiflox-bromfen</i>	136	<i>probenecid-colchicine</i>	147
STRIP	111	<i>prednisoln sp-moxiflox-bromfen</i>	136	PROCARE SPACER WITH ADULT	
PIP LANCET	198	<i>prednisolone</i>	187	MASK	14
PIQRAY	207	<i>prednisolone acetate</i>	140	PROCARE SPACER WITH CHILD	
<i>pirfenidone</i>	221	<i>prednisolone acetate (pf)</i>	140	MASK	14
<i>piroxicam</i>	190	<i>prednisolone acetate-bromfenac</i> ..	140	PROCHAMBER	15
PLEGRIDY	211	<i>prednisolone acetate-nepafenac</i> ..	140	<i>prochlorperazine</i>	7
PLENITY	258	<i>prednisolone sod ph-moxiflox</i>	137	<i>prochlorperazine maleate</i>	7
PLENITY (WELCOME KIT)	258	<i>prednisolone sodium phosphate</i>		PROCORT	191
PLENVU	194	.....	140, 187	PROCRIT	152
PNEUMOVAX-23	163	<i>prednisolone-moxiflo-nepafenac</i> ..	136	PROCTOFOAM HC	191
PNV-DHA + DOCUSATE	256	<i>prednisolone-moxifloxacin hcl</i>	137	PROCTO-MED HC	74
POCKET CHAMBER	14	<i>prednisolone-moxiflox-bromfen</i>	136	PROCTOSOL HC	74
PODOCON	77	<i>prednisolon-moxiflox-bromf(pf)</i>	136	PROCTOZONE-HC	74
<i>podofilox</i>	78	<i>prednisone</i>	187	PROCYSBI	251
POLYCIN	142	PREDNISONONE INTENSOL	187	PRODIGY LANCETS	198
<i>polymyxin b sulf-trimethoprim</i>	142	<i>pregabalin</i>	240	PRODIGY NO CODING	113
POMALYST	205	PREHEVBRIO (PF)	165	PRODIGY TWIST TOP LANCET ..	198
PONVORY	211	PREMARIN	161, 254	PROFILNINE	150
PONVORY 14-DAY STARTER		PREMIER TEST STRIP	112	<i>progesterone</i>	161
PACK	211	PREMIUM V10	112	<i>progesterone micronized</i>	161
PORTIA 28	57	PREMPHASE	161	PROGRAF	166
<i>posaconazole</i>	172	PREMPRO	161	PROLASTIN-C	202
<i>potassium chloride</i>	129, 130	PRENAISSANCE	256	PROLENSA	140
<i>potassium citrate</i>	252	PRENAISSANCE PLUS	256	PROMACTA	157
<i>potassium iodide</i>	135	PRENATAL 19 (WITH		<i>promethazine</i>	4, 7
<i>povidone-iodine</i>	76	DOCUSATE)	256	PROMETHAZINE VC	60
PR BENZOYL PEROXIDE	78	PREPIDIL	60	PROMETHAZINE VC-CODEINE	60
PR CREAM	78	PRESERA	76	<i>promethazine-codeine</i>	60

<i>promethazine-dm</i>	61	QUVIVIQ.....	31	RENACIDIN.....	252
PROMETHEGAN.....	7	QVAR REDHALER.....	11	<i>repaglinide</i>	87
PRONAL.....	78	<i>rabeprazole</i>	250	REPATHA PUSHTRONEX.....	46
<i>propafenone</i>	34	RADICAVA ORS.....	212	REPATHA SURECLICK.....	47
<i>propracaïne</i>	140	RADICAVA ORS STARTER KIT		REPATHA SYRINGE.....	47
<i>propranolol</i>	39	SUSP.....	212	RESPA-AR.....	60
<i>propranolol-hydrochlorothiazid</i>	40	RADIOGARDASE.....	219	RESTASIS MULTIDOSE.....	142
<i>propylthiouracil</i>	135	RAGWITEK.....	4	RETACRIT.....	152
PROTHELIAL.....	214	<i>raloxifene</i>	132	RETEVMO.....	207
<i>protriptyline</i>	21	<i>ramipril</i>	37	RETIN-A MICRO PUMP.....	64, 65
PRUMYX.....	76	<i>ranolazine</i>	48	REVCIVI.....	218
PULMICORT FLEXHALER.....	11	RAPAMUNE.....	166	REVEAL TEST STRIP.....	114
PULMOZYME.....	221	<i>rasagiline</i>	233	REXULTI.....	26
PURE COMFORT LANCETS.....	198	RASUVO (PF).....	181, 182	REYATAZ.....	179
PURE COMFORT SAFETY		RAVICTI.....	192	REYVOW.....	228
LANCETS.....	198	RAYALDEE.....	134	REZLIDHIA.....	208
PURIXAN.....	203	READYLANCE SAFETY		REZUROCK.....	167
PUSH BUTTON SAFETY		LANCETS.....	198	RHOPRESSA.....	144
LANCETS.....	198	REBIF (WITH ALBUMIN).....	211	<i>ribavirin</i>	176, 181
<i>pyrazinamide</i>	173	REBIF REBIDOSE.....	211	RIDAURA.....	187
<i>pyridostigmine bromide</i>	16, 17	REBIF TITRATION PACK.....	211	<i>rifabutin</i>	173
<i>pyridoxine (vitamin b6)</i>	257	REBINYN.....	151	<i>rifampin</i>	173
<i>pyrimethamine</i>	175	REBYOTA.....	168	RIGHTEST GL300 LANCETS.....	198
PYRUKYND.....	156	RECEDO.....	79	RIGHTEST GS250S TEST	
QBRELIS.....	37	RECLIPSEN (28).....	57	STRIPS.....	114
QBREXZA.....	202	RECOMBINATE.....	149	RIGHTEST GS260 TEST STRIPS	114
QELBREE.....	33, 34	RECOMBIVAX HB (PF).....	165	RIGHTEST GS550 TEST STRIPS	115
QINLOCK.....	207	RECORLEV.....	131	RIGHTEST GS700 TEST STRIP...115	
QNASL.....	5	RECOTHROM.....	157	RIGHTEST GT333 TEST STRIP...115	
QSYMIA.....	258	RECOTHROM SPRAY KIT.....	157	RIGHTEST MAX TEST STRIP.....	115
QTERN.....	87	RECTIV.....	192	<i>riluzole</i>	212
<i>quazepam</i>	30	REDITREX (PF).....	182, 183	<i>rimantadine</i>	176
<i>quetiapine</i>	27	REFUAH PLUS.....	113	RIMI.....	67
QUIDROXZAR.....	165	REGENECARE.....	80	<i>ringer's</i>	77
QUILLICHEW ER.....	33	REGIOCIT (EUA).....	150	RINVOQ.....	188
QUILLIVANT XR.....	33	REGRANEX.....	121	RIOMET ER.....	88
<i>quinapril</i>	37	RELAGARD.....	253	<i>risedronate</i>	132, 133
<i>quinapril-hydrochlorothiazide</i>	35	RELENZA DISKHALER.....	176	<i>risperidone</i>	27
<i>quinidine gluconate</i>	34	RELEUKO.....	154	RITEFLO AEROCHAMBER.....	15
<i>quinidine sulfate</i>	34	RELIAMED LANCET.....	198	<i>ritonavir</i>	179
<i>quinine sulfate</i>	175	RELIAMED SAFETY SEAL		<i>rivastigmine</i>	17
QUINTET AC.....	113	LANCETS.....	198	<i>rivastigmine tartrate</i>	17
QUINTET GLUCOSE TEST		RELIAMED TWIST AND CAP		RIVELSA.....	57
STRIPS.....	113	LANCET.....	198	RIXUBIS.....	151
QUIT 2.....	245	RELION CONFIRM-MICRO.....	113	<i>rizatriptan</i>	228
QUIT 4.....	245, 246	RELION PRIME TEST STRIPS.....	114	ROCKLATAN.....	144
QUITAR.....	165	RELION ULTIMA.....	114	<i>roflumilast</i>	12
QULIPTA.....	228	RELISTOR.....	194	ROLVEDON.....	154
QUTENZA.....	77	RELYVRIO.....	212	<i>ropinirole</i>	233

ROSADAN.....	63	SEMGLEE(INSULIN GLARG- YFGN)PEN.....	127	<i>sodium chloride</i>	77, 81, 130, 217
ROSULA.....	68	SEREVENT DISKUS.....	8	<i>sodium chloride 0.45 %</i>	130
ROSULA CLEANSING CLOTHS.....	68	SERNIVO.....	75	<i>sodium chloride 0.9 %</i>	130
<i>rosuvastatin</i>	46	SEROQUEL XR.....	28	<i>sodium chloride 0.9 % (flush)</i>	130
ROTARIX.....	162	SEROSTIM.....	134	<i>sodium citrate</i>	150
ROTATEQ VACCINE.....	162	<i>sertraline</i>	18	<i>sodium citrate in 0.9 % nacl</i>	150
ROXYBOND.....	227	SETLAKIN.....	57	SODIUM FLUORIDE 5000 DRY MOUTH.....	255
ROZLYTREK.....	207	<i>sevelamer carbonate</i>	129	SODIUM FLUORIDE 5000 PLUS..	255
RUBRACA.....	207	<i>sevelamer hcl</i>	129	<i>sodium fluoride-pot nitrate</i>	255
RUCONEST.....	186	SEVENFACT.....	149	<i>sodium iodide-123</i>	209
<i>rufinamide</i>	240	<i>sevoflurane</i>	217	<i>sodium iodide-131</i>	209
RUKOBIA.....	177	SF.....	255	<i>sodium oxybate</i>	24
RYBELSUS.....	85	SF 5000 PLUS.....	255	<i>sodium phenylbutyrate</i>	192, 193
RYDAPT.....	207	SHAROBEL.....	57	<i>sodium polystyrene sulfonate</i>	129
RYLAZE.....	208	SHINGRIX (PF).....	165	<i>sodium,potassium,mag sulfates</i>	194
RYPLAZIM.....	155	SHINGRIX ADJUVANT COMPONENT-PF.....	221	SOFT TOUCH LANCETS.....	198
RYTARY.....	233	SIGNIFOR.....	220	SOHONOS.....	244
SABRIL.....	240	SIKLOS.....	156	<i>solifenacin</i>	252
SAFETY LANCETS.....	198	<i>sildenafil</i>	131	SOLIQUA 100/33.....	88
SAFETY SEAL LANCETS.....	198	<i>sildenafil (pulm.hypertension)</i>	42	SOLOSEC.....	174
SAFETY-LET LANCETS.....	198	SILICONE MASK - INFANT.....	15	SOLTAMOX.....	209
SAIZEN SAIZENPREP.....	134	SILIQ.....	81	SOLU-CORTEF.....	187
SAJAZIR.....	186	<i>silodosin</i>	250	SOLU-CORTEF ACT-O-VIAL (PF)	187
<i>salicylic acid</i>	78	SILVASORB.....	64	SOLUS V2 LANCETS.....	198
SALIMEZ FORTE.....	78	<i>silver nitrate</i>	64, 78	SOLUS V2 TEST STRIPS.....	116
<i>salsalate</i>	223	<i>silver nitrate applicators</i>	78	SOMAVERT.....	133
SALVAX.....	78	<i>silver sulfadiazine</i>	68	SOOLANTRA.....	64
SALVAX DUO PLUS.....	78	SILVRSTAT.....	64	<i>sorafenib</i>	207
SANCUSO.....	7	SIMBRINZA.....	144	<i>sorbitol</i>	77
SANDIMMUNE.....	166, 167	SIMLIYA (28).....	58	<i>sorbitol-mannitol</i>	77
SANTYL.....	81	SIMPESSE.....	58	SORILUX.....	83
<i>sapropterin</i>	202	SIMPONI.....	184	<i>sotalol</i>	39
SAVAYSA.....	150	<i>simvastatin</i>	46	SOTALOL AF.....	39
SAVELLA.....	212	SINGLE-LET.....	198	SOTYKTU.....	81
<i>saxagliptin</i>	87	<i>sirolimus</i>	167	SOTYLIZE.....	39
<i>saxagliptin-metformin</i>	84, 85	SIRTURO.....	173	SOVALDI.....	180
SAXENDA.....	258	SIVEXTRO.....	169	SPACE CHAMBER.....	15
SCALACORT DK.....	74	SKYCLARYS.....	213	SPACE CHAMBER WITH LARGE MASK.....	15
SCEMBLIX.....	207	SKYLA.....	218	SPACE CHAMBER WITH MEDIUM MASK.....	15
SCLEROSOL INTRAPLEURAL.....	209	SKYRIZI.....	81, 83	SPACE CHAMBER WITH SMALL MASK.....	15
<i>scopolamine base</i>	7	SKYTROFA.....	134	<i>spinosad</i>	67
SECUADO.....	28	SLYND.....	58	SPIRIVA RESPIMAT.....	7
SEGLUROMET.....	89	SMART SENSE LANCETS.....	198	<i>spironolactone</i>	41
<i>selegiline hcl</i>	233	SMART SENSE TEST STRIPS.....	115	<i>spironolacton-hydrochlorothiaz</i>	42
<i>selenium sulfide</i>	76	SMARTEST LANCET.....	198	SPRAVATO.....	17
SELZENTRY.....	177	SMARTEST TEST.....	116		
SEMGLEE(INSULIN GLARGINE- YFGN).....	127	<i>sodium chlor 0.9% bacteriostat</i>	130		

SPRAY AND STRETCH.....	81	<i>sulfasalazine</i>	191	TAGRISSO.....	207
SPRINTEC (28).....	58	SULFATRIM.....	167	TAKE ACTION.....	58
SPRYCEL.....	207	<i>sulindac</i>	190	TAKHZYRO.....	190
SPS (WITH SORBITOL).....	129	<i>sumatriptan</i>	229	TALICIA.....	248
SRONYX.....	58	<i>sumatriptan succinate</i>	229	TALTZ AUTOINJECTOR.....	82
SSD.....	68	<i>sunitinib malate</i>	207	TALTZ AUTOINJECTOR (2 PACK).....	81
SSKI.....	135	SUNLENCA.....	175	TALTZ AUTOINJECTOR (3 PACK).....	81
SSS 10-5.....	68	SUNOSI.....	29	TALTZ SYRINGE.....	82
ST JOSEPH ASPIRIN.....	155	SUPARTZ FX.....	185	TALZENNA.....	207
ST. JOSEPH ASPIRIN.....	155	SUPER THIN LANCETS.....	199	<i>tamoxifen</i>	209
<i>stavudine</i>	178	SUPRAX.....	168	<i>tamsulosin</i>	250
STEGLATRO.....	86	SURE COMFORT LANCETS.....	199	TARINA 24 FE.....	58
STEGLUJAN.....	87	SURE-LANCE.....	199	TARINA FE 1/20 (28).....	58
STELARA.....	188	SURE-LANCE ULTRA THIN.....	199	TARINA FE 1-20 EQ (28).....	58
STENDRA.....	131	SURE-TEST EASYPLUS MINI.....	116	TARON-PREX PRENATAL-DHA..	255
STERILANCE TL.....	199	SURE-TOUCH LANCET.....	199	TARPEYO.....	187
STERILE HYDROGEL FOR		SURVANTA.....	221	TASCENSO ODT.....	211
JELMYTO.....	217	SUTAB.....	194	TASIGNA.....	207
<i>sterile talc</i>	209	SYEDA.....	58	<i>tasimelteon</i>	29
STERITALC.....	209	SYMAX DUOTAB.....	247	<i>tavaborole</i>	67
STIMUFEND.....	155	SYMBICORT.....	10	TAVALISSE.....	156
STIOLTO RESPIMAT.....	9	SYMDEKO.....	221	TAVNEOS.....	154
STIVARGA.....	207	SYMJEPI.....	201	TAYSOFY.....	58
STOP SMOKING AID.....	246	SYMLINPEN 120.....	86	<i>tazarotene</i>	83
STRATAGRAFT.....	220	SYMLINPEN 60.....	86	TAZORAC.....	83
STRAVIX.....	220	SYMPROIC.....	195	TAZIA XT.....	41
STRENSIQ.....	218	SYMTOZA.....	176	TAZVERIK.....	204
STRIBILD.....	180	SYNALAR CREAM KIT.....	75	TD GOLD TEST STRIP.....	116
STRIVERDI RESPIMAT.....	8	SYNALAR OINTMENT KIT.....	75	TDVAX.....	164
STRONG IODINE.....	64, 135	SYNALAR TS.....	75	TECHLITE LANCETS.....	199
SUBVENITE.....	240	SYNAREL.....	134	TEGRETOL.....	241
SUBVENITE STARTER (BLUE)		SYNDROS.....	6	TEGRETOL XR.....	241
KIT.....	240	SYNJARDY.....	89	TEGSEDI.....	201
SUBVENITE STARTER (GREEN)		SYNJARDY XR.....	89	TEKTRUNA HCT.....	43
KIT.....	240	SYNOJOYNT.....	185	TELCARE LANCETS.....	199
SUBVENITE STARTER		SYNRIBO.....	208	TELCARE TEST STRIPS.....	116
(ORANGE) KIT.....	240	SYNVISC.....	185	<i>telmisartan</i>	38
SUCRAID.....	246	SYNVISC-ONE.....	185	<i>telmisartan-amlodipine</i>	37
<i>sucralfate</i>	248	SYRINGE AVITENE.....	157	<i>telmisartan-hydrochlorothiazid</i>	36
SUFLAVE.....	194	T.R.U.E. TEST ALLERGEN.....	217	<i>temazepam</i>	30
<i>sulconazole</i>	67	TABLOID.....	203	TEMBEXA.....	176
<i>sulfacetamide sodium</i>	76, 141	TABRECTA.....	207	<i>temozolomide</i>	202
<i>sulfacetamide sodium (acne)</i>	63	TACHOSIL.....	157	TEMPO REFILL KIT WITH GAUZE	
<i>sulfacetamide sodium-sulfur</i>	68	<i>tacrolimus</i>	83, 167	.....	199
<i>sulfacetamide sod-sulfur-urea</i>	68	<i>tadalafil</i>	131	TENCON.....	222
<i>sulfacetamide-prednisolone</i>	141	<i>tadalafil (pulm. hypertension)</i>	42	TENIVAC (PF).....	164
<i>sulfadiazine</i>	167	TADLIQ.....	42	<i>tenofovir disoproxil fumarate</i>	178
<i>sulfamethoxazole-trimethoprim</i>	167	TAFINLAR.....	204	TEPMETKO.....	207
SULFAMYLON.....	68	<i>tafluprost (pf)</i>	145	<i>terazosin</i>	36

<i>terbinafine hcl</i>	172	TLANDO.....	159	TRETEN.....	151
<i>terbutaline</i>	8	TOBI PODHALER.....	173	TREXALL.....	203
<i>terconazole</i>	253	TOBRADEX.....	137	<i>triamcinolone acetonide</i>	75, 213
<i>teriflunomide</i>	211	TOBRADEX ST.....	137	<i>triamterene</i>	42
<i>teriparatide</i>	132	<i>tobramycin</i>	142, 173	<i>triamterene-hydrochlorothiazid</i>	42
TERRELL.....	217	<i>tobramycin in 0.225 % nacl</i>	173	<i>triazolam</i>	30
TERSİ FOAM.....	76	<i>tobramycin with nebulizer</i>	173	TRIDERM.....	75
TEST N'GO TEST.....	117	<i>tobramycin-dexamethasone</i>	137	<i>trientine</i>	219
<i>testosterone</i>	158, 159	<i>tobramycin-vancomycin</i>	142	TRI-ESTARYLLA.....	58
<i>testosterone cypionate</i>	158	TOBREX.....	142	TRIFERIC.....	255
<i>testosterone enanthate</i>	158	TODAY CONTRACEPTIVE		<i>trifluoperazine</i>	29
<i>tetrabenazine</i>	213	SPONGE.....	50	<i>trifluridine</i>	140
<i>tetracaine hcl</i>	140	TOLAK.....	79	<i>trihexyphenidyl</i>	231
<i>tetracaine hcl (pf)</i>	140	<i>tolcapone</i>	233	TRIJARDY XR.....	90
<i>tetracycline</i>	172	<i>tolmetin</i>	190	TRIKAFTA.....	221
TEXACORT.....	75	<i>tolterodine</i>	253	TRI-LEGEST FE.....	58
TEZSPIRE.....	15	<i>tolvaptan</i>	128	TRI-LINYAH.....	58
THALOMID.....	173	TOPCARE UNIVERSAL1 LANCET		TRILOAN II SUIK.....	187
THEO-24.....	15	.....	199	TRILOAN SUIK.....	187
<i>theophylline</i>	15	<i>topiramate</i>	241, 242	TRI-LO-ESTARYLLA.....	58
<i>thiamine hcl (vitamin b1)</i>	257	<i>toremifene</i>	209	TRI-LO-MARZIA.....	58
THIN LANCETS.....	199	TORONOVA II SUIK.....	190	TRI-LO-MILI.....	58
THIOLA EC.....	251	TORONOVA SUIK.....	190	TRI-LO-SPRINTEC.....	58
<i>thioridazine</i>	29	<i>toremide</i>	41	TRILURON.....	185
<i>thiothixene</i>	28	TOUJEO MAX U-300 SOLOSTAR	127	<i>trimethobenzamide</i>	7
THRESHOLD IMT TRAINER.....	15	TOUJEO SOLOSTAR U-300		<i>trimethoprim</i>	168
THRESHOLD PEP DEVICE.....	15	INSULIN.....	127	TRI-MILI.....	58
THROMBIN-JMI.....	157	TPOXX (NATIONAL STOCKPILE)	176	<i>trimipramine</i>	21
THYQUIDITY.....	136	TRACLEER.....	42	TRI-MIX (PAPAVRN-PHNTLMN-	
<i>thyroid (pork)</i>	136	TRADJENTA.....	87	PGE1).....	131
TIADYLT ER.....	41	<i>tramadol</i>	227	TRIMO-SAN JELLY.....	253
<i>tiagabine</i>	241	<i>tramadol-acetaminophen</i>	231	TRINTELLIX.....	20
TIBSOVO.....	208	<i>trandolapril</i>	37	TRI-NYMYO.....	58
TIGLUTIK.....	212	<i>trandolapril-verapamil</i>	35	TRI-SPRINTEC (28).....	58
TILIA FE.....	58	<i>tranexamic acid</i>	148	TRIUMEQ.....	180
<i>timolol maleate</i>	39, 145	<i>tranylcypromine</i>	17	TRIUMEQ PD.....	180
<i>timolol maleate (pf)</i>	145	TRANZAREL.....	81	TRIVISC.....	185
<i>timolol-brimonidi-dorzolam(pf)</i>	145	<i>travoprost</i>	145	TRIVORA (28).....	58
<i>tinidazole</i>	174	<i>trazodone</i>	18	TRI-VYLIBRA.....	59
<i>tiopronin</i>	251	TRECTOR.....	173	TRI-VYLIBRA LO.....	58
<i>tiotropium bromide</i>	8	TRELEGY ELLIPTA.....	10	TRIZIVIR.....	177
TIROSINT.....	136	TREMFYA.....	82	TROKENDI XR.....	242
TIROSINT-SOL.....	136	<i>treprostinil sodium</i>	43	<i>tropicamide</i>	146
TISSEEL VHSD (APROTININ,		TRESIBA FLEXTOUCH U-100.....	127	<i>tropic-proparacai-pe-ketor-wat</i>	146
SYN).....	220	TRESIBA FLEXTOUCH U-200.....	127	<i>tropium</i>	253
TIS-U-SOL PENTALYTE.....	77	TRESIBA U-100 INSULIN.....	127	TRUDHESA.....	229
TIVICAY.....	179	<i>tretinoin</i>	65	TRUE COMFORT LANCET.....	199
TIVICAY PD.....	179	<i>tretinoin (antineoplastic)</i>	208	TRUE METRIX GLUCOSE TEST	
<i>tizanidine</i>	244	<i>tretinoin microspheres</i>	65	STRIP.....	117

TRUE METRIX PRO TEST STRIP	117	ULTRA THIN PLUS LANCETS	199	VANFLYTA	207
TRUEPLUS LANCETS	199	ULTRA TLC LANCETS	199	VANOXIDE-HC	63
TRUETEST TEST STRIPS	117	ULTRA-CARE LANCETS	199	VAQTA (PF)	165
TRUETRACK TEST	117	ULTRALANCE LANCETS	199	<i>vardenafil</i>	131
TRULANCE	192	ULTRASAL-ER	78	<i>varenicline</i>	246
TRULICITY	85	ULTRA-THIN II LANCETS	199	VARIVAX (PF)	165
TRUMENBA	163	ULTRATRAK	118	VARUBI	7
TRUSKIN	220	ULTRATRAK ULTIMATE	118	VASCEPA	48
TRUSTEX LATEX CONDOM	216	UNILET COMFORTOUCH		VASELINE WHITE PETROLEUM	79
TRUSTEX LUBRICATED		LANCET	199	VASHE WOUND THERAPY	77
CONDOMS	216	UNILET GP LANCET	200	VAXCHORA ACTIVE	
TRUSTEX NON-LUB CONDOMS	216	UNILET LANCET	200	COMPONENT	164
TRUSTEX-RIA LUB/SPERMICIDE	216	UNILET LANCETS	200	VAXCHORA BUFFER	
TRUSTEX-RIA LUBRICATED		UNILET SUPER THIN LANCETS	200	COMPONENT	128
CONDOMS	216	UNISTIK 3 COMFORT LANCET	200	VAXCHORA VACCINE	164
TRUSTEX-RIA NON-LUB		UNISTIK 3 EXTRA LANCET	200	VAXNEUVANCE (PF)	163
CONDOMS	216	UNISTIK 3 GENTLE	200	VCF CONTRACEPTIVE FILM	50
TRUSTEX-RIA NON-LUB		UNISTIK 3 NORMAL LANCET	200	VCF CONTRACEPTIVE GEL	50
CONDOMS	216	UNISTIK COMFORT LANCETS	200	VECAMYL	38
TUDORZA PRESSAIR	8	UNISTIK CZT LANCET	200	VELIVET TRIPHASIC REGIMEN	
TUKYSA	207	UNISTIK EXTRA LANCETS	200	(28)	59
TULANA	59	UNISTIK NORMAL LANCETS	200	VELPHORO	129
TURALIO	207	UNISTIK PRO LANCET	200	VELTASSA	129
TUXARIN ER	61	UNISTIK SAFETY	200	VEMLIDY	181
TUZISTRA XR	61	UNISTIK TOUCH LANCETS	200	VENCLEXTA	208
TWINRIX (PF)	165	UNISTRIP1 TEST STRIP	118	VENCLEXTA STARTING PACK	208
TWIRLA	59	UNIVERSAL 1 LANCETS	200	<i>venlafaxine</i>	19
TWIST LANCETS	199	UPNEEQ (PF)	141	VENTAVIS	43
TYBLUME	59	UPTRAVI	43	VEOZAH	161
TYBOST	180	URAMAXIN	78	<i>verapamil</i>	41
TYDEMY	59	URAMAXIN GT	78	VERIFY SAFETY LANCET MINI	200
TYMLOS	132	<i>urea</i>	78	VERIFY UNIVERSAL LANCET	200
TYRVAYA	141	UREA NAIL STICK	78	VERKAZIA	142
TYVASO	43	URETRON D-S	168	VERQUVO	49
TYVASO DPI	43	URO-458	168	VERSACLOZ	28
TYVASO INSTITUTIONAL START		UROGESIC-BLUE	168	VERZENIO	207
KIT	43	URO-MP	168	VESICARE LS	252
TYVASO REFILL KIT	43	UROQID-ACID NO.2	252	VESTURA (28)	59
TYVASO STARTER KIT	43	<i>ursodiol</i>	193	V-GO 20	121
UBRELVY	229	VAGINAL CONTRACEPTIVE FILM	50	V-GO 30	121
UDENYCA	155	<i>valacyclovir</i>	176	V-GO 40	121
UDENYCA AUTOINJECTOR	155	VALCHLOR	79	VIBERZI	191
ULESFIA	67	<i>valganciclovir</i>	176	VICTOZA 2-PAK	85
ULTILET BASIC LANCETS	199	<i>valproic acid</i>	242	VICTOZA 3-PAK	85
ULTILET CLASSIC LANCETS	199	<i>valproic acid (as sodium salt)</i>	242	VIEKIRA PAK	181
ULTILET LANCETS	199	<i>valsartan</i>	38	VIENVA	59
ULTILET SAFETY LANCETS	199	<i>valsartan-hydrochlorothiazide</i>	36	<i>vigabatrin</i>	242
ULTIMA TEST STRIPS	118	VALTOCO	234	VIGADRONE	242
ULTRA FINE LANCETS	199	<i>vancomycin</i>	174	VIIBRYD	19
ULTRA THIN II LANCETS	199				
ULTRA THIN LANCETS	199				

VIJOICE.....	202	<i>warfarin</i>	147	XTANDI.....	203
<i>vilazodone</i>	20	<i>water for irrigation, sterile</i>	77	XULANE.....	59
VIMPAT.....	242	WAVESENSE JAZZ.....	119	XULTOPHY 100/3.6.....	88
VIOKACE.....	246	WAVESENSE PRESTO.....	119	XURIDEN.....	147
VIORELE (28).....	59	WEGOVY.....	258	XYNTHA.....	149
VIRACEPT.....	179	WELIREG.....	208	XYNTHA SOLOFUSE.....	149
VIREAD.....	178	WERA (28).....	59	XYOSTED.....	159
VISCO-3.....	185	WIDE-SEAL DIAPHRAGM 60.....	60	XYWAV.....	24
VISTASEAL-FIBRIN SEALANT.....	158	WIDE-SEAL DIAPHRAGM 65.....	60	YCANTH.....	77
VISTOGARD.....	209	WIDE-SEAL DIAPHRAGM 70.....	60	YONSA.....	203
VITAFOL FE+ (WITH DOCUSATE)		WIDE-SEAL DIAPHRAGM 75.....	60	YUPELRI.....	8
.....	256	WIDE-SEAL DIAPHRAGM 80.....	60	YUVAFEM.....	254
VITAMIN D2.....	257	WIDE-SEAL DIAPHRAGM 85.....	60	ZAFEMY.....	59
VITAMIN K.....	158	WIDE-SEAL DIAPHRAGM 90.....	60	<i>zafirlukast</i>	12
VITAMIN K1.....	158	WIDE-SEAL DIAPHRAGM 95.....	60	<i>zaleplon</i>	31
VITRAKVI.....	207	WILATE.....	149	ZARAH.....	59
VIVAGUARD INO TEST STRIP.....	118	WILZIN.....	219	ZARXIO.....	155
VIVAGUARD LANCET.....	200	WINLEVI.....	64	ZAVZPRET.....	229
VIVJOA.....	172	WOUNDGELHA MATRIX.....	79	ZEBUTAL.....	222
VIVOTIF.....	162	WYMZYA FE.....	59	ZEGALOGUE AUTOINJECTOR.....	122
VIZIMPRO.....	207	XADAGO.....	233	ZEGALOGUE SYRINGE.....	122
VOCABRIA.....	179	XALIX.....	78	ZEJULA.....	208
VOLNEA (28).....	59	XALKORI.....	207	ZELAPAR.....	233
VONJO.....	207	XARELTO.....	150	ZELBORAF.....	204
VONVENDI.....	150	XARELTO DVT-PE TREAT 30D		ZELNORM.....	194
VOQUEZNA DUAL PAK.....	248	START.....	150	ZEMAIRA.....	202
VOQUEZNA TRIPLE PAK.....	248	XATMEP.....	203	ZENATANE.....	62
<i>voriconazole</i>	172	XCLAIR.....	76	ZENPEP.....	247
VORTEX HOLDING CHAMBER.....	15	XCOPRI.....	243	ZENZEDI.....	23
VORTEX VHC FROG MASK-		XCOPRI MAINTENANCE PACK.....	242	ZEPATIER.....	181
CHILD.....	15	XCOPRI TITRATION PACK.....	243	ZEPOSIA.....	213
VORTEX VHC LADYBUG MASK-		XDEMZY.....	141	ZEPOSIA STARTER KIT (28-DAY)	
TODDLR.....	15	XELJANZ.....	188	.....	213
VOSEVI.....	180	XELJANZ XR.....	188	ZEPOSIA STARTER PACK (7-	
VOTRIENT.....	207	XELPROS.....	145	DAY).....	213
VOWST.....	168	XELSTRYM.....	23	ZETONNA.....	6
VOXZOGO.....	135	XEMBIFY.....	162	<i>zidovudine</i>	178
VP-CH-PNV.....	256	XENLETA.....	170	ZIEXTENZO.....	155
VRAYLAR.....	24	XEPI.....	66	ZIMHI.....	30
VTAMA.....	83	XERMELO.....	193	<i>ziprasidone hcl</i>	28
VUITY.....	145	XHANCE.....	6	ZIRGAN.....	140
VUMERITY.....	211	XIFAXAN.....	174	ZITHRANOL.....	83
VYFEMLA (28).....	59	XIGDUO XR.....	89	ZOKINVY.....	202
VYLEESI.....	29	XIIDRA.....	142	ZOLINZA.....	208
VYLIBRA.....	59	XOFLUZA.....	176	<i>zolmitriptan</i>	229
VYNDAMAX.....	49	XOLAIR.....	12	<i>zolpidem</i>	31
VYENDAQEL.....	49	XOSPATA.....	208	ZOMACTON.....	134
VYZULTA.....	145	XPOVIO.....	209	ZOMIG.....	229
WAKIX.....	29	XTAMPZA ER.....	227	ZONISADE.....	243

<i>zonisamide</i>	243
ZONTIVITY	155
ZORYVE	83
ZOVIA 1-35 (28).....	59
ZTALMY	244
ZUBSOLV.....	231
ZUMANDIMINE (28).....	59
ZYDELIG	208
ZYKADIA.....	208
ZYLET	137
ZYPRAM.....	191