



 Standard Formulary

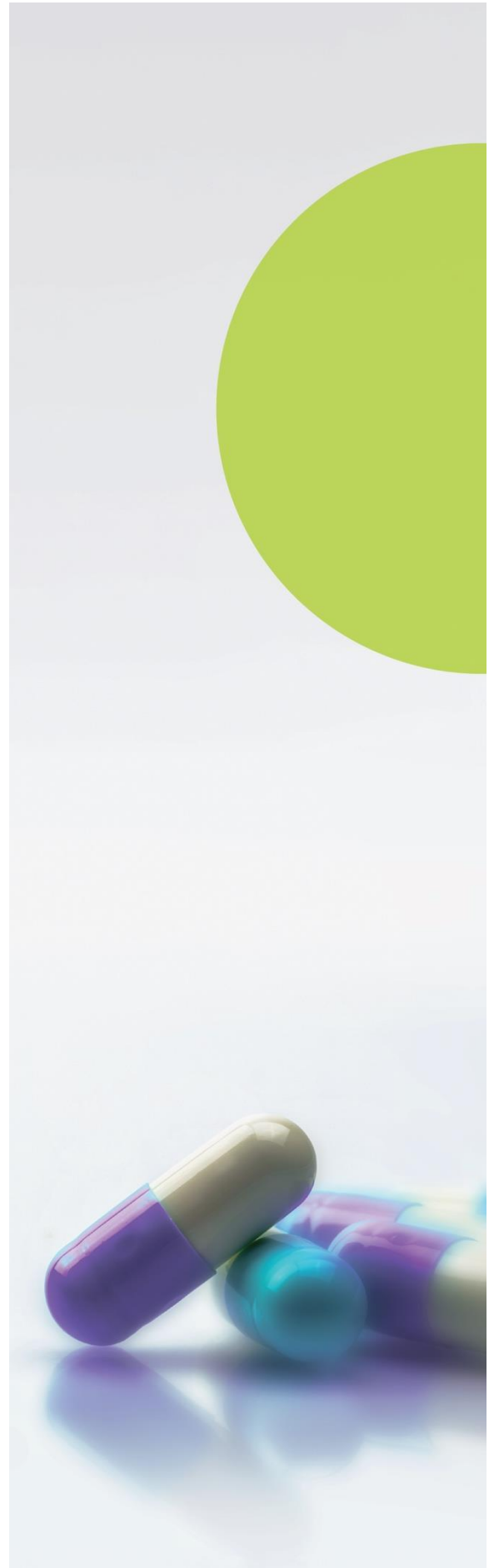
# MedPerform Medium

October, 2020



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# MedPerform Medium Formulary

## What is the standard formulary?

The MedImpact formulary is a list of covered drugs selected by physician and pharmacist subject matter experts who collaboratively support MedImpact's Pharmacy and Therapeutics (P&T) Committee. The plan will cover drugs listed in the formulary as long as the drug is indicated for the clinical condition, is prescribed in the appropriate manner, the prescription is filled at a participating network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## Can the Formulary (drug list) change?

Drugs may be added or deleted from the formulary during the year. If a drug is removed from the formulary, [or] adds prior authorization, quantity limits and/or step therapy restrictions on a drug or moves a drug to a higher cost-sharing tier], the plan will notify affected members of the change before the change becomes effective. If the Food and Drug Administration (FDA) deems a drug on the formulary to be unsafe or the drug's manufacturer removes the drug from the market, the plan will immediately remove the drug from the formulary.

## Is member's medication included in the formulary?

There are 3 ways for a member to confirm their current medication is on their plan-specific formulary:

- **Drug Categories**  
The drugs in this formulary are grouped into categories according to the types of medical conditions that they are used to treat.
- **Alphabetical Index Listing**  
If the member is not sure what category to look under, the member should look for the drug in the Index. The Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. First, look in the Index and find the drug. Next to the drug, there is a page number where the member can find coverage information. Then turn to the page listed in the Index and find the name of the drug in the first column of the list on that page.
- **Website or Mobile App**  
Drug search capability is on the MedImpact Consumer Portal (MedImpact.com), mobile app (available in Apple and Google apps store), or member plan's website.

## What are generic drugs?

The plan covers both brand name and generic drugs provided they are prescribed per FDA approved indications and in accordance with the plans benefit design. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs. Generic drugs appear in the formulary listing with all lower-case letters and *italicized* (i.e. *terbutaline oral tablet 2.5 mg*). Brand drugs appear in formulary listing with all upper-case letters (i.e. DIPHEN ORAL ELIXIR 12.5 MG/5ML).

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## Are there any restrictions on coverage of drugs on the formulary?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include: For certain drugs within the Formulary, a recommended prescribing guideline may apply. These guidelines are noted throughout the Formulary listing using the following symbols:

Symbol	Guideline	Description
<b>AGE</b>	Age Edit	Coverage depends on member age
<b>PA</b>	Prior Authorization	Requires specific physician request and clinical criteria process for prescription to dispense to member
<b>QL</b>	Quantity Limit	Prescription coverage quantity limits for specific drugs per prescription and/or time period
<b>ST</b>	Step Therapy	Coverage requires a trial of certain clinically appropriate alternative drug(s) before obtaining the prescribed drug.
<b>SP</b>	Specialty Drug	Coverage may require dispensing from a specialty pharmacy. Specialty copay/coinsurance applies according to benefit plan.

The member can find out if the drug has any additional requirements or limits by looking within the formulary.

The member can ask the plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat the health condition. See the section: "How does a member request an exception to the formulary?"

## Tier Benefit Design

A tier benefit design is where a member is responsible for a portion of the cost of a prescription drug based on the drug's tier and copayment or coinsurance. Specialty drugs may be covered at a higher copay or coinsurance. Essential Health Benefit/Preventative Care medications, if available on the plan - will be covered without cost sharing (\$0 copay for members). An example of a formulary tier design:

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

## Are there general exclusions on the formulary?

Many members have specific benefit inclusions, exclusions, copayments, or a lack of coverage, which are reflected in other Plan Benefit Documents.

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 contact their plan. Examples of possible formulary and/or benefit exclusions include:

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- Over the Counter (OTC) medications or their equivalents, unless the plan offers coverage of OTC medications
- Drugs specifically listed as not covered
- Anti-Obesity drugs
- Medical food/nutritional supplements
- Non-Diabetic supplies/Diagnostic supplies/Ostomy supplies/Devices
- Disposable Needles & Syringes (Non-Insulin related)
- Any drug products used for cosmetic purposes.
- Experimental drug products or any drug product used in an experimental manner
- Repackaged drugs and institutional use drugs (e.g. hospital use)
- Lifestyle drugs (e.g. sexual dysfunction, infertility)
- Non self-administered injectable drug products unless otherwise specified in the Formulary listing

## What if a drug is not on the Formulary?

If a drug is not included on the formulary, the member should contact the plan. If the member is informed that the plan does not cover the drug, the member has two options:

1. The member can ask the plan for a list of similar drugs that are covered by the plan. When the member receives the list, she/he should show it to the doctor and ask the doctor to prescribe a similar drug that is covered by the plan and is determined by the doctor to be an appropriate alternative drug.
2. The member can ask the plan to make an exception and cover the drug.

## How does a member request an exception to the Formulary?

The member will need to contact the plan for details on how to file an exception request.

## For more information

MedImpact encourages members to review the Summary Benefit Design, Evidence of Coverage, MedImpact Consumer Portal, or plan's website for more detailed PBM plan information.

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Drug	Status	Notes
<b>Allergy</b>		
<b>2Nd Gen Antihistamine &amp; Decongestant Combinations</b>		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	Tier 3	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (2 EA per 1 day)
<i>fexofenadine-pseudoephedrine oral tablet extended release 24 hr 180-240 mg</i> (Allegra-D 24 Hour)	Tier 1	
SEMPREX-D ORAL CAPSULE 8-60 MG	Tier 3	
<b>Allergenic Extracts, Therapeutics</b>		
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Tier 2	PA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6)	Tier 3	PA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Tier 2	PA; SP
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Tier 2	PA; SP
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Tier 2	PA; SP
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Tier 2	PA; SP
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Tier 2	PA; SP
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Tier 2	PA; SP

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Drug	Status	Notes
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Tier 2	PA; SP
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Tier 2	PA; SP
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Tier 2	PA; SP
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Tier 2	PA; SP
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Tier 2	PA; SP
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Tier 2	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Tier 2	PA; SP
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Tier 2	PA
<b>Antihistamines - 1St Generation</b>		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	Tier 1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril)	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	Tier 3	ST: Requires prior prescription for Carbinoxamine Maleate within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	Tier 1	
<i>promethazine injection syringe 25 mg/ml</i>	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Antihistamines - 2Nd Generation</b>		
<i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))	Tier 1	
<i>desloratadine oral tablet 5 mg</i> (Clarinx)	Tier 1	QL (1 EA per 1 day)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	Tier 1	
<b>Nasal Antihistamine</b>		
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	Tier 1	QL (60 ML per 30 days)
<i>azelastine nasal spray, non-aerosol 0.15 % (205.5 mcg)</i>	Tier 1	QL (60 ML per 30 days)
<i>olopatadine nasal spray, non-aerosol 0.6 %</i> (Patanase)	Tier 1	QL (30.5 GM per 30 days)

Drug	Status	Notes
<b>Nasal Antihistamine &amp; Anti-Inflam. Steroid Comb.</b>		
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i> (Dymista)	Tier 1	ST: Requires prior prescription for Flunisolide (nasal formulation) or Fluticasone Propionate within the past 365 days; QL (23 GM per 30 days)
<b>Nasal Anti-Inflammatory Steroids</b>		
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	Tier 1	QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	Tier 1	QL (16 GM per 30 days)
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Nasonex)	Tier 1	QL (17 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 2	QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 2	QL (10.6 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Tier 2	ST: Requires prior prescription for Flunisolide, Fluticasone Propionate, or Mometasone Furoate within the past 120 days; QL (32 ML per 30 days)
<b>Antiemesis/Antivertigo</b>		
<b>Antiemetic, Cannabinoid-Type</b>		
CESAMET ORAL CAPSULE 1 MG	Tier 3	ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (6 EA per 1 day)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	Tier 1	ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 3	ST: Requires prior prescription for Dronabinol or Megestrol Acetate within the past 120 days; QL (60 ML per 30 days)
<b>Antiemetic/Antivertigo Agents</b>		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 2	QL (1 EA per 28 days)
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i> (Emend)	Tier 1	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	Tier 1	QL (2 EA per 21 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	Tier 1	QL (3 EA per 21 days)
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 1	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlec) 10-10 mg</i> (Diclegis)	Tier 1	QL (120 EA per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	Tier 2	QL (3 EA per 21 days)
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (8 EA per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	Tier 1	
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	Tier 1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 24 mg</i>	Tier 1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i> (Zofran)	Tier 1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	Tier 1	

Drug	Status	Notes
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 3	ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (1 EA per 7 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	Tier 1	
<i>trimethobenzamide oral capsule 300 mg</i> (Tigan)	Tier 1	
VARUBI ORAL TABLET 90 MG	Tier 3	QL (2 EA per 14 days)
<b>Asthma And Copd</b>		
<b>Anticholinergic, Orally Inhaled Short Acting</b>		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 2	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
<b>Anticholinergics, Orally Inhaled Long Acting</b>		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	Tier 3	QL (60 ML per 30 days)
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	Tier 3	QL (60 ML per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	Tier 2	QL (30 EA per 30 days)
<b>Beta-Adrenergic Agents</b>		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	

Drug	Status	Notes
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	
<b>Beta-Adrenergic Agents, Inhaled, Short Acting</b>		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (ProAir HFA)	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i> (Xopenex)	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i> (Xopenex Concentrate)	Tier 1	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	Tier 1	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	Tier 2	
<b>Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting</b>		
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG	Tier 3	ST: Requires prior prescription for Serevent Diskus and Striverdi Respimat within the past 365 days; QL (1 EA per 1 day)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
<b>Beta-Adrenergic Agents, Orally Inhaled, Long Acting</b>		
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	Tier 3	QL (120 ML per 30 days)
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	Tier 2	QL (120 ML per 30 days)

Drug	Status	Notes
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 2	QL (60 EA per 30 days)
<b>Beta-Adrenergic And Anticholinergic Combinations</b>		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 2	QL (60 EA per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 2	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
<b>Beta-Adrenergic And Glucocorticoid Combinations</b>		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Tier 1	QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	Tier 2	QL (12 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	Tier 2	QL (60 EA per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Tier 2	QL (10.2 GM per 30 days)
<b>Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled</b>		
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Tier 2	QL (60 EA per 30 days)

Drug	Status	Notes
<b>Glucocorticoids, Orally Inhaled</b>		
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTION, 200 MCG/ACTION, 50 MCG/ACTION	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTION, 200 MCG/ACTION, 50 MCG/ACTION	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar within the past 365 days; QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTION (30), 220 MCG/ ACTION (120), 220 MCG/ ACTION (30), 220 MCG/ ACTION (60)	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar within the past 365 days; QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	Tier 1	QL (60 ML per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTION, 50 MCG/ACTION	Tier 2	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTION	Tier 2	QL (120 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTION	Tier 2	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTION	Tier 2	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTION	Tier 2	QL (21.2 GM per 30 days)

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Drug	Status	Notes
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar within the past 365 days; QL (1 EA per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 2	QL (21.2 GM per 30 days)
<b>Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab</b>		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	Tier 2	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 2	PA; SP
<b>Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab</b>		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 2	PA; SP
<b>Leukotriene Receptor Antagonists</b>		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	Tier 1	
<i>montelukast oral tablet 10 mg</i> (Singulair)	Tier 1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	Tier 1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	Tier 1	
<b>Mast Cell Stabilizers</b>		
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	Tier 1	
<b>Mast Cell Stabilizers, Orally Inhaled</b>		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
<b>Monoclonal Antibody - Interleukin-5 Antagonists</b>		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 2	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 2	PA; SP

Drug	Status	Notes
<b>Phosphodiesterase-4 (Pde4) Inhibitors</b>		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Tier 2	ST: Requires prior prescription for Breo Ellipta, Fluticasone Propion/salmeterol, Serevent Diskus, Spiriva Respimat, or Spiriva within the past 120 days; QL (1 EA per 1 day)
<b>Respiratory Aids, Devices, Equipment</b>		
ACE AEROSOL CLOUD ENHANCER SPACER	Tier 3	
AEROCHAMBER MINI SPACER	Tier 3	
AEROCHAMBER MV SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER	Tier 3	
AEROCHAMBER WITH FLOWSIGNAL SPACER	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	Tier 3	
AEROECLIPSE II NEBULIZER	Tier 3	
AEROGEAR ACTION ASTHMA KIT KIT	Tier 3	
AERONEB GO NEBULIZER	Tier 3	
AEROTRACH PLUS SPACER	Tier 3	
AEROVENT PLUS SPACER	Tier 3	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
AIRS DISPOSABLE NEBULIZER	Tier 3	
ALTERA NEBULIZER	Tier 3	
ALTERA NEBULIZER SYSTEM	Tier 3	
ASTHMAPACK CHILDREN'S KIT	Tier 3	
AURA PORTANEB	Tier 3	
BREATHERITE MDI SPACER SPACER	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER	Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER	Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER	Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER	Tier 3	
BREATHERITE SPACER-MASK,S.CHLD SPACER	Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER	Tier 3	
CLEVER CHOICE CHAMBER-LRG MASK SPACER	Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER	Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER	Tier 3	
CLEVER CHOICE NEBULIZER DEVICE	Tier 3	
CLEVER CHOICE WHISPER AIRE PED DEVICE	Tier 3	
COMPACT SPACE CHAMBER PLUS SPACER	Tier 3	
COMPACT SPACE CHAMBER SPACER	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER	Tier 3	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
COMP-AIR NEBULIZER COMPRESSOR DEVICE	Tier 3	
DEVILBISS DISPOSABLE NEBULIZER	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE	Tier 3	
DEVILBISS PULMOMATE COMPRESSOR DEVICE	Tier 3	
DEVILBISS PULMONEB LT COMP-NEB DEVICE	Tier 3	
DEVILBISS TRAVELER COMPRESSOR DEVICE	Tier 3	
EASIVENT HOLDING CHAMBER SPACER	Tier 3	
EASIVENT MASK LARGE DEVICE	Tier 3	
EASIVENT MASK MEDIUM DEVICE	Tier 3	
EASIVENT MASK SMALL DEVICE	Tier 3	
EBASE CONTROLLER DEVICE	Tier 3	
ERAPID NEBULIZER SYSTEM	Tier 3	
FLEXICHAMBER SPACER	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE	Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE	Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE	Tier 3	
FLYP NEBULIZER	Tier 3	
HOME NEBULIZER PLUS SIDESTREAM DEVICE	Tier 3	
INNOSPIRE DELUXE DEVICE	Tier 3	
INNOSPIRE ELEGANCE DEVICE	Tier 3	
INNOSPIRE ESSENCE DEVICE	Tier 3	
INNOSPIRE GO NEBULIZER	Tier 3	
INNOSPIRE MINI DEVICE	Tier 3	
INSPIRACHAMBER SPACER	Tier 3	
INSPIRACHAMBER WITH MASK- LARGE SPACER	Tier 3	
INSPIRACHAMBER WITH MASK-MED SPACER	Tier 3	

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

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
PARI SINUS AEROSOL SYSTEM DEVICE	Tier 3	
PARI TREK S COMBO PACK DEVICE	Tier 3	
PARI TREK S COMPACT COMPRESSOR DEVICE	Tier 3	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE	Tier 3	
PEDIATRIC DINOSAUR NEBULIZER DEVICE	Tier 3	
PEDIATRIC DOG NEBULIZER DEVICE	Tier 3	
PEDIATRIC FROG NEBULIZER DEVICE	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE	Tier 3	
POCKET CHAMBER SPACER	Tier 3	
PORTABLE NEBULIZER SYSTEM DEVICE	Tier 3	
PRIMEAIRE SPACER	Tier 3	
PRO COMFORT SPACER-ADULT MASK SPACER	Tier 3	
PRO COMFORT SPACER-CHILD MASK SPACER	Tier 3	
PROCARE COMPRESSOR NEBULIZER DEVICE	Tier 3	
PROCARE PEDIATRIC NEBULIZER DEVICE	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER	Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER	Tier 3	
PROCHAMBER SPACER	Tier 3	
PRODIGY MINI-MIST NEBULIZER	Tier 3	
PRONEB ULTRA II DEVICE	Tier 3	
PULMO-AIDE COMPRESSOR DEVICE	Tier 3	
PULMONEB LT COMPRESSOR NEBULIZER DEVICE	Tier 3	
RITFLO AEROCHAMBER SPACER	Tier 3	
SAMI THE SEAL DEVICE	Tier 3	
SIDESTREAM	Tier 3	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
SIDESTREAM NEBULIZER	Tier 3	
SIDESTREAM PLUS	Tier 3	
SILICONE MASK - INFANT DEVICE	Tier 3	
SINUSTAR AEROSOL DEVICE	Tier 3	
SINUSTAR NEBULIZER	Tier 3	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE	Tier 3	
SOOTHENEB MESH NEBULIZER	Tier 3	
SPACE CHAMBER PLUS SPACER	Tier 3	
SPACE CHAMBER SPACER	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER	Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER	Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER	Tier 3	
SUNRISE COMPRESSOR-NEBULIZER DEVICE	Tier 3	
THRESHOLD IMT TRAINER DEVICE	Tier 3	
THRESHOLD PEP DEVICE DEVICE	Tier 3	
TRUNEB NEBULIZER	Tier 3	
TRUZONE PEAK FLOW METER DEVICE	Tier 3	
VIOS AEROSOL DELIVERY SYSTEM DEVICE	Tier 3	
VIXONE NEBULIZER	Tier 3	
VIXONE NEBULIZER-ADULT MASK	Tier 3	
VIXONE NEBULIZER-PEDIATRIC MSK	Tier 3	
VORTEX HOLDING CHAMBER CHILD SPACER	Tier 3	
VORTEX HOLDING CHAMBER SPACER	Tier 3	
VORTEX HOLDING CHAMBER TODDLER SPACER	Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER	Tier 3	
VORTEX VHC LADYBUG MASK- TODDLR SPACER	Tier 3	

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



Drug	Status	Notes
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR within the past 365 days; QL (1 EA per 1 day)
<b>Cholinesterase Inhibitors</b>		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	Tier 1	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 1	
<i>galantamine oral capsule,ext rel. pellets</i> (Razadyne ER) 24 hr 16 mg, 24 mg, 8 mg	Tier 1	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> (Razadyne)	Tier 1	QL (60 EA per 30 days)
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	Tier 1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	Tier 1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	Tier 1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i> (Exelon)	Tier 1	QL (30 EA per 30 days)
<b>Behavioral Health - Antidepressants</b>		
<b>Alpha-2 Receptor Antagonist</b>		
<b>Antidepressants</b>		
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	Tier 1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	Tier 1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	Tier 1	
<b>Antidepressant - Nmda Receptor Antagonist</b>		
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 3	PA; SP

Drug	Status	Notes
<b>Maois - Non-Selective &amp; Irreversible</b>		
MARPLAN ORAL TABLET 10 MG	Tier 3	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	Tier 1	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	Tier 1	
<b>Norepinephrine And Dopamine Reuptake Inhib (Ndris)</b>		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	Tier 1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	Tier 1	
<b>Selective Serotonin Reuptake Inhibitor (SsrIs)</b>		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	Tier 1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	Tier 1	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	Tier 1	
<i>fluoxetine oral capsule, delayed release(drlec) 90 mg</i>	Tier 1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i> (Sarafem)	Tier 1	
<i>fluoxetine oral tablet 60 mg</i>	Tier 1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	Tier 1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	Tier 1	
PAXIL ORAL SUSPENSION 10 MG/5 ML	Tier 2	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	Tier 1	

Drug	Status	Notes
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	Tier 1	
<b>Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)</b>		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	
<b>Serotonin-Norepinephrine Reuptake-Inhib (Snris)</b>		
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	Tier 1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG	Tier 3	QL (1 EA per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 60 MG	Tier 3	QL (2 EA per 1 day)
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	Tier 1	
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Tier 2	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 2	QL (1 EA per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)	Tier 1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	
<b>Ssri &amp; 5Ht1a Partial Agonist Antidepressant</b>		
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	Tier 2	QL (1 EA per 1 day)
<b>Ssri &amp; Serotonin Receptor Modulator Antidepressant</b>		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
<b>Tricyclic Antidepressant/Benzodiazepine Combinatns</b>		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
<b>Tricyclic Antidepressant/Phenothiazine Combinatns</b>		
<i>perphenazine-amitriptyline oral tablet 2- 10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
<b>Tricyclic Antidepressants &amp; Rel. Non- Sel. Ru-Inhib</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	Tier 1	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	Tier 1	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	Tier 1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 1	

Drug	Status	Notes
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Behavioral Health - Other</b>		
<b>Adrenergics, Aromatic, Non-Catecholamine</b>		
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG	Tier 1	QL (1 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG	Tier 1	QL (2 EA per 1 day)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)	Tier 1	PA
<i>dextroamphetamine oral capsule, extended release 10 mg, 5 mg</i> (Dexedrine Spansule)	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i> (Dexedrine Spansule)	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine oral solution 5 mg/5 ml</i> (ProCentra)	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i> (Zenedi)	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i> (Zenedi)	Tier 1	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	Tier 1	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Tier 3	ST: Requires prior prescription for Dextroamphetamine/amphetamine within the past 120 days; QL (240 ML per 30 days)
EVEKEO ODT ORAL TABLET,DISINTEGRATING 10 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine/amphetamine within the past 120 days; QL (4 EA per 1 day)
EVEKEO ODT ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine/amphetamine within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
EVEKEO ODT ORAL TABLET,DISINTEGRATING 5 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine/amphetamine within the past 120 days; QL (8 EA per 1 day)
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	Tier 1	QL (150 EA per 30 days)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 2	QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 2	QL (1 EA per 1 day)
ZENZEDI ORAL TABLET 10 MG	Tier 1	QL (180 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate within the past 120 days; QL (3 EA per 1 day)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate within the past 120 days; QL (90 EA per 30 days)
ZENZEDI ORAL TABLET 20 MG, 30 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate within the past 120 days; QL (2 EA per 1 day)
ZENZEDI ORAL TABLET 5 MG	Tier 1	QL (90 EA per 30 days)
<b>Anti-Alcoholic Preparations</b>		
<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>	Tier 1	
<i>disulfiram oral tablet 250 mg, 500 mg</i> (Antabuse)	Tier 1	
<b>Anti-Anxiety - Benzodiazepines</b>		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	Tier 1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	Tier 1	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	Tier 1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
<b>Anti-Anxiety Drugs</b>		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	
<b>Anti-Mania Drugs</b>		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 3	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	Tier 1	

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Drug	Status	Notes
<i>lithium carbonate oral tablet extended release 450 mg</i>	Tier 1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Tier 2	
<b>Anti-Narcolepsy &amp; Anti-Cataplexy, Sedative-Type Agt</b>		
XYREM ORAL SOLUTION 500 MG/ML	Tier 3	PA; SP
<b>Antipsych, Dopamine Antag., Diphenylbutylpiperidines</b>		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	
<b>Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed</b>		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	Tier 2	QL (7 EA per 28 days)
<b>Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed</b>		
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 3	PA; SP
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	QL (30 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	Tier 1	QL (1 EA per 1 day)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	Tier 1	QL (2 EA per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	QL (1 EA per 1 day)
<b>Antipsychotics, Dopamine &amp; Serotonin Antagonists</b>		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 2	SP
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
<b>Antipsychotics, Atypical, Dopamine, &amp; Serotonin Antag</b>		
CAPLYTA ORAL CAPSULE 42 MG	Tier 3	QL (1 EA per 1 day)



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	Tier 1	QL (3 EA per 1 day)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	QL (3 EA per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	QL (2 EA per 1 day)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 3	QL (8 EA per 28 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	Tier 2	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	Tier 2	QL (60 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	Tier 1	QL (1 EA per 1 day)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i> (Invega)	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	Tier 1	QL (2 EA per 1 day)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	Tier 1	QL (3 EA per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	Tier 1	QL (1 EA per 1 day)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	Tier 1	QL (8 ML per 1 day)
<i>risperidone oral tablet 0.25 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	Tier 1	QL (2 EA per 1 day)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	QL (2 EA per 1 day)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 2	QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Tier 3	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 3	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	QL (18 ML per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	Tier 1	QL (2 EA per 1 day)
<b>Antipsychotics,Dopamine Antagonists, Thioxanthenes</b>		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
<b>Antipsychotics,Dopamine Antagonists,Butyrophenones</b>		
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	
<b>Antipsychotics,Dopamine Antagonist,Dihydroindolones</b>		
molindone oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
molindone oral tablet 25 mg	Tier 1	QL (9 EA per 1 day)
molindone oral tablet 5 mg	Tier 1	
<b>Anti-Psychotics,Phenothiazines</b>		
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
fluphenazine hcl oral concentrate 5 mg/ml	Tier 1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
<b>Barbiturates</b>		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	Tier 1	

Drug	Status	Notes
SECONAL SODIUM ORAL CAPSULE 100 MG	Tier 3	
<b>Hsdd Agents-Mixed Serotonin Agonist/Antagonists</b>		
ADDYI ORAL TABLET 100 MG	Tier 3	PA
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	Tier 3	PA
<b>Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists</b>		
HETLIOZ ORAL CAPSULE 20 MG	Tier 3	PA; SP
<b>Menopausal Symptoms Suppressant - Ssris</b>		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i> (Brisdelle)	Tier 1	ST: Requires prior prescription for Paroxetine HCL, Paxil, or Venlafaxine HCL within the past 120 days; QL (1 EA per 1 day)
<b>Monoamine Oxidase(Mao) Inhibitors</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 3	QL (1 EA per 1 day)
<b>Narcolepsy And Sleep Disorder Therapy Agents</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)	Tier 1	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i> (Nuvigil)	Tier 1	QL (3 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	Tier 1	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 3	PA
<b>Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist</b>		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 3	PA; SP
<b>Narcotic Antagonists</b>		
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 1	
<i>naltrexone oral tablet 50 mg</i>	Tier 1	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	Tier 2	QL (4 EA per 30 days)

Drug	Status	Notes
<b>Sedative-Hypnotics - Benzodiazepines</b>		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 1	
<i>quazepam oral tablet 15 mg</i> (Doral)	Tier 1	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)	Tier 1	
<i>triazolam oral tablet 0.125 mg</i>	Tier 1	
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	Tier 1	
<b>Sedative-Hypnotics, Non-Barbiturate</b>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
<i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	Tier 1	QL (1 EA per 1 day)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	Tier 1	QL (1 EA per 1 day)
<i>ketamine sublingual troche 100 mg</i>	Tier 1	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	Tier 1	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	Tier 1	QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i> (Intermezzo)	Tier 1	QL (1 EA per 1 day)
<b>Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)</b>		
NUPLAZID ORAL CAPSULE 34 MG	Tier 3	PA; SP
NUPLAZID ORAL TABLET 10 MG	Tier 3	PA; SP
<b>Ssri &amp; Antipsych, Atyp, Dopamine &amp; Serotonin Antag Comb</b>		
<i>olanzapine-fluoxetine oral capsule 12-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i> (Symbyax)	Tier 1	QL (1 EA per 1 day)
<b>Tx For Adhd - Selective Alpha-2A Receptor Agonist</b>		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i> (Kapvay)	Tier 1	QL (120 EA per 30 days)

Drug	Status	Notes
<i>guanfacine oral tablet extended release</i> (Intuniv ER) 24 hr 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	QL (1 EA per 1 day)
<b>Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy</b>		
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	Tier 1	QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	Tier 1	QL (2 EA per 1 day)
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	Tier 3	ST: Requires prior prescription for Methylphenidate HCL, Quillivant XR, or Ritalin LA within the past 120 days; QL (1 EA per 1 day)
<i>dexmethylphenidate oral capsule,er</i> (Focalin XR) <i>biphasic 50-50 10 mg, 15 mg, 20 mg, 25</i> <i>mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg,</i> (Focalin) <i>2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral capsule, er</i> <i>biphasic 30-70 10 mg, 20 mg, 40 mg, 50</i> <i>mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er</i> <i>biphasic 30-70 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er</i> (Ritalin LA) <i>biphasic 50-50 10 mg, 20 mg, 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er</i> (Ritalin LA) <i>biphasic 50-50 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er</i> <i>biphasic 50-50 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral solution 10</i> (Methylin) <i>mg/5 ml, 5 mg/5 ml</i>	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg,</i> (Ritalin) <i>20 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended</i> <i>release 10 mg</i>	Tier 1	QL (3 EA per 1 day)

Drug	Status	Notes
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC 24HR 20 MG, 40 MG	Tier 3	QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC 24HR 30 MG	Tier 3	QL (2 EA per 1 day)
QUILLIVANT XR ORAL SUSPENSION, EXT REL 24HR, RECON 5 MG/ML (25 MG/5 ML)	Tier 3	60mL BOTTLE; QL (60 ML per 30 days)
<b>Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type</b>		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	Tier 1	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	Tier 1	QL (30 EA per 30 days)
<b>Cardiovascular Disease - Arrhythmia</b>		
<b>Antiarrhythmics</b>		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	Tier 1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	Tier 1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG	Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	Tier 1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> (Rythmol SR)	Tier 1	

Drug	Status	Notes
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
<b>Cardiovascular Disease - Cardiac Stimulant</b>		
<b>Adrenergic Agents, Catecholamines</b>		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	
<b>Digitalis Glycosides</b>		
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 1	
DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	Tier 1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 2	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	Tier 3	
<b>Cardiovascular Disease - Hypertension</b>		
<b>Ace Inhibitor/Calcium Channel Blocker Combination</b>		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> (Lotrel)	Tier 1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	Tier 1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg</i>	Tier 1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg</i> (Tarka)	Tier 1	
<b>Ace Inhibitor/Thiazide &amp; Thiazide-Like Diuretic</b>		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	Tier 1	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	Tier 1	
<b>Alpha/Beta-Adrenergic Blocking Agents</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	Tier 1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	Tier 1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
<b>Alpha-Adrenergic Blocking Agents</b>		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	Tier 1	
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzyline)	Tier 1	PA; SP
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	Tier 1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
<b>Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb</b>		
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	Tier 1	



Drug	Status	Notes
<i>olmesartan-amlodipin-hcthiamid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	Tier 1	
<b>Angiotensin Receptor Antag./Thiazide Diuretic Comb</b>		
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	Tier 1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Tier 2	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	Tier 2	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	Tier 1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	Tier 1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	Tier 1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	Tier 1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	Tier 1	
<b>Angiotensin Receptor Antgnst &amp; Calc.Channel Blockr</b>		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	Tier 1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	Tier 1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> (Twynsta)	Tier 1	
<b>Antihypertensives, Ace Inhibitors</b>		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	Tier 1	
<i>benazepril oral tablet 5 mg</i>	Tier 1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	Tier 1	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
EPANED ORAL SOLUTION 1 MG/ML	Tier 3	ST: Requires prior prescription for Enalapril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>lisinopril oral tablet 10 mg, 20 mg</i> (Prinivil)	Tier 1	
<i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	Tier 1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	ST: Requires prior prescription for Lisinopril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
<b>Antihypertensives, Angiotensin Receptor Antagonist</b>		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	Tier 1	
EDARBI ORAL TABLET 40 MG, 80 MG	Tier 2	
<i>eprosartan oral tablet 600 mg</i>	Tier 1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	Tier 1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	Tier 1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	Tier 1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	Tier 1	

Drug	Status	Notes
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	Tier 1	
<b>Antihypertensives, Ganglionic Blockers</b>		
VECAMYL ORAL TABLET 2.5 MG	Tier 3	PA
<b>Antihypertensives, Miscellaneous</b>		
DEMSEER ORAL CAPSULE 250 MG	Tier 3	
<i>metirosine oral capsule 250 mg</i> (Demser)	Tier 1	
<b>Antihypertensives, Sympatholytic</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> (Catapres)	Tier 1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	Tier 1	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	Tier 1	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	Tier 1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	
<b>Antihypertensives, Vasodilators</b>		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	Tier 1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 2	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 3	ST: Requires prior prescription for generic Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days)

Drug	Status	Notes
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 3	
LEVATOL ORAL TABLET 20 MG	Tier 3	
<i>metoprolol succinate oral tablet</i> (Toprol XL) <i>extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	Tier 1	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	Tier 1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	Tier 1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	Tier 1	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (Sorine)	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 3	QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol HCL within the past 120 days
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<b>Beta-Adrenergic Blocking Agents/Thiazide &amp; Related</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	Tier 1	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> (Ziac)	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>metoprolol ta-hydrochlorothiaz oral tablet</i> 100-25 mg, 100-50 mg	Tier 1	
<i>metoprolol ta-hydrochlorothiaz oral tablet</i> (Lopressor HCT) 50-25 mg	Tier 1	
<i>nadolol-bendroflumethiazide oral tablet</i> 80-5 mg	Tier 1	
<i>propranolol-hydrochlorothiazid oral tablet</i> 40-25 mg, 80-25 mg	Tier 1	
<b>Calcium Channel Blocking Agents</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	Tier 1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	Tier 3	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	Tier 1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (Taztia XT)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiadyt ER)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i> (Cardizem CD)	Tier 1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	Tier 1	
<i>diltiazem hcl oral tablet 90 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	Tier 1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	Tier 1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	

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

Drug	Status	Notes
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	Tier 1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	
<b>Potassium Sparing Diuretics</b>		
<i>amiloride oral tablet 5 mg</i>	Tier 1	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	Tier 1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	Tier 1	
<i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)	Tier 1	
<b>Potassium Sparing Diuretics In Combination</b>		
ALDACTAZIDE ORAL TABLET 50-50 MG	Tier 3	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> (Aldactazide)	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> (Dyazide)	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	Tier 1	
<b>Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 2	PA; SP
<b>Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib</b>		
ALYQ ORAL TABLET 20 MG	Tier 1	PA; SP
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i> (Revatio)	Tier 1	PA; SP
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	Tier 1	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	Tier 1	PA; SP; QL (1 EA per 5 days)

Drug	Status	Notes
<b>Pulmonary Anti-Htn, Endothelin Receptor Antagonist</b>		
<i>ambisentan oral tablet 10 mg, 5 mg</i> (Letairis)	Tier 1	PA; SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	Tier 1	PA; SP
LETAIRIS ORAL TABLET 10 MG, 5 MG	Tier 2	PA; SP
OPSUMIT ORAL TABLET 10 MG	Tier 2	PA; SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG	Tier 2	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 2	PA; SP
<b>Pulmonary Antihypertensives, Prostacyclin-Type</b>		
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 2	PA; SP
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	Tier 1	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 3	PA; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 3	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 3	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 3	PA; SP
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 2	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 2	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 3	PA; SP
<b>Renin Inhibitor, Direct</b>		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	Tier 1	



Drug	Status	Notes
<b>Renin Inhibitor, Direct/Thiazide Diuretic Comb</b>		
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	Tier 3	
<b>Thiazide And Related Diuretics</b>		
<i>chlorothiazide oral tablet 500 mg</i>	Tier 1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 3	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<b>Vasodilators, Combination</b>		
BIDIL ORAL TABLET 20-37.5 MG	Tier 2	
<b>Cardiovascular Disease - Lipid Irregularity</b>		
<b>Antihyperlip.Hmg Coa Reduct Inhib&amp;Cholest.Ab.Inhib</b>		
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	Tier 1	ST: Requires prior prescription for Simvastatin within the past 365 days; QL (1 EA per 1 day)
<b>Antihyperlipidemic - Atp Citrate Lyase Inhibitor</b>		
NEXLETOL ORAL TABLET 180 MG	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days

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

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

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

Drug	Status	Notes
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
<b>Antihyperlipidemic-Acyl And Choles Absorp Inhib</b>		
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
<b>Bile Salt Sequestrants</b>		
<i>cholestyramine (with sugar) oral powder 4 gram</i> (Questran)	Tier 1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	Tier 1	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	Tier 1	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	Tier 1	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM	Tier 3	
<i>colestipol oral granules 5 gram</i> (Colestid)	Tier 1	
<i>colestipol oral packet 5 gram</i> (Colestid)	Tier 1	
<i>colestipol oral tablet 1 gram</i> (Colestid)	Tier 1	
PREVALITE ORAL POWDER 4 GRAM	Tier 1	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	Tier 1	
<b>Lipotropics</b>		
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	Tier 1	QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	

Drug	Status	Notes
<i>fenofibrate nanocrystallized oral tablet</i> (Tricor) 145 mg, 48 mg	Tier 1	
<i>fenofibrate oral capsule</i> 150 mg, 50 mg (Lipofen)	Tier 1	
<i>fenofibrate oral tablet</i> 120 mg, 40 mg (Fenoglide)	Tier 1	
<i>fenofibrate oral tablet</i> 160 mg, 54 mg	Tier 1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i> 135 mg, 45 mg (Trilipix)	Tier 1	
<i>fenofibric acid oral tablet</i> 105 mg, 35 mg (Fibricor)	Tier 1	
<i>gemfibrozil oral tablet</i> 600 mg (Lopid)	Tier 1	
<i>niacin oral tablet</i> 500 mg (Niacor)	Tier 1	
<i>niacin oral tablet extended release 24 hr</i> 1,000 mg, 500 mg, 750 mg (Niaspan Extended-Release)	Tier 1	
NIACOR ORAL TABLET 500 MG	Tier 1	
<i>omega-3 acid ethyl esters oral capsule</i> 1 gram (Lovaza)	Tier 1	QL (4 EA per 1 day)
TRIGLIDE ORAL TABLET 160 MG	Tier 3	
VASCEPA ORAL CAPSULE 0.5 GRAM	Tier 2	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM	Tier 2	QL (4 EA per 1 day)
<b>Cardiovascular Disease - Miscellaneous Agents</b>		
<b>Adrenergic Vasopressor Agents</b>		
<i>midodrine oral tablet</i> 10 mg, 2.5 mg, 5 mg	Tier 1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	Tier 3	PA; SP
<b>Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)</b>		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 2	QL (2 EA per 1 day)
<b>Antianginal &amp; Anti-Ischemic Agents, Non-Hemodynamic</b>		
<i>ranolazine oral tablet extended release</i> 12 hr 1,000 mg (Ranexa)	Tier 1	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release</i> 12 hr 500 mg (Ranexa)	Tier 1	QL (120 EA per 30 days)

Drug	Status	Notes
<b>Antianginal, Heart Rate Reducing, I(F) Inhibitor</b>		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 2	QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 2	QL (2 EA per 1 day)
<b>Antihyperlip - Hmg-Coa&amp;Calcium Channel Blocker Cb</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	Tier 1	QL (1 EA per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>Protein Stabilizers</b>		
VYNDAMAX ORAL CAPSULE 61 MG	Tier 3	PA; SP
VYNDALOX ORAL CAPSULE 20 MG	Tier 3	PA; SP
<b>Cardiovascular Disease - Vasodilation</b>		
<b>Vasodilators, Coronary</b>		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE 40 MG	Tier 3	
ISORDIL ORAL TABLET 40 MG	Tier 2	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	Tier 1	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	Tier 1	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i> (ISOCHRON)	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 2	

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Drug	Status	Notes
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Minitran)	Tier 1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	Tier 1	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY	Tier 3	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	Tier 1	
<b>Vasodilators, Peripheral</b>		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>papaverine injection solution 30 mg/ml</i>	Tier 1	
<b>Contraception/Oxytocics</b>		
<b>Contraceptives, Intravaginal, Systemic</b>		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	\$0	ST: Requires prior prescription for Nuvaring within the past 120 days; QL (1 EA per 365 days)
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	\$0	QL (1 EA per 28 days)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)	\$0	QL (1 EA per 28 days)
<b>Contraceptives, Implantable</b>		
NEXPLANON SUBDERMAL IMPLANT 68 MG	\$0	QL (1 EA per 365 days)
<b>Contraceptives, Injectable</b>		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	\$0	QL (0.65 ML per 84 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	\$0	QL (1 ML per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	\$0	QL (1 ML per 84 days)

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Drug	Status	Notes
<b>Contraceptives, Intravaginal</b>		
GYNOL II VAGINAL GEL 3 %	\$0	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	\$0	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	\$0	
VAGINAL CONTRACEPTIVE FOAM VAGINAL FOAM 12.5 %	\$0	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	\$0	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	\$0	
<b>Contraceptives, Oral</b>		
AFIRMELLE ORAL TABLET 0.1-20 MG- MCG	\$0	
AFTERA ORAL TABLET 1.5 MG	\$0	
ALTAVERA (28) ORAL TABLET 0.15- 0.03 MG	\$0	
ALYACEN 1/35 (28) ORAL TABLET 1- 35 MG-MCG	\$0	
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	
AMETHIA LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	\$0	
APRI ORAL TABLET 0.15-0.03 MG	\$0	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0	
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG- MCG	\$0	

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Drug	Status	Notes
AUBRA ORAL TABLET 0.1-20 MG-MCG	\$0	
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0	
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0	
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0	
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0	
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
AVIANE ORAL TABLET 0.1-20 MG-MCG	\$0	
AYUNA ORAL TABLET 0.15-0.03 MG	\$0	
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7)	\$0	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; QL (28 EA per 28 days)
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	\$0	
BEKYREE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0	
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	\$0	
CAMILA ORAL TABLET 0.35 MG	\$0	
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)

Drug	Status	Notes
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
CAZIENT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	\$0	
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	\$0	
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	\$0	
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	\$0	
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	\$0	
CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	
CYRED EQ ORAL TABLET 0.15-0.03 MG	\$0	
CYRED ORAL TABLET 0.15-0.03 MG	\$0	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	\$0	
<i>desog-e.estradiolle.estradiol oral tablet (Azurette (28))</i> 0.15-0.02 mgx21 10.01 mg x 5	\$0	
<i>desogestrel-ethinyl estradiol oral tablet (Apri)</i> 0.15-0.03 mg	\$0	
<i>drospirenone-e.estradiol-lm.fa oral tablet (Beyaz)</i> 3-0.02-0.451 mg (24) (4)	\$0	
<i>drospirenone-e.estradiol-lm.fa oral tablet (Tydemy)</i> 3-0.03-0.451 mg (21) (7)	\$0	
<i>drospirenone-ethinyl estradiol oral tablet (Gianvi (28))</i> 3-0.02 mg	\$0	

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Drug	Status	Notes
<i>drospirenone-ethinyl estradiol oral tablet</i> (Ocella) 3-0.03 mg	\$0	
ECONTRA EZ ORAL TABLET 1.5 MG	\$0	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	\$0	
ELINEST ORAL TABLET 0.3-30 MG- MCG	\$0	
ELLA ORAL TABLET 30 MG	\$0	
EMOQUETTE ORAL TABLET 0.15-0.03 MG	\$0	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0	
ENSKYCE ORAL TABLET 0.15-0.03 MG	\$0	
ERRIN ORAL TABLET 0.35 MG	\$0	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	\$0	
<i>ethynodiol diac-eth estradiol oral tablet</i> (Kelnor 1/35 (28)) 1-35 mg-mcg	\$0	
<i>ethynodiol diac-eth estradiol oral tablet</i> (Kelnor 1-50) 1-50 mg-mcg	\$0	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	\$0	
FAYOSIM ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	\$0	
FEMYNOR ORAL TABLET 0.25-35 MG- MCG	\$0	
GIANVI (28) ORAL TABLET 3-0.02 MG	\$0	
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0	
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0	
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
HAILEY ORAL TABLET 1.5-30 MG- MCG	\$0	
HEATHER ORAL TABLET 0.35 MG	\$0	
INCASSIA ORAL TABLET 0.35 MG	\$0	

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Drug	Status	Notes
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	\$0	QL (91 EA per 84 days)
ISIBLOOM ORAL TABLET 0.15-0.03 MG	\$0	
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG	\$0	
JENCYCLA ORAL TABLET 0.35 MG	\$0	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	\$0	QL (91 EA per 84 days)
JULEBER ORAL TABLET 0.15-0.03 MG	\$0	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0	
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	\$0	
KALLIGA ORAL TABLET 0.15-0.03 MG	\$0	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	
KELNOR 1-50 ORAL TABLET 1-50 MG-MCG	\$0	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	\$0	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (Amethia Lo)	\$0	QL (91 EA per 84 days)

Drug	Status	Notes
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (Fayosim)	\$0	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	\$0	QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0	
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	\$0	
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	\$0	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0	
LESSINA ORAL TABLET 0.1-20 MG-MCG	\$0	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0	
<i>levonorgestrel oral tablet 1.5 mg</i> (Aftera)	\$0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	\$0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> (Altavera (28))	\$0	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i> (Amethyst (28))	\$0	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Introvale)	\$0	QL (91 EA per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	\$0	

Drug	Status	Notes
LEVORA-28 ORAL TABLET 0.15-0.03 MG	\$0	
LILLOW (28) ORAL TABLET 0.15-0.03 MG	\$0	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	\$0	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
LOJAIMI ESS ORAL TABLETS, DOSE PACK, 3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	\$0	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	\$0	
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	\$0	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	\$0	
LYZA ORAL TABLET 0.35 MG	\$0	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	\$0	
MELODETTA 24 FE ORAL TABLET, CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	\$0	
MIBELAS 24 FE ORAL TABLET, CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	\$0	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
MILI ORAL TABLET 0.25-35 MG-MCG	\$0	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	\$0	

MedPerform Medium Formulary

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Drug	Status	Notes
MY CHOICE ORAL TABLET 1.5 MG	\$0	
MY WAY ORAL TABLET 1.5 MG	\$0	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	\$0	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0	
NEW DAY ORAL TABLET 1.5 MG	\$0	
NIKKI (28) ORAL TABLET 3-0.02 MG	\$0	
NORA-BE ORAL TABLET 0.35 MG	\$0	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Wymzya Fe)	\$0	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i> (Kaitlib Fe)	\$0	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	\$0	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))	\$0	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	\$0	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))	\$0	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28))	\$0	
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i> (Charlotte 24 Fe)	\$0	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	\$0	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Tri Femynor)	\$0	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)	\$0	
NORLYDA ORAL TABLET 0.35 MG	\$0	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	\$0	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	
OCELLA ORAL TABLET 3-0.03 MG	\$0	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	\$0	
OPTION-2 ORAL TABLET 1.5 MG	\$0	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	\$0	
PHILITH ORAL TABLET 0.4-35 MG-MCG	\$0	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0	
PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG, 1-35 MG-MCG	\$0	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	\$0	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	\$0	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	\$0	
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	\$0	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	\$0	QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG	\$0	
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0	
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)

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Drug	Status	Notes
SLYND ORAL TABLET 4 MG (28)	\$0	ST: Requires prior prescription for a generic contraceptive within the past 120 days; QL (28 EA per 28 days)
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	\$0	
SRONYX ORAL TABLET 0.1-20 MG-MCG	\$0	
SYEDA ORAL TABLET 3-0.03 MG	\$0	
TAKE ACTION ORAL TABLET 1.5 MG	\$0	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0	
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	\$0	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	\$0	
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	\$0	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TULANA ORAL TABLET 0.35 MG	\$0	
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	\$0	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	\$0	
VIENVA ORAL TABLET 0.1-20 MG-MCG	\$0	
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0	
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	\$0	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	\$0	
WERA (28) ORAL TABLET 0.5-35 MG-MCG	\$0	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	\$0	
ZARAH ORAL TABLET 3-0.03 MG	\$0	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	\$0	
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	\$0	

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Drug	Status	Notes
<b>Contraceptives, Transdermal</b>		
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	Tier 3	QL (3 EA per 28 days)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	\$0	QL (3 EA per 28 days)
<b>Diaphragms/Cervical Cap</b>		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	\$0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	\$0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	\$0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	\$0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	\$0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	\$0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	\$0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	\$0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	\$0	
<b>Oxytocics</b>		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 3	
<i>methylgonovine oral tablet 0.2 mg</i> (Methergine)	Tier 1	QL (28 EA per 30 days)
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Tier 3	
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG	Tier 3	
<b>Cough And Cold</b>		
<b>1st Gen Antihistamine &amp; Decongestant Combinations</b>		
<i>promethazine-phenylephrine oral syrup</i> (Promethazine VC) 6.25-5 mg/5 ml	Tier 1	

Drug	Status	Notes
<b>1st Gen Antihist-Decongest-Anticholinergic Comb</b>		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 1	
<b>Antitussives,Non-Narcotic</b>		
<i>benzonatate oral capsule 100 mg</i> (Tessalon Perles)	Tier 1	
<i>benzonatate oral capsule 150 mg, 200 mg</i>	Tier 1	
<b>Expectorants</b>		
SSKI ORAL SOLUTION 1 GRAM/ML	Tier 1	
<b>Narcotic Antituss-1st Gen. Antihistamine-Decongest</b>		
CAPCOF ORAL LIQUID 2-5-10 MG/5 ML	Tier 3	Age (Min 12 Years)
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML	Tier 1	Age (Min 12 Years)
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
M-END PE ORAL LIQUID 1.33-3.33-6.33 MG/5 ML	Tier 3	Age (Min 12 Years)
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML	Tier 1	Age (Min 12 Years)
<b>Narcotic Antituss-Decongestant-Expectorant Comb</b>		
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	Tier 3	Age (Min 12 Years)
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
VIRTUSSIN DAC ORAL SYRUP 30-10-100 MG/5 ML	Tier 1	Age (Min 12 Years)

Drug	Status	Notes
<b>Narcotic Antitussive-1st Generation Antihistamine</b>		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG	Tier 3	QL (2 EA per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	Tier 3	ST: Requires prior prescription for Promethazine HCL/codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR 14.7-2.8 MG/5 ML	Tier 3	ST: At least 2 prior prescriptions for Montelukast Sodium, Promethazine HCL/codeine, or Zafirlukast within the past 365 days; QL (200 ML per 10 days); Age (Min 18 Years)
Z-TUSS AC ORAL LIQUID 2-9 MG/5 ML	Tier 3	Age (Min 12 Years)
<b>Narcotic Antitussive-Anticholinergic Comb.</b>		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i> (Hydromet)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SYRUP 5-1.5 MG/5 ML	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
<b>Narcotic Antitussive-Expectorant Combination</b>		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i> (G Tussin AC)	Tier 1	Age (Min 12 Years)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	Tier 1	Age (Min 12 Years)

Drug	Status	Notes
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
GUAIA TUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	Tier 1	Age (Min 12 Years)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
M-CLEAR WC ORAL LIQUID 6.3-100 MG/5 ML	Tier 3	Age (Min 12 Years)
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	Tier 1	Age (Min 12 Years)
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
<b>Non-Narc Antituss-1St Gen.</b>		
<b>Antihistamine-Decongest</b>		
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	Tier 1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i> (Bromfed DM)	Tier 1	
<b>Non-Narc Antitussive-1St Gen</b>		
<b>Antihistamine Comb.</b>		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	
<b>Nose Preparations, Vasoconstrictors (Rx)</b>		
ADRENALIN NASAL SOLUTION 1 MG/ML	Tier 3	
TYZINE NASAL DROPS 0.1 %	Tier 3	
TYZINE NASAL SPRAY, NON-AEROSOL 0.1 %	Tier 3	
<b>Dermatology - Acne</b>		
<b>Acne Agents, Systemic</b>		
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	Tier 1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	

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Drug	Status	Notes
isotretinoin oral capsule 10 mg, 20 mg, 40 mg (Amnesteem)	Tier 1	
isotretinoin oral capsule 30 mg (Claravis)	Tier 1	
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
<b>Acne Agents, Topical</b>		
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 % (Epiduo)	Tier 1	Age (Max 25 Years)
adapalene-benzoyl perox-niacin topical gel 0.3-2.5-4 %	Tier 1	
adapalene-benzoyl-clindamycin topical gel 0.3-2.5-1 %	Tier 1	
azelaic acid-niacinamide topical cream 15-4 %	Tier 1	
AZELEX TOPICAL CREAM 20 %	Tier 3	
benzoyl per-clindamycin-niacin topical gel 2.5-1-4 %, 5-1-4 %	Tier 1	
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 % (Neuac)	Tier 1	
clindamycin-benzoyl peroxide topical gel 1-5 % (Benzaclin)	Tier 1	
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 % (Acanya)	Tier 1	
clindamycin-niacinamide topical gel 1-4 %	Tier 1	
clindamycin-niacinamide topical lotion 1-4 %	Tier 1	
dapsone topical gel 5 % (Aczone)	Tier 1	
dapsone topical gel with pump 7.5 % (Aczone)	Tier 1	
dapsone-niacinamide topical gel 6-4 %, 8.5-4 %	Tier 1	
dapsone-spirolactone-niacin topical gel 6-5-2 %, 8.5-5-2 %	Tier 1	
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	Tier 2	Age (Max 25 Years)
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	Tier 1	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 %	Tier 3	
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	Tier 2	
<i>salicylic acid-sulfacetamide topical suspension 2-8 %, 5-10 %</i>	Tier 1	
<i>spironolactone-niacinamide topical gel 5-4 %</i>	Tier 1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	Tier 1	
<i>tretinoin-benzoyl-clinda-niac topical gel 0.025-2.5-1-2 %, 0.025-5-1-2 %, 0.05-5-1-2 %</i>	Tier 1	
<i>tretinoin-clindamycin-niacin topical cream 0.025-1-4 %</i>	Tier 1	
<i>tretinoin-clinda-spiron-niacin topical gel 0.025-1-2-4 %</i>	Tier 1	
<i>tretinoin-hyaluronate-niacin topical cream 0.025-0.5-4 %, 0.05-0.5-4 %, 0.1-0.5-4 %</i>	Tier 1	
<i>tretinoin-niacinamide topical cream 0.025-4 %, 0.05-4 %</i>	Tier 1	
<i>tretinoin-niacinamide topical gel 0.025-4 %, 0.05-4 %</i>	Tier 1	
<i>tretinoin-spironolact-niacin topical gel 0.025-5-2 %, 0.05-5-2 %</i>	Tier 1	
<b>Keratolytic-Glucocorticoid Combinations</b>		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	Tier 2	
<b>Rosacea Agents, Topical</b>		
<i>azelaic acid topical gel 15 %</i> (Finacea)	Tier 1	
FINACEA TOPICAL FOAM 15 %	Tier 2	
<i>ivermectin-metronidazol-niacin topical gel 1-1-4 %</i>	Tier 1	
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	Tier 1	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	Tier 1	
<i>metronidazole topical gel 1 %</i> (Metrogel)	Tier 1	
<i>metronidazole topical gel with pump 1 %</i>	Tier 1	

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Drug	Status	Notes
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	Tier 1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	Tier 3	
RHOFADE TOPICAL CREAM 1 %	Tier 3	
ROSDAN TOPICAL CREAM 0.75 %	Tier 1	
<b>Topical Preparations, Antibacterials</b>		
ALA-QUIN TOPICAL CREAM 3-0.5 %	Tier 3	
BASADROX TOPICAL GEL IN PACKET	Tier 3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	Tier 3	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	Tier 1	
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i> (Vytone)	Tier 1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	Tier 3	
IODOSORB TOPICAL GEL 0.9 %	Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 %	Tier 1	
NORMLGEL AG TOPICAL GEL 0.11 %	Tier 3	
<i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>	Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 %	Tier 1	
<b>Vitamin A Derivatives</b>		
<i>adapalene topical cream 0.1 %</i> (Differin)	Tier 1	Age (Max 25 Years)
<i>adapalene topical gel 0.1 %</i> (Effaclar Adapalene)	Tier 1	Age (Max 25 Years)
<i>adapalene topical gel 0.3 %</i> (Differin)	Tier 1	Age (Max 25 Years)
<i>adapalene topical gel with pump 0.3 %</i> (Differin)	Tier 1	Age (Max 25 Years)
<i>adapalene topical lotion 0.1 %</i> (Differin)	Tier 1	Age (Max 25 Years)
AKLIEF TOPICAL CREAM 0.005 %	Tier 3	Age (Max 25 Years)
ALTRENO TOPICAL LOTION 0.05 %	Tier 3	Age (Max 25 Years)
AVITA TOPICAL CREAM 0.025 %	Tier 1	Age (Max 25 Years)
AVITA TOPICAL GEL 0.025 %	Tier 1	Age (Max 25 Years)
DIFFERIN TOPICAL LOTION 0.1 %	Tier 3	Age (Max 25 Years)
EFFACLAR ADAPALENE TOPICAL GEL 0.1 %	Tier 1	Age (Max 25 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	Tier 3	Age (Max 25 Years)

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Drug	Status	Notes
<i>tretinoin microspheres topical gel 0.04 %</i> , 0.1 % (Retin-A Micro)	Tier 1	Age (Max 25 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %</i> , 0.1 % (Retin-A Micro Pump)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical cream 0.025 %</i> (Avita)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical cream 0.05 %</i> , 0.1 % (Retin-A)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel 0.025 %</i> (Avita)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel 0.05 %</i> (Atralin)	Tier 1	Age (Max 25 Years)
TRETIN-X CREAM KIT TOPICAL COMBO PACK 0.025 %, 0.05 %, 0.1 %	Tier 3	Age (Max 25 Years)
TRETIN-X TOPICAL CREAM 0.075 %	Tier 3	Age (Max 25 Years)
<b>Vitamin A Derivatives, Topical Acne Agents</b>		
<i>tazarotene-niacinamide topical cream 0.05-4 %</i> , 0.1-4 %	Tier 1	
<b>Dermatology - Antiinfective</b>		
<b>Topical Antibiotics</b>		
CENTANY AT TOPICAL OINTMENT KIT 2 %	Tier 3	
<i>clindamycin phosphate topical foam 1 %</i> (Evoclin)	Tier 1	
<i>clindamycin phosphate topical gel 1 %</i> (Cleocin T)	Tier 1	
<i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel)	Tier 1	ST: Requires prior prescription for Clindamycin Phosphate within the past 120 days
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	Tier 1	
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	Tier 1	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	Tier 1	
ERY PADS TOPICAL SWAB 2 %	Tier 1	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	Tier 1	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	Tier 1	
<i>gentamicin topical cream 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	
<i>mupirocin calcium topical cream 2 %</i>	Tier 1	QL (90 GM per 1 FILL)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>mupirocin topical ointment 2 %</i> (Centany)	Tier 1	
XEPI TOPICAL CREAM 1 %	Tier 3	ST: Requires prior prescription for Mupirocin within the past 120 days
<b>Topical Antifungal/Anti-inflammatory, Steroid Agent</b>		
<i>ciclopirox-clobetasol topical shampoo 0.77-0.05 %</i>	Tier 1	
<i>ciclopirox-clobetasol-salicyl topical shampoo 0.77-0.05-3 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
<i>ketoconazole-hydrocortisone topical cream 2-2.5 %</i>	Tier 1	
<b>Topical Antifungal-Antibiotic-Anti-Inflamm Steroid</b>		
<i>ketoconazole-iodoquinol-hc topical cream 2-1-2.5 %</i>	Tier 1	
<b>Topical Antifungals</b>		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	Tier 3	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	Tier 1	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel 0.77 %</i>	Tier 1	
<i>ciclopirox topical shampoo 1 %</i> (Loprox)	Tier 1	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	Tier 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	Tier 1	QL (180 ML per 1 FILL)
<i>ciclopirox-salicylic acid topical shampoo 0.77-2 %</i>	Tier 1	
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> (Ciclodan Kit)	Tier 1	QL (19.8 ML per 1 FILL)
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	Tier 1	
<i>clotrimazole topical solution 1 %</i>	Tier 1	
<i>econazole topical cream 1 %</i>	Tier 1	QL (170 GM per 1 FILL)
<i>econazole-niacinamide topical cream 1-4 %</i>	Tier 1	
ECOZA TOPICAL FOAM 1 %	Tier 3	

Drug	Status	Notes
EXELDERM TOPICAL CREAM 1 %	Tier 2	
EXELDERM TOPICAL SOLUTION 1 %	Tier 2	
EXODERM TOPICAL LOTION 25-1 %	Tier 1	
<i>flucona-ibuprof-itracon-terbin topical solution 4-2-1-4 %</i>	Tier 1	
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 %	Tier 3	PA
<i>ketoconazole topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ketoconazole topical shampoo 2 %</i> (Nizoral)	Tier 1	QL (360 ML per 1 FILL)
<i>ketoconazole-niacinamide topical cream 2-4 %</i>	Tier 1	
KETODAN KIT TOPICAL COMBO PACK 2 %	Tier 3	
<i>luliconazole topical cream 1 %</i> (Luzu)	Tier 1	ST: Requires prior prescriptions for Clotrimazole and Ketoconazole within the past 365 days; QL (60 GM per 28 days)
MENTAX TOPICAL CREAM 1 %	Tier 3	
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> (Vusion)	Tier 1	
<i>naftifine topical cream 1 %</i>	Tier 1	
<i>naftifine topical cream 2 %</i> (Naftin)	Tier 1	QL (180 GM per 1 FILL)
<i>naftifine topical gel 1 %</i> (Naftin)	Tier 1	
NAFTIN TOPICAL GEL 2 %	Tier 2	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	Tier 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	Tier 1	

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Drug	Status	Notes
<i>oxiconazole topical cream 1 %</i> (Oxistat)	Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %	Tier 3	
<i>sulconazole topical cream 1 %</i> (Exelderm)	Tier 1	
<i>sulconazole topical solution 1 %</i> (Exelderm)	Tier 1	
<b>Topical Antiparasitics</b>		
<i>lindane topical shampoo 1 %</i>	Tier 1	
<i>malathion topical lotion 0.5 %</i> (Ovide)	Tier 1	
<i>permethrin topical cream 5 %</i> (Elimite)	Tier 1	
SKLICE TOPICAL LOTION 0.5 %	Tier 3	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	Tier 1	
ULESFIA TOPICAL LOTION 5 %	Tier 3	
<b>Topical Antivirals</b>		
<i>acyclovir topical ointment 5 %</i> (Zovirax)	Tier 1	
<b>Topical Pleuromutilin Derivatives</b>		
ALTABAX TOPICAL OINTMENT 1 %	Tier 3	ST: Requires prior prescription for Mupirocin within the past 120 days
<b>Topical Sulfonamides</b>		
AVAR LS TOPICAL FOAM 10-2 %	Tier 3	
AVAR LS TOPICAL PADS, MEDICATED 10-2 %	Tier 3	
AVAR TOPICAL PADS, MEDICATED 9.5-5 %	Tier 3	
BP 10-1 TOPICAL CLEANSER 10-1 %	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 %	Tier 1	
<i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)	Tier 1	
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	Tier 3	
ROSANIL TOPICAL CLEANSER 10-5 % (W/W)	Tier 3	QL (1419 GM per 1 FILL)
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 %	Tier 1	
ROSULA TOPICAL CLEANSER 10-4.5 %	Tier 3	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	Tier 1	
SSD TOPICAL CREAM 1 %	Tier 1	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
SSS 10-5 TOPICAL CREAM 10-5 % (W/W)	Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 %	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Rosanil)	Tier 1	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i> (Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i> (Sumaxin)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4.5 %</i> (Sumadan)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i> (Avar-E LS)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i> (SSS 10-5)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 9.8-4.8 %</i> (Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %</i> (Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i> (Sumaxin)	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	QL (1419 ML per 1 FILL)
<i>sulfacetamide-niacinamide topical cream 10-4 %</i>	Tier 1	
<i>sulfacetamide-sulfur-cleansr23 topical kit 9-4.5 %</i> (Sumadan)	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 3	
SULFAMYLON TOPICAL PACKET 50 GRAM	Tier 3	

Drug	Status	Notes
<b>Dermatology - Antiinflammatory</b>		
<b>Top. Anti-Inflam., Phosphodiesterase-4 (Pde4) Inhib</b>		
EUCRISA TOPICAL OINTMENT 2 %	Tier 2	
<b>Topical Antibiotics/Antiinflammatory, Steroidal</b>		
CORTISPORIN TOPICAL CREAM 3.5-10,000-0.5 MG/G-UNIT/G-%	Tier 2	
CORTISPORIN TOPICAL OINTMENT 1 %	Tier 2	
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: At least 2 prior prescriptions for Bacitracin Zinc, Bacitracin, Capex Shampoo, Fluocinolone Acetonide, Iluvien, Retisert, or Yutiq within the past 365 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: At least 2 prior prescriptions for Bacitracin Zinc, Bacitracin, Capex Shampoo, Fluocinolone Acetonide, Iluvien, Retisert, or Yutiq within the past 365 days
<b>Topical Anti-Inflammatory Steroidal</b>		
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	Tier 1	
ALA-CORT TOPICAL CREAM 1 %	Tier 1	
ALA-SCALP TOPICAL LOTION 2 %	Tier 1	
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	
<i>amcinonide topical cream 0.1 %</i>	Tier 1	
<i>amcinonide topical lotion 0.1 %</i>	Tier 1	
AQUA GLYCOLIC HC TOPICAL COMBO PACK 2 %	Tier 3	
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	Tier 1	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene)	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 %	Tier 3	
<i>clobetasol scalp solution 0.05 %</i>	Tier 1	
<i>clobetasol topical cream 0.05 %</i> (Temovate)	Tier 1	
<i>clobetasol topical foam 0.05 %</i> (Olux)	Tier 1	
<i>clobetasol topical gel 0.05 %</i>	Tier 1	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	Tier 1	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol topical spray, non-aerosol 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	Tier 1	
<i>clobetasol-levocetirizine topical shampoo 0.05-2 %</i>	Tier 1	
<i>clobetasol-niacinamide topical cream 0.05-4 %</i>	Tier 1	
<i>clobetasol-niacinamide topical ointment 0.05-4 %</i>	Tier 1	
<i>clobetasol-niacinamide topical solution 0.05-4 %</i>	Tier 1	

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Drug	Status	Notes
<i>clocortolone pivalate topical cream 0.1 %</i> (Cloderm)	Tier 1	
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %	Tier 3	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 3	ST: Requires prior prescription for Betamethasone Augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days)
CORDRAN TOPICAL CREAM 0.025 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
DESONATE TOPICAL GEL 0.05 %	Tier 3	
<i>desonide topical cream 0.05 %</i> (DesOwen)	Tier 1	
<i>desonide topical gel 0.05 %</i> (Desonate)	Tier 1	
<i>desonide topical lotion 0.05 %</i> (DesOwen)	Tier 1	
<i>desonide topical ointment 0.05 %</i>	Tier 1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	Tier 1	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	Tier 1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	Tier 1	
<i>desoximetasone topical spray, non-aerosol 0.25 %</i> (Topicort)	Tier 1	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days

Drug	Status	Notes
<i>desoximetasone-niacinamide topical ointment 0.05-4 %</i>	Tier 1	
<i>fluocinolone and shower cap scalp oil 0.01 %</i> (Derma-Smoothe/FS Scalp Oil)	Tier 1	
<i>fluocinolone topical cream 0.01 %</i>	Tier 1	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	Tier 1	
<i>fluocinolone topical oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)	Tier 1	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	Tier 1	
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	Tier 1	
<i>fluocinolone-niacinamide topical cream 0.01-4 %, 0.025-4 %</i>	Tier 1	
<i>fluocinonide topical cream 0.05 %</i>	Tier 1	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	Tier 1	
<i>fluocinonide topical gel 0.05 %</i>	Tier 1	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	Tier 1	
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	Tier 1	
<i>flurandrenolide topical cream 0.05 %</i> (Cordran)	Tier 1	
<i>flurandrenolide topical lotion 0.05 %</i> (Cordran)	Tier 1	
<i>flurandrenolide topical ointment 0.05 %</i> (Cordran)	Tier 1	
<i>fluticasone propionate topical cream 0.05 %</i> (Cutivate)	Tier 1	
<i>fluticasone propionate topical lotion 0.05 %</i> (Beser)	Tier 1	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1	
<i>halcinonide topical cream 0.1 %</i> (Halog)	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days

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

Drug	Status	Notes
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	Tier 1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 1	
<i>mometasone topical cream 0.1 %</i>	Tier 1	
<i>mometasone topical ointment 0.1 %</i>	Tier 1	
<i>mometasone topical solution 0.1 %</i>	Tier 1	
NUCORT TOPICAL LOTION 2 %	Tier 3	
PANDEL TOPICAL CREAM 0.1 %	Tier 2	
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	
PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %	Tier 1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Tier 2	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Tier 3	ST: Requires prior prescription for Triamcinolone Acetonide 0.147mg/g spray within the past 120 days
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	Tier 3	
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %	Tier 3	
SYNALAR TS TOPICAL KIT 0.01 %	Tier 3	
TEXACORT TOPICAL SOLUTION 2.5 %	Tier 2	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> (Kenalog)	Tier 1	
<i>triamcinolone acetonide topical cream 0.025 %</i>	Tier 1	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>triamcinolone acetonide topical cream</i> (Triderm) 0.1 %, 0.5 %	Tier 1	
<i>triamcinolone acetonide topical lotion</i> 0.025 %, 0.1 %	Tier 1	
<i>triamcinolone acetonide topical ointment</i> 0.025 %, 0.1 %, 0.5 %	Tier 1	
<i>triamcinolone-niacinamide topical cream</i> 0.1-4 %	Tier 1	
TRIDERM TOPICAL CREAM 0.1 %, 0.5 %	Tier 1	
<b>Topical Anti-Inflammatory, Nsaids</b>		
<i>diclofenac epolamine transdermal patch</i> (Flector) 12 hour 1.3 %	Tier 1	
<i>diclofenac sodium topical drops</i> 1.5 %	Tier 1	
<i>diclofenac sodium topical gel</i> 1 % (Voltaren)	Tier 1	
<i>diclofenac-hyaluronate-niacin topical gel</i> 3-2-4 %	Tier 1	
DICLOTREX TOPICAL KIT 1.5-10-4 %	Tier 3	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Tier 3	ST: Requires prior prescription for Diclofenac Epolamine within the past 120 days; QL (1 EA per 1 day)
<b>Dermatology - Miscellaneous</b>		
<b>Antiperspirants</b>		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	Tier 2	
DRYSOL TOPICAL SOLUTION 20 %	Tier 2	
<b>Antiseborrheic Agents</b>		
ESKATA TOPICAL SOLUTION WITH APPLICATOR 40 %	Tier 3	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	Tier 2	
OVACE PLUS TOPICAL CREAM 10 %	Tier 3	
OVACE PLUS TOPICAL FOAM 9.8 %	Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 %	Tier 3	ST: Requires prior prescription for Ciclopirox or Ketoconazole within the past 120 days

Drug	Status	Notes
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 1	
<i>selenium sulfide topical shampoo 2.25 %</i>	Tier 1	
<i>selenium sulfide topical shampoo 2.3 %</i> (SelRx)	Tier 1	
<i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace)	Tier 1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i> (Ovace Plus Wash)	Tier 1	
<i>sulfacetamide sodium topical shampoo 10 %</i> (Ovace Plus Shampoo)	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 %	Tier 3	
<b>Antiseptics, Miscellaneous</b>		
<i>guaiacol liquid</i>	Tier 3	
<b>Emollients</b>		
<i>ammonium lactate topical cream 12 %</i> (Geri-Hydrolac)	Tier 1	
<i>ammonium lactate topical lotion 12 %</i> (Geri-Hydrolac)	Tier 1	
ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL	Tier 3	
HYLATOPICPLUS TOPICAL LOTION	Tier 3	
MB HYDROGEL TOPICAL KIT, CREAM AND GEL 96.53-3-0.4 -0.066 %	Tier 1	
PRESERA TOPICAL FOAM	Tier 3	
XCLAIR TOPICAL CREAM	Tier 3	
<b>Iodine Antiseptics</b>		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	Tier 3	
<b>Irrigants</b>		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
AQUA CARE SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 %	Tier 1	
AQUA CARE STERILE WATER IRRIGATION SOLUTION	Tier 1	
<i>lactated ringers irrigation solution</i>	Tier 3	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	
<i>ringer's irrigation solution</i>	Tier 1	

Drug	Status	Notes
sodium chloride irrigation solution 0.9 % (Aqua Care Sodium Chloride)	Tier 1	
sorbitol irrigation solution 3 %, 3.3 %	Tier 1	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml	Tier 1	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML	Tier 3	
VASHE WOUND THERAPY IRRIGATION IRRIGATION SOLUTION 0.033 %	Tier 3	
water for irrigation, sterile irrigation solution (Aqua Care Sterile Water)	Tier 1	
<b>Irritants/Counter-Irritants</b>		
cantharidin in acetone topical solution 0.7 %	Tier 1	
methyl salicylate oil (Wintergreen Oil)	Tier 1	
methyl salicylate topical liquid	Tier 1	
QUTENZA TOPICAL KIT 8 %	Tier 3	PA
WINTERGREEN OIL OIL	Tier 1	
<b>Keratolytics</b>		
benzoyl peroxide topical foam 9.8 % (BenzePrO)	Tier 1	
BPO TOPICAL GEL 8 %	Tier 1	
CEM-UREA TOPICAL GEL 45 %	Tier 1	
CONDYLOX TOPICAL GEL 0.5 %	Tier 3	ST: Requires prior prescription for Podofilox within the past 120 days
HYDRO 35 TOPICAL FOAM 35 %	Tier 3	
INOVA 4-1 TOPICAL COMBO PACK 1-4-5 %	Tier 3	
INOVA 8-2 TOPICAL COMBO PACK 2-8-5 %	Tier 3	
INOVA TOPICAL COMBO PACK 4-5 %, 8-5 %	Tier 3	
KERAFOAM TOPICAL FOAM 30 %, 42 %	Tier 3	
KERALYT SCALP COMPLETE TOPICAL KIT, SHAMPOO AND GEL 6-6 %	Tier 3	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
PACNEX HP TOPICAL PADS, MEDICATED 7 %	Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %	Tier 3	
PODOCON TOPICAL LIQUID 25 %	Tier 1	
<i>podofilox topical solution 0.5 %</i>	Tier 1	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	Tier 1	
<i>salicylic acid topical cream 6 %</i> (Salimez)	Tier 1	
<i>salicylic acid topical cream,extended release 6 %</i>	Tier 1	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i> (Virasal)	Tier 1	
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i> (UltraSal-ER)	Tier 1	
<i>salicylic acid topical foam 6 %</i> (Salvax)	Tier 1	
<i>salicylic acid topical liquid 26 %</i>	Tier 1	
<i>salicylic acid topical lotion 6 %</i>	Tier 1	
<i>salicylic acid topical lotion,extended release 6 %</i>	Tier 1	
<i>salicylic acid topical shampoo 6 %</i> (Salex)	Tier 1	
<i>salicylic-cimetidine-lidocaine topical cream 40-10-5 %</i>	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 %	Tier 3	
SALVAX DUO PLUS TOPICAL FOAM 6- 35 %	Tier 3	
SALVAX TOPICAL FOAM 6 %	Tier 1	
<i>silver nitrate applicators topical stick 75- 25 %</i>	Tier 1	
<i>silver nitrate topical solution 10 %</i>	Tier 1	
ULTRASAL-ER TOPICAL FILM- FORMING SOLN ER W/ APPL 28.5 %	Tier 3	
UMECTA TOPICAL FOAM 40 %	Tier 1	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 %	Tier 3	
URAMAXIN TOPICAL FOAM 20 %	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 %	Tier 1	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>urea topical cream 39 %</i> (Uredeb)	Tier 1	
<i>urea topical cream 40 %</i>	Tier 1	
<i>urea topical cream 45 %</i> (Uramaxin)	Tier 1	
<i>urea topical cream 47 %</i> (Keralac)	Tier 1	
<i>urea topical cream 50 %</i> (Ure-K)	Tier 1	
<i>urea topical foam 35 %</i> (Hydro 35)	Tier 1	
<i>urea topical gel 45 %</i> (CEM-Urea)	Tier 1	
<i>urea topical lotion 40 %</i>	Tier 1	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	Tier 3	
<b>Oxidizing Agents</b>		
<i>hydrogen peroxide solution 3 %</i>	Tier 1	
<b>Protectives</b>		
GENADUR (WITH LEXINAL) KIT 2,500 MCG	Tier 3	
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 %	Tier 1	
PR CREAM TOPICAL CREAM	Tier 1	
RECEDO TOPICAL GEL	Tier 3	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET	Tier 1	
<i>zinc oxide topical ointment 20 %</i>	Tier 1	
<i>zinc oxide topical paste 25 %</i>	Tier 1	
<b>Topical Anti-Inflammatory Steroid- Local Anesthetic</b>		
ANALPRAM-HC TOPICAL LOTION 2.5- 1 %	Tier 2	
EPIFOAM TOPICAL FOAM 1-1 %	Tier 3	
<i>hydrocortisone-pramoxine topical cream</i> (Pramosone) 2.5-1 %	Tier 1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	Tier 1	
PRAMOSONE TOPICAL CREAM 1-1 %	Tier 2	
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1- 1 %, 2.5-1 %	Tier 2	

Drug	Status	Notes
<b>Topical Antineoplastic &amp; Premalignant Lesion Agnts</b>		
<i>diclofenac sodium topical gel 3 %</i> (Solaraze)	Tier 1	QL (100 GM per 1 FILL)
FLUOROPLEX TOPICAL CREAM 1 %	Tier 3	
<i>fluorouracil topical cream 0.5 %</i> (Carac)	Tier 1	PA
<i>fluorouracil topical cream 5 %</i> (Efudex)	Tier 1	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 1	
PANRETIN TOPICAL GEL 0.1 %	Tier 3	SP
PICATO TOPICAL GEL 0.015 %	Tier 2	QL (3 EA per 28 days)
PICATO TOPICAL GEL 0.05 %	Tier 2	QL (2 EA per 28 days)
TARGRETIN TOPICAL GEL 1 %	Tier 2	PA; SP
TOLAK TOPICAL CREAM 4 %	Tier 2	
VALCHLOR TOPICAL GEL 0.016 %	Tier 2	PA; SP
<b>Topical Local Anesthetics</b>		
ANACAINE TOPICAL OINTMENT 10 %	Tier 3	
ANASTIA TOPICAL LOTION 2.75 %	Tier 3	
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %	Tier 3	
CETACAINE TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC)	Tier 3	
<i>ethyl chloride topical aerosol, spray 100 %</i>	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 %	Tier 1	
<i>lidocaine hcl laryngotracheal solution 4 %</i> (LTA Pre-Attached)	Tier 1	
<i>lidocaine hcl topical cream 3 %</i> (Lidopin)	Tier 1	
<i>lidocaine topical adhesive patch, medicated 5 %</i> (Lidoderm)	Tier 1	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	
<i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i> (L.E.T. (lido-epineph-tetra))	Tier 1	
LIDOPIN TOPICAL CREAM 3.25 %	Tier 3	

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Drug	Status	Notes
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
NUMBONEX TOPICAL LOTION 2.75 %	Tier 3	
PONTOCAINE TOPICAL SOLUTION 2 %	Tier 3	
REGENECARE TOPICAL GEL 2 %	Tier 3	
SPRAY AND STRETCH TOPICAL AEROSOL, SPRAY	Tier 3	
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING 70-70 MG	Tier 3	
TRANZAREL TOPICAL GEL 4 %	Tier 3	
<b>Topical/Mucous Membr./Subcut. Enzymes</b>		
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 3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	
<b>Dermatology - Psoriasis/Eczema</b>		
<b>Antipsoriatic Agents, Systemic</b>		
<i>acitretin oral capsule 10 mg, 25 mg</i> (Soriatane)	Tier 1	SP
<i>acitretin oral capsule 17.5 mg</i>	Tier 1	SP
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 2	PA; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 2	PA; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 2	PA; SP
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 2	PA; SP
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> (Oxsoralen Ultra)	Tier 1	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	Tier 3	PA; SP

Drug	Status	Notes
SKYRIZI SUBCUTANEOUS SYRINGE 75 MG/0.83 ML	Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS AUTO- INJECTOR 100 MG/ML	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 2	PA; SP
<b>Antipsoriatics Agents</b>		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	Tier 1	
<i>calcipotriene topical foam 0.005 %</i> (Sorilux)	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	Tier 1	
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
DUOBRII TOPICAL LOTION 0.01-0.045 %	Tier 3	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (200 GM per 28 days)
SORILUX TOPICAL FOAM 0.005 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	Tier 1	
TAZORAC TOPICAL CREAM 0.05 %	Tier 2	
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	Tier 3	

Drug	Status	Notes
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<b>Topical Agents, Miscellaneous</b>		
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
SAF-CLENS AF DERMAL WOUND TOPICAL CLEANSER	Tier 3	
<b>Topical Immunosuppressive Agents</b>		
<i>pimecrolimus topical cream 1 %</i> (Elidel)	Tier 1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	Tier 1	
<i>tacrolimus-hyaluronate-niacin topical cream 0.1-1-4 %</i>	Tier 1	
<i>tacrolimus-niacinamide topical ointment 0.1-4 %</i>	Tier 1	
<i>tacrolimus-vehicle base no.238 topical cream 0.1 %</i>	Tier 1	
<b>Topical Vit D Analog/Anti-inflammatory, Steroidal</b>		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i> (Taclonex)	Tier 1	
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> (Taclonex)	Tier 1	
<i>clobetasol-calcipotriene topical solution 0.05-0.005 %</i>	Tier 1	
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Tier 3	
<b>Diabetes</b>		
<b>Antihypergly, (Dpp-4) Inhibitor &amp; Biguanide Comb.</b>		
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	Tier 2	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
<b>Antihypergly, Incretin Mimetic (Glp-1 Recep. Agonist)</b>		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Tier 2	QL (0.85 ML per 7 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	Tier 2	QL (1 EA per 7 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	Tier 2	QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 2	QL (1.2 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	Tier 2	QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	Tier 2	QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 2	QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	Tier 2	QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 2	QL (9 ML per 30 days)

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Drug	Status	Notes
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 2	QL (9 ML per 30 days)
<b>Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib</b>		
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
<b>Antihyperglycemic - Dopamine Receptor Agonists</b>		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	ST: Requires prior prescription for Glipizide/metformin HCL, Glyburide/metformin HCL, Metformin HCL, Riomet, or Riomet ER within the past 180 days
<b>Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	Tier 1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i> (Glyset)	Tier 1	
<b>Antihyperglycemic, Amylin Analog-Type</b>		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 2	
<b>Antihyperglycemic, Dpp-4 Inhibitors</b>		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
<b>Antihyperglycemic, Insulin-Release Stimulant Type</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> (Amaryl)	Tier 1	
<i>glipizide oral tablet 10 mg, 5 mg</i> (Glucotrol)	Tier 1	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>glipizide oral tablet extended release</i> (Glucotrol XL) 24hr 10 mg, 2.5 mg, 5 mg	Tier 1	
<i>glyburide micronized oral tablet</i> 1.5 mg, (Glynase) 3 mg, 6 mg	Tier 1	
<i>glyburide oral tablet</i> 1.25 mg, 2.5 mg, 5 mg	Tier 1	
<i>nateglinide oral tablet</i> 120 mg, 60 mg (Starlix)	Tier 1	
<i>repaglinide oral tablet</i> 0.5 mg	Tier 1	
<i>repaglinide oral tablet</i> 1 mg, 2 mg (Prandin)	Tier 1	
<b>Antihyperglycemic, Insulin-Response Enhancer (N-S)</b>		
AVANDIA ORAL TABLET 2 MG, 4 MG	Tier 3	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the previous 120 days
<i>pioglitazone oral tablet</i> 15 mg, 30 mg, 45 mg (Actos)	Tier 1	
<b>Antihyperglycemic, Sglt-2 &amp; Dpp-4 Inhibitor Comb.</b>		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 3	ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 days; QL (1 EA per 1 day)
<b>Antihyperglycemic, Biguanide Type(Non-Sulfonylurea)</b>		
<i>metformin oral solution</i> 500 mg/5 ml (Riomet)	Tier 1	
<i>metformin oral tablet</i> 1,000 mg, 500 mg, 850 mg (Glucophage)	Tier 1	
<i>metformin oral tablet extended release</i> (Glucophage XR) 24 hr 500 mg, 750 mg	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>metformin oral tablet extended release</i> (Fortamet) <i>24hr 1,000 mg, 500 mg</i>	Tier 1	ST: Requires prior prescription for Metformin HCL within the past 120 days
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML	Tier 3	ST: Requires prior prescription for Metformin HCL or Riomet within the past 120 days; QL (20 ML per 1 day)
RIOMET ORAL SOLUTION 500 MG/5 ML	Tier 3	
<b>Antihyperglycemic,Insulin &amp; Glp-1 Receptor Agonist</b>		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 2	ST: Requires prior prescription for Bydureon, Bydureon Bcise, Byetta, Lantus, Levemir, Ozempic, Rybelsus, Toujeo, Tresiba, Trulicity, or Victoza within the past 120 days; QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 2	ST: Requires prior prescription for Bydureon, Bydureon Bcise, Byetta, Lantus, Levemir, Ozempic, Rybelsus, Toujeo, Tresiba, Trulicity, or Victoza within the past 120 days; QL (15 ML per 28 days)
<b>Antihyperglycemic,Insulin-Rel Stim.&amp; Biguanide Cmb</b>		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	Tier 1	

Drug	Status	Notes
<b>Antihyperglycemic, Insulin-Response &amp; Release Comb.</b>		
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
<b>Antihyperglycemic-Glucocorticoid Receptor Blocker</b>		
KORLYM ORAL TABLET 300 MG	Tier 2	PA; SP
<b>Antihyperglycemic-SglT2 Inhibitor &amp; Biguanide Comb</b>		
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 2	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Tier 2	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	Tier 2	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	Tier 2	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	Tier 2	QL (2 EA per 1 day)
<b>Antihyperglycm, Insul-Resp. Enhancer &amp; Biguanide Cmb</b>		
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i> (Actoplus MET)	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
<b>Blood Sugar Diagnostics</b>		
FREESTYLE INSULINX STRIP	Tier 2	QL (200 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
FREESTYLE INSULINX TEST STRIPS STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE TEST STRIP	Tier 2	QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP	Tier 2	QL (200 EA per 30 days)
<b>Diabetic Supplies</b>		
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	Tier 3	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	Tier 3	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN	Tier 3	
DEXCOM G6 RECEIVER	Tier 2	PA
DEXCOM G6 SENSOR DEVICE	Tier 2	PA
DEXCOM G6 TRANSMITTER DEVICE	Tier 2	PA
ENLITE GLUCOSE SENSOR DEVICE	Tier 3	
FREESTYLE NAVIGATOR GLUC SENS DEVICE	Tier 3	
GUARDIAN LINK 3 TRANSMITTER DEVICE	Tier 3	
MINILINK REAL-TIME TRANSMITTER DEVICE	Tier 3	
MINIMED 630G GUARDIAN START KT DEVICE	Tier 3	
OMNIPOD DASH 5 PACK POD SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD DASH PDM KIT	Tier 2	QL (1 EA per 365 days)
OMNIPOD INSULIN MANAGEMENT	Tier 2	QL (1 EA per 365 days)
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE	Tier 2	
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE	Tier 2	
<b>Diabetic Ulcer Preparations, Topical</b>		
REGANEX TOPICAL GEL 0.01 %	Tier 2	
<b>Hyperglycemics</b>		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Tier 2	QL (4 EA per 1 FILL)

Drug	Status	Notes
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	Tier 1	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	Tier 3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2	QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
PROGLYCEM ORAL SUSPENSION 50 MG/ML	Tier 3	
<b>Insulins</b>		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Tier 3	PA

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	ST: Requires prior prescription for Humalog Junior Kwikpen, Humalog Kwikpen U-200, or Humalog within the past 120 days; QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Tier 3	ST: Requires prior prescription for Humalog Junior Kwikpen, Humalog Kwikpen U-200, or Humalog within the past 120 days; QL (30 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Humalog Junior Kwikpen, Humalog Kwikpen U-200, or Humalog within the past 120 days; QL (40 ML per 28 days)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 1	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (12 ML per 28 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Tier 2	QL (40 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	Tier 2	QL (30 ML per 28 days)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 2	QL (40 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 2	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 2	QL (24 ML per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)

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Drug	Status	Notes
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	Tier 2	QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	Tier 2	QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
<b>Ear - General Disorders</b>		
<b>Ear Preparations Anti-Inflammatory</b>		
<i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil) <i>drops 0.01 %</i>	Tier 1	
<b>Ear Preparations, Misc. Anti-Infectives</b>		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
CORTANE-B TOPICAL LOTION 1-1-0.1 %	Tier 3	
<i>hydrocortisone-acetic acid otic (ear)</i> <i>drops 1-2 %</i>	Tier 1	
<b>Ear Preparations, Antibiotics</b>		
<i>ciprofloxacin hcl otic (ear) dropperette</i> (Cetraxal) <i>0.2 %</i>	Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3	
<i>neomycin-polymyxin-hc otic (ear)</i> <i>drops,suspension 3.5-10,000-1 mg/ml-</i> <i>unit/ml-%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear)</i> <i>solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	



Drug	Status	Notes
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (6 MG/0.1 ML)	Tier 3	
<b>Otic Preparations, Anti-Inflammatory-Antibiotics</b>		
CIPRO HC OTIC (EAR) DROPS, SUSPENSION 0.2-1 %	Tier 3	
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i> (Ciprodex)	Tier 1	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i> (Otovel)	Tier 1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	Tier 3	
<b>Electrolyte Regulation</b>		
<b>Arginine Vasopressin (Avp) Receptor Antagonists</b>		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 2	PA; SP
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 2	PA; SP
SAMSCA ORAL TABLET 15 MG	Tier 3	SP; QL (30 EA per 365 days)
SAMSCA ORAL TABLET 30 MG	Tier 3	SP; QL (60 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i> (Jynarque)	Tier 1	SP; QL (60 EA per 365 days)
<b>Bicarbonate Producing/Containing Agents</b>		
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	
<b>Electrolyte Depleters</b>		
AURYXIA ORAL TABLET 210 MG IRON	Tier 3	QL (12 EA per 1 day)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	

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Drug	Status	Notes
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 3	
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML	Tier 1	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	Tier 3	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	Tier 1	
<i>sevelamer hcl oral tablet 400 mg</i>	Tier 1	
<i>sevelamer hcl oral tablet 800 mg</i> (Renagel)	Tier 1	
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML	Tier 1	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 3	
VELPHORO ORAL TABLET, CHEWABLE 500 MG	Tier 2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	Tier 3	PA
<b>Potassium Replacement</b>		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	Tier 1	
KLOR-CON M10 ORAL TABLET, ER PARTICLES/CRYSTALS 10 MEQ	Tier 1	
KLOR-CON M15 ORAL TABLET, ER PARTICLES/CRYSTALS 15 MEQ	Tier 1	

Drug	Status	Notes
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	Tier 1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 1	
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	Tier 1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> (K-Tab)	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	Tier 1	
<b>Sodium/Saline Preparations</b>		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE	Tier 1	
BD PRE-FILLED NORMAL SALINE INJECTION SYRINGE	Tier 1	
BD PRE-FILLED SALINE BLUNT CAN INJECTION SYRINGE	Tier 1	
NORMAL SALINE FLUSH INJECTION SYRINGE	Tier 1	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	Tier 1	
<i>sodium chloride 0.9 % (flush) injection syringe</i> (BD PosiFlush Normal Saline 0.9)	Tier 1	
<i>sodium chloride 0.9 % injection solution</i>	Tier 1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier 1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	Tier 1	
<i>sodium chloride injection syringe 0.9 %</i>	Tier 1	
<b>Endocrine Disorder - Fertility</b>		
<b>Drugs To Treat Impotency</b>		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 3	QL (1 EA per 5 days)

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Drug	Status	Notes
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	Tier 3	QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Tier 3	QL: 6 INJECTIONS IN 30 DAYS
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML	Tier 1	
IFE-PG20 INTRACAVERNOSAL SOLUTION 20 MCG/ML	Tier 1	
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 125 MCG, 250 MCG, 500 MCG	Tier 3	QL (1 EA per 5 days)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i> (Cialis)	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i> (Cialis)	Tier 1	PA; QL (1 EA per 1 day)
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG	Tier 3	
<b>Fertility Stimulating Preparations, Non-Fsh</b>		
<i>clomiphene citrate oral tablet 50 mg</i> (Serophene)	Tier 1	
<b>Follicle Stim./Luteinizing Hormones</b>		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 2	SP
<b>Follicle-Stimulating Hormone (Fsh)</b>		
BRAVELLE INJECTION RECON SOLN 75 UNIT	Tier 3	SP
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	Tier 3	SP; ST: Requires prior prescription for Gonal-f Rff, Gonal-f Rff Redi-ject, or Gonal-f within the past 120 days
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	Tier 2	SP
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 2	SP

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Drug	Status	Notes
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	Tier 2	SP
<b>Human Chorionic Gonadotropin (Hcg)</b>		
<i>chorionic gonadotropin, human</i> (Novarel) <i>intramuscular recon soln 10,000 unit</i>	Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT	Tier 2	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	Tier 2	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
<b>Pregnancy Facilitating/Maintaining Agent,Hormonal</b>		
CRINONE VAGINAL GEL 8 %	Tier 3	ST: Requires prior prescription for Endometrin within the past 120 days
ENDOMETRIN VAGINAL INSERT 100 MG	Tier 2	
<b>Endocrine Disorder - Other</b>		
<b>Adrenal Steroid Inhibitors</b>		
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	Tier 3	PA; SP
<b>Adrenocorticotrophic Hormones</b>		
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 3	PA; SP
<b>Antidiuretic And Vasopressor Hormones</b>		
DDAVP NASAL SOLUTION 0.1 MG/ML (REFRIGERATE)	Tier 2	
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	Tier 1	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	Tier 1	

Drug	Status	Notes
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Tier 3	QL (1 EA per 1 day)
NOCTIVA NASAL SPRAY, NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	Tier 3	QL (3.8 GM per 30 days)
<b>Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.</b>		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 2	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 2	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 2	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 2	PA; SP
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 1	PA; SP
<b>Bone Formation Stim. Agents - Parathyroid Hormone</b>		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	Tier 2	PA; SP; QL (2.4 ML per 28 days)
<b>Bone Formation Stimulating Agts - Pth Rel Peptides</b>		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 2	PA; SP
<b>Bone Resorption Inhibitor &amp; Vitamin D Combinations</b>		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 2	
<b>Bone Resorption Inhibitors</b>		
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 1	QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	Tier 1	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	Tier 1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 1	
<i>etidronate disodium oral tablet 200 mg</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>ibandronate oral tablet 150 mg</i> (Boniva)	Tier 1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	Tier 3	
<i>raloxifene oral tablet 60 mg</i> (Evista)	\$0	QL (1 EA per 1 day)
<i>risedronate oral tablet 150 mg</i> (Actonel)	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg</i>	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet 35 mg</i> (Actonel)	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)
<i>risedronate oral tablet 5 mg</i> (Actonel)	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)
<b>Calcimimetic, Parathyroid Calcium Enhancer</b>		
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	Tier 1	SP; QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	Tier 1	SP; QL (4 EA per 1 day)

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Drug	Status	Notes
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 2	SP
<b>Growth Hormone Releasing Hormone (Ghrh) &amp; Analogs</b>		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 3	PA; SP
<b>Growth Hormones</b>		
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 2	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 3	PA; SP
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	Tier 3	PA; SP
<b>Hyperparathyroid Tx Agents - Vitamin D Analog-Type</b>		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	Tier 1	
<i>paricalcitol oral capsule 4 mcg</i>	Tier 1	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 2	QL (2 EA per 1 day)
<b>Insulin-Like Growth Factor-1 (Igf-1) Hormones</b>		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 3	PA; SP
<b>Leptin Hormone Analogs</b>		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 3	SP; QL (1 EA per 1 day)
<b>Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb</b>		
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 3	PA



Drug	Status	Notes
<b>Lhrh(Gnrh) Agonist Analog Pituitary Suppressants</b>		
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	Tier 3	PA; SP
<b>Lhrh(Gnrh) Antagonist, Pituitary Suppressant Agents</b>		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	Tier 2	SP
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	Tier 3	SP; ST: Requires prior prescription for Cetrotide within the past 120 days
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 2	PA
<b>Menopausal Sympt Supp-Sel Estrogen Recep Modulator</b>		
OSPHENA ORAL TABLET 60 MG	Tier 2	QL (1 EA per 1 day)
<b>Parathyroid Hormones</b>		
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	Tier 3	PA; SP
<b>Pituitary Suppressive Agents</b>		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
<b>Endocrine Disorder - Thyroid</b>		
<b>Antithyroid Preparations</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	Tier 1	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
<b>Iodine Containing Agents</b>		
LUGOLS ORAL SOLUTION 5 %	Tier 3	
STRONG IODINE ORAL SOLUTION 5 %	Tier 1	
<b>Thyroid Hormones</b>		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Tier 2	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Tier 2	

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Drug	Status	Notes
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	Tier 1	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	Tier 1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	Tier 1	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	Tier 1	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> (NP Thyroid)	Tier 1	
THYROLAR-1 ORAL TABLET 12.5-50 MCG	Tier 3	
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG	Tier 3	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG	Tier 3	
THYROLAR-2 ORAL TABLET 25-100 MCG	Tier 3	

Drug	Status	Notes
THYROLAR-3 ORAL TABLET 37.5-150 MCG	Tier 3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 1	
WP THYROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	Tier 1	
<b>Eye - General Disorders</b>		
<b>Eye Antibiotic, Glucocorticoid And Nsaid Comb.</b>		
<i>prednisol ace-gatiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
<i>prednisoln sp-gatiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>	Tier 1	
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
<b>Eye Antibiotic-Corticoid Combinations</b>		
<i>neomycin-bacitracin-poly-hc ophthalmic (Neo-Polycin HC) (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	

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Drug	Status	Notes
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	Tier 1	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %	Tier 3	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	Tier 3	
<i>prednisolone acet-gatifloxacin ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 1	
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>	Tier 1	
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	Tier 2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	Tier 3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> (TobraDex)	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 2	
<b>Eye Antihistamines</b>		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Pataday)	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Pataday)	Tier 1	QL (3 ML per 30 days)
<b>Eye Antiinflammatory Agents</b>		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 3	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	Tier 2	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	

Drug	Status	Notes
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	Tier 3	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	Tier 3	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	Tier 1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 2	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	Tier 2	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 2	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 3	QL (5.6 ML per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	Tier 1	
KLARITY-B (BETAMETH-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 3	
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.2-0.25 %, 0.5-0.25 %	Tier 3	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	Tier 2	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 2	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 2	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)	Tier 1	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 2	
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	Tier 1	
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 1	
<i>prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	Tier 2	
<b>Eye Antivirals</b>		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 2	
<b>Eye Local Anesthetics</b>		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Tier 3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	Tier 1	
ALTACAIN OPHTHALMIC (EYE) DROPS 0.5 %	Tier 1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	Tier 1	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 % (Altacaine)</i>	Tier 1	
<b>Eye Sulfonamides</b>		
BLEPH-10 OPHTHALMIC (EYE) DROPS 10 %	Tier 1	
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	Tier 2	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	Tier 2	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 % (Bleph-10)</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
<b>Eye Vasoconstrictors (Rx Only)</b>		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
UPNEEQ OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 3	
<b>Ophthalmic Antibiotics</b>		
AK-POLY-BAC OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	Tier 1	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	Tier 3	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram (Baciguent)</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram (AK-Poly-Bac)</i>	Tier 1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 % (Ciloxan)</i>	Tier 1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	

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Drug	Status	Notes
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> (Zymaxid)	Tier 1	
GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)	Tier 1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 %	Tier 3	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i> (Moxeza)	Tier 1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 3	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	Tier 1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	Tier 1	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> (Polytrim)	Tier 1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i> (Tobrex)	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
<b>Ophthalmic Anti-Inflammatory Immunomodulator-Type</b>		
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	QL (5.5 ML per 30 days)



Drug	Status	Notes
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	Tier 2	QL (60 EA per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 2	QL (60 EA per 30 days)
<b>Ophthalmic Human Nerve Growth Factor (Hngf)</b>		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 3	PA; SP
<b>Ophthalmic Mast Cell Stabilizers</b>		
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	Tier 2	
ALOMIDOPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	
<b>Eye - Glaucoma</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
<b>Miotics/Other Intraoc. Pressure Reducers</b>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 2	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	Tier 3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 1	QL (1 ML per 12 days)
<i>brimonidine ophthalmic (eye) drops 0.15 % (Alphagan P)</i>	Tier 1	

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Drug	Status	Notes
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 1	
<i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>	Tier 1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	Tier 2	
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>dorzolamide ophthalmic (eye) drops 2 % (Trusopt)</i>	Tier 1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 % (Cosopt (PF))</i>	Tier 1	QL (2 EA per 1 day)
<i>dorzolamide-timolol (pf) ophthalmic (eye) drops 2-0.5 %</i>	Tier 1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml (Cosopt)</i>	Tier 1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 3	
<i>latanoprost (pf) ophthalmic (eye) drops 0.005 %</i>	Tier 1	
<i>latanoprost ophthalmic (eye) drops 0.005 % (Xalatan)</i>	Tier 1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 2	QL (2.5 ML per 25 days)
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	Tier 1	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 % (Isopto Carpine)</i>	Tier 1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 3	ST: At least 2 prior prescriptions for Alphagan P, Azopt, Combigan, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 3	ST: At least 2 prior prescriptions for Alphagan P, Azopt, Combigan, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 2	
<i>timol-brimon-dorzo-latanop(pf)</i> <i>ophthalmic (eye) drops 0.5 %-0.15 %- 2</i> <i>%-0.005 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) drops</i> (Timoptic) <i>0.25 %, 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) drops,</i> (Istalol) <i>once daily 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) gel</i> (Timoptic-XE) <i>forming solution 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol-brimonidi-dorzolam(pf)</i> <i>ophthalmic (eye) drops 0.5-0.15-2 %</i>	Tier 1	
<i>timolol-dorzolamid-latanop(pf)</i> <i>ophthalmic (eye) drops 0.5-2-0.005 %</i>	Tier 1	
<i>timolol-latanoprost(pf) ophthalmic (eye)</i> <i>drops 0.5-0.005 %</i>	Tier 1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	Tier 3	ST: Requires prior prescription for Timolol Maleate or Timoptic Ocudose within the past 120 days; QL (2 EA per 1 day)
<i>travoprost ophthalmic (eye) drops 0.004</i> (Travatan Z) <i>%</i>	Tier 1	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, Travoprost (benzalkonium), or Travoprost within the past 365 days; QL (2.5 ML per 25 days)

Drug	Status	Notes
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, Travoprost (benzalkonium), or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, Travoprost (benzalkonium), or Travoprost within the past 365 days; QL (1 EA per 1 day)
<b>Mydriatics</b>		
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	Tier 1	
<i>atropine ophthalmic (eye) drops, emulsion 0.01 %</i>	Tier 1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 1	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)	Tier 1	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 %	Tier 1	
PAREMYD OPHTHALMIC (EYE) DROPS 1-0.25 %	Tier 3	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Tier 1	
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydriacyl)	Tier 1	
<b>Ophthalmic Antifibrotic Agents</b>		
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 3	

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Drug	Status	Notes
<b>Eye - Miscellaneous</b>		
<b>Agents For Corneal Collagen Cross-Linking</b>		
PHOTREXA CROSS-LINKING KIT OPTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	Tier 3	
PHOTREXA OPTHALMIC (EYE) DROPS 0.146 %	Tier 3	
PHOTREXA VISCOUS OPTHALMIC (EYE) DROPS, VISCOUS 0.146 %	Tier 3	
<b>Artificial Tears</b>		
KLARITY (CHONDROITIN) (PF) OPTHALMIC (EYE) DROPS 0.25 %	Tier 3	
LACRISERT OPTHALMIC (EYE) INSERT 5 MG	Tier 3	
<b>Eye Mydriatic And Nsaid Combinations</b>		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 %	Tier 1	
<b>Eye Preparations, Miscellaneous (Otc)</b>		
GELFILM OPTHALMIC (EYE) FILM	Tier 3	
<b>Ophthalmic Cystine Depleting Agents</b>		
CYSTARAN OPTHALMIC (EYE) DROPS 0.44 %	Tier 2	PA; SP
<b>Fluid Replacement</b>		
<b>Nucleic Acid/Nucleotide Supplements</b>		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 2	PA; SP
<b>Gout And Related Diseases</b>		
<b>Colchicine</b>		
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	Tier 1	QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	Tier 1	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Tier 3	ST: Requires prior prescription for Colchicine capsules or tablets within the past 120 days; QL (10 ML per 1 day)
<b>Hyperuricemia Tx - Purine Inhibitors</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i> (Zyloprim)	Tier 1	

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Drug	Status	Notes
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	Tier 1	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)
<b>Uricosuric Agents</b>		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	
<b>Uricosuric And Xanthine Oxidase Inhibitor Comb.</b>		
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	Tier 3	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day)
<b>Hematological Disorders</b>		
<b>Agents To Tx Thrombotic Thrombocytopenic Purpura</b>		
CABLIVI INJECTION KIT 11 MG	Tier 3	PA; SP
CABLIVI INJECTION RECON SOLN 11 MG	Tier 3	PA; SP
<b>Anticoagulants, Coumarin Type</b>		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	Tier 1	
<b>Antifibrinolytic Agents</b>		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar)	Tier 1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> (Amicar)	Tier 1	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	Tier 1	
<b>Antihemophilic Factors</b>		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP

Drug	Status	Notes
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Tier 3	SP
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 3	SP
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	Tier 3	SP
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	Tier 3	SP
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	Tier 3	SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 3	SP
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Tier 3	SP
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Tier 3	SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	Tier 3	SP
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	Tier 3	SP

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Drug	Status	Notes
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	Tier 3	SP
NUWIQ INTRAVENOUS RECON SOLN 1000 (+/-) UNIT, 2,000 (+/-) UNIT, 2,500 UNIT, 250 (+/-) UNIT, 3,000 UNIT, 4,000 UNIT, 500 (+/-) UNIT	Tier 3	SP
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 3	SP
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 3	SP
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP

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Drug	Status	Notes
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
<b>Blood Factors,Miscellaneous</b>		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 3	SP
<b>Citrates As Anticoagulants</b>		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML	Tier 3	
ACD-A SOLUTION 2.45-2.2 GRAM- 730 MG/100 ML	Tier 3	
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mgl/100ml</i>	Tier 1	
<i>sodium citrate in 0.9 % nacl solution 0.5 %</i>	Tier 1	
<i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (4 ml), 4 % (5 ml)</i>	Tier 1	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 1	
<b>Direct Factor Xa Inhibitors</b>		
BEVYXXA ORAL CAPSULE 40 MG, 80 MG	Tier 3	QL (43 EA per 42 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 2	QL (74 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 2	QL (2 EA per 1 day)
<b>Factor Ix Complex (Pcc) Preparations</b>		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP

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Drug	Status	Notes
<b>Factor Ix Preparations</b>		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 3	SP
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	SP
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	SP
MONONINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	Tier 3	SP
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	SP
<b>Factor X Preparations</b>		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 3	SP
<b>Factor XIII Preparations</b>		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 3	SP
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 3	SP

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Drug	Status	Notes
<b>Hematinics, Other</b>		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 3	PA; SP
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 3	PA; SP
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 3	PA; SP
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Tier 3	PA; SP
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 2	PA; SP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 3	PA; SP
<b>Hemophilia Treatment Agents, Non-Factor Replacement</b>		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	Tier 3	PA; SP
<b>Hemorrhologic Agents</b>		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
<b>Heparin And Related Preparations</b>		
<i>enoxaparin subcutaneous solution 300</i> (Lovenox) <i>mg/3 ml</i>	Tier 1	SP; QL (30 ML per 30 days)

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Drug	Status	Notes
<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 1	SP
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	Tier 1	SP; QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	Tier 1	SP; QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	Tier 1	SP; QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	Tier 1	SP; QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 2	SP; QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 2	SP; QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 2	SP; QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 2	SP; QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 2	SP; 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 2	SP; QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 2	SP; QL (18 ML per 30 days)
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	Tier 1	
<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 1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 1	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 1	

Drug	Status	Notes
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 1	
<i>heparin flush(porcine)-0.9nacl intravenous kit 100 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 1	
HEPARIN LOCK FLUSH INTRAVENOUS SYRINGE 10 UNIT/ML	Tier 1	
HEPARIN LOCK INTRAVENOUS SOLUTION 100 UNIT/ML	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	Tier 1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i> (Heparin LockFlush(Porcine)(PF))	Tier 1	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 1	
<b>Leukocyte (Wbc) Stimulants</b>		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 2	PA; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 2	PA; SP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 2	PA; SP
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 2	PA; SP

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Drug	Status	Notes
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 2	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 3	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 3	PA; SP
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 3	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 3	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 3	PA; SP
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 3	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 3	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 3	PA; SP
<b>Platelet Aggregation Inhibitors</b>		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	\$0	
ASPIRIN LOW DOSE ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0	
<i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)	\$0	
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i> (Adult Aspirin Regimen)	\$0	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> (Aggrenox)	Tier 1	
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 2	QL (2 EA per 1 day)

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Drug	Status	Notes
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	\$0	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>clopidogrel oral tablet 300 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	Tier 1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
LO-DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	Tier 1	QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG	\$0	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0	
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3	QL (1 EA per 1 day)
<b>Platelet Reducing Agents</b>		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	Tier 1	
<i>anagrelide oral capsule 1 mg</i>	Tier 1	
<b>Sickle Cell Anemia Agents</b>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	
ENDARI ORAL POWDER IN PACKET 5 GRAM	Tier 3	PA; SP
OXBRYTA ORAL TABLET 500 MG	Tier 3	PA; SP
SIKLOS ORAL TABLET 1,000 MG	Tier 3	ST: Requires prior prescription for Droxia or Hydroxyurea within the past 365 days
SIKLOS ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
<b>Spleen Tyrosine Kinase Inhibitors</b>		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 3	PA; SP
<b>Thrombopoietin Receptor Agonists</b>		
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	Tier 3	PA; SP
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 3	PA; SP

Drug	Status	Notes
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 3	PA; SP
MULPLETA ORAL TABLET 3 MG	Tier 3	PA; SP
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	Tier 2	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 2	PA; SP
<b>Topical Hemostatics</b>		
ASTRINGYN TOPICAL SOLUTION 259 MG/G	Tier 3	
AVITENE FLOUR TOPICAL POWDER	Tier 3	
AVITENE TOPICAL POWDER IN PACKET	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM	Tier 3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Tier 3	
EVARREST TOPICAL ADHESIVE PATCH, MEDICATED 2 X 4 ", 4 X 4 "	Tier 3	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2)	Tier 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Tier 3	
GELFOAM TOPICAL SPONGE 4	Tier 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML	Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT	Tier 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 3	
SYRINGE AVITENE TOPICAL POWDER	Tier 3	

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Drug	Status	Notes
TACHOSIL TOPICAL ADHESIVE PATCH, MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM	Tier 3	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL SPRAY, NON-AEROSOL 20,000 UNIT	Tier 1	
ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM	Tier 3	
VISTASEAL TOPICAL SYRINGE 500 UNIT-80 MG /ML (4 ML)	Tier 3	
<b>Vitamin K Preparations</b>		
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> (Vitamin K1)	Tier 1	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i> (Mephyton)	Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML	Tier 1	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML	Tier 1	
<b>Hormonal Deficiency</b>		
<b>Androgen/Estrogen Preps For Female Sexual Dysfunc</b>		
INTRAROSA VAGINAL INSERT 6.5 MG	Tier 2	QL (1 EA per 1 day)
<b>Androgenic Agents</b>		
ANADROL-50 ORAL TABLET 50 MG	Tier 3	PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	Tier 3	PA
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Tier 3	PA
METHITEST ORAL TABLET 10 MG	Tier 3	PA

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

Drug	Status	Notes
EEMT ORAL TABLET 1.25-2.5 MG	Tier 1	
<i>estrogens-methyltestosterone oral tablet</i> (Covaryx H.S.) 0.625-1.25 mg	Tier 1	
<i>estrogens-methyltestosterone oral tablet</i> (Covaryx) 1.25-2.5 mg	Tier 1	
<b>Estrogenic Agents</b>		
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 2	QL (2 EA per 7 days)
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	Tier 1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	Tier 3	QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	Tier 2	QL (2 EA per 7 days)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	Tier 3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 3	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	Tier 2	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 1	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	Tier 3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	Tier 1	
<i>estradiol transdermal patch semiweekly</i> <i>0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05</i> <i>mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	Tier 1	QL (2 EA per 7 days)

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Drug	Status	Notes
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	Tier 1	QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen)	Tier 1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (Amabelz)	Tier 1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Tier 3	ST: Requires prior prescription for Alora or Estradiol within the past 120 days
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 1	
JINTELI ORAL TABLET 1-5 MG-MCG	Tier 1	
LOPREEZA ORAL TABLET 1-0.5 MG	Tier 1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	Tier 2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	Tier 3	QL (1 EA per 7 days)
MIMVEY ORAL TABLET 1-0.5 MG	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	Tier 1	
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15)	Tier 3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	
<b>Lhrh (Gnrh) Agonist Analog And Progestin Comb</b>		
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG -5 MG (30)	Tier 3	PA; SP
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90)	Tier 3	PA; SP

Drug	Status	Notes
<b>Progestational Agents</b>		
CRINONE VAGINAL GEL 4 %	Tier 3	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	Tier 1	
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	Tier 1	
<b>Immunization</b>		
<b>Antisera</b>		
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	Tier 3	PA; SP
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 3	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 3	PA; SP
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 3	PA; SP
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 3	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 3	PA; SP
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 3	PA; SP

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Drug	Status	Notes
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 3	PA; SP
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 3	PA; SP
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 3	PA; SP
<b>Gram Negative Cocci Vaccines</b>		
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0	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	\$0	QL (1 EA per 365 days); Age (Min 11 Years and Max 23 Years)
<b>Gram Positive Cocci Vaccines</b>		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	Tier 3	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days); Age (Min 2 Years)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	Tier 3	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days); Age (Min 2 Years)
<b>Influenza Virus Vaccines</b>		
AFLURIA QD 2020-21(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
AFLURIA QD 2020-21(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	\$0	QL (0.25 ML per 180 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
AFLURIA QUAD 2020-2021(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLUAD 2020-2021 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUAD QUAD 2020-21(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUARIX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLUBLOK QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days); Age (Min 18 Years)
FLUCELVAX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLUCELVAX QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLULAVAL QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLUMIST QUAD 2020-2021 NASAL NASAL SPRAY SYRINGE 10EXP6.5- 7.5 FF UNIT/0.2 ML	\$0	QL (1 EA per 180 days)
FLUZONE HIGHDOSE QUAD 20-21 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	\$0	QL (0.7 ML per 180 days); Age (Min 65 Years)
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLUZONE QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)

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Drug	Status	Notes
<b>Vaccine/Toxoid Preparations, Combinations</b>		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0	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	\$0	QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0	QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0	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	\$0	QL (2 EA per 365 days); Age (Min 18 Years)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	\$0	QL (0.5 ML per 365 days); Age (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0	QL (0.5 ML per 365 days); Age (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0	QL (0.5 ML per 365 days); Age (Min 18 Years)
<b>Viral/Tumorigenic Vaccines</b>		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	\$0	QL (3 ML per 365 days); Age (Min 18 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0	QL (3 ML per 365 days); Age (Min 18 Years)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	\$0	QL (2 ML per 365 days); Age (Min 18 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	\$0	QL (2 ML per 365 days); Age (Min 18 Years)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	\$0	QL (1 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	\$0	QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	\$0	QL (3 ML per 365 days); Age (Min 18 Years)

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Drug	Status	Notes
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0	QL (2 EA per 365 days); Age (Min 50 Years)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	\$0	QL (2 EA per 365 days); Age (Min 50 Years)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0	QL (4 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	\$0	QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	\$0	QL (2 ML per 365 days); Age (Min 18 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0	QL (2 EA per 365 days); Age (Min 18 Years)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	\$0	QL (1 EA per 365 days); Age (Min 60 Years)
<b>Immunosuppression/Modulation</b>		
<b>Immunomodulators</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 3	PA; SP
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 3	SP
<i>imiquimod topical cream in packet 5 % (Aldara)</i>	Tier 1	QL (24 EA per 30 days)
<i>imiquimod-levocetirizin-niacin topical gel 5-1-2 %</i>	Tier 1	
<i>imiquimod-tretinoin-levocetir topical gel 5-0.05-1 %</i>	Tier 1	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	Tier 2	PA; SP
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	Tier 2	PA; SP
<b>Immunosuppressives</b>		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Tier 2	SP
AZASAN ORAL TABLET 100 MG, 75 MG	Tier 2	SP

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Drug	Status	Notes
azathioprine oral tablet 50 mg (Imuran)	Tier 1	SP
cyclosporine modified oral capsule 100 mg, 25 mg (Gengraf)	Tier 1	SP
cyclosporine modified oral capsule 50 mg	Tier 1	SP
cyclosporine modified oral solution 100 mg/ml (Gengraf)	Tier 1	SP
cyclosporine oral capsule 100 mg, 25 mg (Sandimmune)	Tier 1	SP
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 2	SP
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg (Zortress)	Tier 1	SP
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 1	SP
GENGRAF ORAL SOLUTION 100 MG/ML	Tier 1	SP
mycophenolate mofetil oral capsule 250 mg (CellCept)	Tier 1	SP
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml (CellCept)	Tier 1	SP
mycophenolate mofetil oral tablet 500 mg (CellCept)	Tier 1	SP
mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg (Myfortic)	Tier 1	SP
NEORAL ORAL CAPSULE 100 MG, 25 MG	Tier 2	SP
NEORAL ORAL SOLUTION 100 MG/ML	Tier 2	SP
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	Tier 2	SP
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Tier 2	SP
RAPAMUNE ORAL SOLUTION 1 MG/ML	Tier 2	SP
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 2	SP
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Tier 2	SP

Drug	Status	Notes
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Tier 2	SP
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	Tier 1	SP
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	Tier 1	SP
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	Tier 1	SP
ZORTRESS ORAL TABLET 1 MG	Tier 2	SP
<b>Infectious Disease - Bacterial</b>		
<b>Absorbable Sulfonamides</b>		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	Tier 1	
<b>Betalactams</b>		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 2	PA; SP
<b>Cephalosporins - 1St Generation</b>		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gram</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i> (Keflex)	Tier 1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Cephalosporins - 2Nd Generation</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	

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Drug	Status	Notes
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Cephalosporins - 3Rd Generation</b>		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefditoren pivoxil oral tablet 200 mg</i>	Tier 1	
<i>cefditoren pivoxil oral tablet 400 mg</i> (Spectracef)	Tier 1	
<i>cefixime oral capsule 400 mg</i> (Suprax)	Tier 1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Suprax)	Tier 1	
<i>cefepodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 1	
<i>cefepodoxime oral tablet 100 mg, 200 mg</i>	Tier 1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	Tier 2	
<b>Chemotherapeutics, Antibacterial, Misc.</b>		
HYOPHEN ORAL TABLET 81.6-0.12-10.8 MG	Tier 1	
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	Tier 1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	Tier 1	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i> (Urogesic-Blue)	Tier 1	
MONUROL ORAL PACKET 3 GRAM	Tier 3	
PHOSPHASAL ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 2	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
URIMAR-T ORAL TABLET 120-0.12-10.8 MG	Tier 1	

Drug	Status	Notes
URIN DS ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
URO-458 ORAL TABLET 81-10.8-40.8 MG	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG	Tier 1	
USTELL ORAL CAPSULE 120-0.12 MG	Tier 1	
VILAMIT MB ORAL CAPSULE 118-10-40.8-36 MG	Tier 1	
<b>Macrolides</b>		
<i>azithromycin oral packet 1 gram</i> (Zithromax)	Tier 1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	Tier 1	
<i>azithromycin oral tablet 600 mg</i>	Tier 1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 1	
DIFICID ORAL TABLET 200 MG	Tier 2	ST: Requires prior prescription for Vancomycin HCL within the past 120 days; QL (20 EA per 30 days)
E.E.S. 400 ORAL TABLET 400 MG	Tier 1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG	Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	Tier 1	

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

Drug	Status	Notes
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	Tier 3	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Pleuromutilin Derivatives</b>		
XENLETA ORAL TABLET 600 MG	Tier 3	PA
<b>Quinolones</b>		
BAXDELA ORAL TABLET 450 MG	Tier 3	PA
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	Tier 2	
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 1,000 MG, 500 MG	Tier 3	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	Tier 1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	Tier 1	
FACTIVE ORAL TABLET 320 MG	Tier 3	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
<b>Tetracyclines</b>		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 150 mg</i> (Acticlate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	Tier 1	ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day)
<i>doxycycline hyclate oral tablet 75 mg</i> (Acticlate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	Tier 1	QL (2 EA per 1 day)



Drug	Status	Notes
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
MONDOXYNE NL ORAL CAPSULE 100 MG	Tier 1	QL (2 EA per 1 day)
MONDOXYNE NL ORAL CAPSULE 75 MG	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG	Tier 3	PA
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML	Tier 2	
<b>Infectious Disease - Fungal</b>		
<b>Antifungal Agents</b>		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
CRESEMBA ORAL CAPSULE 186 MG	Tier 3	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	Tier 1	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	Tier 1	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	Tier 1	

Drug	Status	Notes
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	Tier 1	
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	Tier 3	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 3	
<i>posaconazole oral tablet, delayed release (Noxafil) (drlec) 100 mg</i>	Tier 1	
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	Tier 3	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	Tier 1	
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	Tier 1	
<b>Antifungal Antibiotics</b>		
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
<b>Infectious Disease - Miscellaneous</b>		
<b>Aminoglycosides</b>		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 3	PA; SP
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	Tier 3	PA; SP
<i>neomycin oral tablet 500 mg</i>	Tier 1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 2	PA; SP
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	Tier 1	PA; SP
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak)	Tier 1	PA; SP
<b>Antibacterial Agents, Miscellaneous</b>		
<i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)	Tier 1	

Drug	Status	Notes
<b>Antileprotics</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
<b>Anti-Mycobacterium Agents</b>		
<i>ethambutol oral tablet 100 mg</i>	Tier 1	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	Tier 1	
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Tier 3	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	Tier 1	
TRECTOR ORAL TABLET 250 MG	Tier 3	
<b>Antitubercular Antibiotics</b>		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
<i>pretomanid oral tablet 200 mg</i>	Tier 3	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG	Tier 3	
RIFAMATE ORAL CAPSULE 300-150 MG	Tier 2	
<i>rifampin oral capsule 150 mg, 300 mg</i> (Rifadin)	Tier 1	
RIFATER ORAL TABLET 50-120-300 MG	Tier 3	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 3	PA; SP
<b>Lincosamides</b>		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	Tier 1	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Clindamycin Pediatric)	Tier 1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	Tier 1	

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

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

Drug	Status	Notes
<b>Infectious Disease - Viral</b>		
<b>Antiretroviral-Integrase Inhibitor And Nnrti Comb.</b>		
JULUCA ORAL TABLET 50-25 MG	Tier 2	SP; QL (1 EA per 1 day)
<b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>		
DOVATO ORAL TABLET 50-300 MG	Tier 2	SP; QL (1 EA per 1 day)
<b>Antiretroviral-Nucleoside,Nucleotide,Protease Inh.</b>		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 2	SP; QL (1 EA per 1 day)
<b>Antivirals, General</b>		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	Tier 1	QL (40 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	Tier 1	QL (20 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	Tier 1	QL (360 ML per 180 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 3	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 3	QL (40 EA per 180 days)
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	Tier 1	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	Tier 1	
SITAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 3	QL (4 EA per 365 days)
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG	Tier 3	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	Tier 1	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	Tier 1	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	Tier 1	
XOFLUZA ORAL TABLET 20 MG, 40 MG	Tier 2	QL (4 EA per 180 days)

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

Drug	Status	Notes
SELZENTRY ORAL TABLET 25 MG, 300 MG	Tier 2	SP; QL (4 EA per 1 day)
<b>Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor</b>		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 2	PA; SP
<b>Antivirals, Hiv-Specific, Fusion Inhibitors</b>		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 2	SP; QL (2 EA per 1 day)
<b>Antivirals, Hiv-Specific, Non-Nucleoside, Rti</b>		
EDURANT ORAL TABLET 25 MG	Tier 2	SP; QL (1 EA per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i> (Sustiva)	Tier 1	SP
<i>efavirenz oral tablet 600 mg</i> (Sustiva)	Tier 1	SP
INTELENCE ORAL TABLET 100 MG, 25 MG	Tier 2	SP; QL (4 EA per 1 day)
INTELENCE ORAL TABLET 200 MG	Tier 2	SP; QL (2 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	Tier 1	SP; QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i> (Viramune)	Tier 1	SP; QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 1	SP; QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i> (Viramune XR)	Tier 1	SP; QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG	Tier 2	SP; QL (2 EA per 1 day)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	Tier 2	SP
<b>Antivirals, Hiv-Specific, Nucleoside Analog, Rti</b>		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	Tier 1	SP; QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i> (Ziagen)	Tier 1	SP; QL (2 EA per 1 day)
<i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i>	Tier 1	SP; QL (1 EA per 1 day)



Drug	Status	Notes
EMTRIVA ORAL CAPSULE 200 MG	Tier 2	SP; \$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 2	SP; QL (850 ML per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (EpiVir)	Tier 1	SP; QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i> (EpiVir)	Tier 1	SP; QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i> (EpiVir)	Tier 1	SP; QL (1 EA per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	Tier 1	SP; QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	Tier 1	SP; QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<b>Antivirals, Hiv-Specific, Nucleotide Analog, Rti</b>		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	Tier 1	SP; \$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 2	SP; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2	SP; QL (1 EA per 1 day)
<b>Antivirals, Hiv-Specific, Protease Inhibitor Comb</b>		
KALETRA ORAL TABLET 100-25 MG	Tier 2	SP; QL (2 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG	Tier 2	SP; QL (4 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	Tier 1	SP; QL (480 ML per 30 days)
<b>Antivirals, Hiv-Specific, Protease Inhibitors</b>		
<i>atazanavir oral capsule 150 mg, 200 mg</i> (Reyataz)	Tier 1	SP; QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	Tier 1	SP; QL (1 EA per 1 day)

Drug	Status	Notes
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Tier 2	SP
EVOTAZ ORAL TABLET 300-150 MG	Tier 2	SP; QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	Tier 1	SP; QL (4 EA per 1 day)
INVIRASE ORAL TABLET 500 MG	Tier 2	SP; QL (4 EA per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 2	SP; QL (1800 ML per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 2	SP; QL (12 EA per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML	Tier 2	SP; QL (480 ML per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 2	SP; QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i> (Norvir)	Tier 1	SP; QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 2	SP
<b>Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr</b>		
ISENTRESS HD ORAL TABLET 600 MG	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Tier 2	SP; QL (6 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 2	SP; QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 2	SP; QL (6 EA per 1 day)
<b>Artv Cmb Nucleoside,Nucleotide,&amp;Non-Nucleoside Rti</b>		
ATRIPLA ORAL TABLET 600-200-300 MG	Tier 2	SP; QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG	Tier 2	SP; QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 2	SP; QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	SP; QL (1 EA per 1 day)

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

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Drug	Status	Notes
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	Tier 2	QL (720 ML per 30 days)
<i>lamivudine oral tablet 100 mg</i> (EpiVir HBV)	Tier 1	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	Tier 3	SP; ST: Requires prior prescription for Tenofovir Disoproxil Fumarate within the past 120 days; QL (1 EA per 1 day)
<b>Hepatitis C Treatment Agents</b>		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 2	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 2	PA; SP
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	Tier 3	PA; SP
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
<b>Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb</b>		
MAVYRET ORAL TABLET 100-40 MG	Tier 2	PA; SP
<b>Inflammatory Disease</b>		
<b>Anti-Arthritic And Chelating Agents</b>		
CUPRIMINE ORAL CAPSULE 250 MG	Tier 3	PA; SP
D-PENAMINE ORAL TABLET 125 MG	Tier 1	PA; SP
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	Tier 1	PA; SP
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	Tier 1	PA; SP
<b>Anti-Arthritic, Folate Antagonist Agents</b>		
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Tier 2	QL (1.6 ML per 28 days)
<b>Anti-Flam. Interleukin-1 Receptor Antagonist</b>		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 3	SP
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 3	PA; SP

Drug	Status	Notes
<b>Anti-Inflammatory Tumor Necrosis Factor Inhibitor</b>		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 3	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 3	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 3	PA; SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 2	PA; SP
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 2	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 2	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 2	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 2	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 2	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	Tier 2	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	Tier 2	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 2	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 2	PA; SP

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Drug	Status	Notes
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 2	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 2	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 3	PA; SP
<b>Anti-Inflammatory, Pyrimidine Synthesis Inhibitor</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	Tier 1	
<b>Anti-Inflammatory, Phosphodiesterase- 4(Pde4) Inhib.</b>		
OTEZLA ORAL TABLET 30 MG	Tier 2	PA; SP
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 2	PA; SP
<b>Antinflammatory, Sel. Costim. Mod., T- Cell Inhibitor</b>		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 3	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	Tier 3	PA; SP
<b>Bradykinin B2 Receptor Antagonists</b>		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	Tier 1	PA; SP
<b>C1 Esterase Inhibitors</b>		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 3	PA; SP
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	Tier 3	PA; SP
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 3	PA; SP
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 3	PA; SP

Drug	Status	Notes
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Tier 3	PA; SP
<b>Glucocorticoids</b>		
A-HYDROCORT INJECTION RECON SOLN 100 MG	Tier 1	
BETALOAN SUIK KIT 6 MG/ML	Tier 3	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i> (Entocort EC)	Tier 1	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i> (Uceris)	Tier 1	ST: Requires prior prescription for Balsalazide Disodium within the past 120 days
<i>cortisone oral tablet 25 mg</i>	Tier 1	
DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG	Tier 1	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 3	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i> (Decadron)	Tier 1	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>	Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Tier 3	PA; SP
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Tier 3	PA; SP
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	Tier 1	
MEDROL ORAL TABLET 2 MG	Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML	Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML	Tier 3	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)	Tier 1	
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	Tier 1	

Drug	Status	Notes
MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS), 5 MG (48 TABS)	Tier 2	
MILLIPRED ORAL TABLET 5 MG	Tier 2	
P-CARE D40G KIT 40 MG/ML	Tier 3	
P-CARE D80G KIT 40 MG/ML	Tier 3	
P-CARE K40G KIT 40 MG/ML	Tier 3	
P-CARE K80G KIT 40 MG/ML	Tier 3	
POD-CARE 100CG KIT 6 MG/ML	Tier 3	
POD-CARE 100KG KIT 40 MG/ML	Tier 3	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	Tier 1	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	Tier 1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Tier 1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	Tier 3	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Tier 3	
TRILOAN II SUIK KIT 40 MG/ML	Tier 3	
TRILOAN SUIK KIT 40 MG/ML	Tier 3	
<b>Gold Salts</b>		
RIDAURA ORAL CAPSULE 3 MG	Tier 3	



Drug	Status	Notes
<b>Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib</b>		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 3	PA; SP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 3	PA; SP
<b>Interleukin-6 (Il-6) Receptor Inhibitors</b>		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 3	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 3	PA; SP
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 3	PA; SP
<b>Janus Kinase (Jak) Inhibitors</b>		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	Tier 2	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 2	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 2	PA; SP
<b>Mineralocorticoids</b>		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	
<b>Monoclonal Antibody-Human Interleukin 12/23 Inhib</b>		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 2	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 2	PA; SP
<b>Nsaid &amp; Topical Irritant Counter-Irritant Comb.</b>		
COMFORT PAC-IBUPROFEN KIT 800 MG	Tier 3	
COMFORT PAC-MELOXICAM KIT 15 MG	Tier 3	
COMFORT PAC-NAPROXEN KIT 500 MG	Tier 3	

Drug	Status	Notes
<b>Nsaids (Cox Non-Specific Inhib)&amp; Prostaglandin Cmb</b>		
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50)	Tier 1	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75)	Tier 1	
<b>Nsaids, Cyclooxygenase 2 Inhibitor - Type</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	Tier 1	
<b>Nsaids, Cyclooxygenase Inhibitor-Type</b>		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> (Voltaren-XR)	Tier 1	
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	Tier 1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg</i> (Lodine)	Tier 1	
<i>etodolac oral tablet 500 mg</i>	Tier 1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Tier 1	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	Tier 1	
INDOCIN ORAL SUSPENSION 25 MG/5 ML	Tier 2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	

Drug	Status	Notes
<i>ketoprofen oral capsule,ext rel. pellets</i> 24 hr 200 mg	Tier 1	
<i>ketorolac injection cartridge 15 mg/ml,</i> 30 mg/ml	Tier 1	
<i>ketorolac injection solution 15 mg/ml, 30</i> <i>mg/ml, 30 mg/ml (1 ml)</i>	Tier 1	
<i>ketorolac injection syringe 15 mg/ml, 30</i> <i>mg/ml</i>	Tier 1	
<i>ketorolac intramuscular cartridge 60</i> <i>mg/2 ml</i>	Tier 1	
<i>ketorolac intramuscular solution 60 mg/2</i> <i>ml</i>	Tier 1	
<i>ketorolac intramuscular syringe 60 mg/2</i> <i>ml</i>	Tier 1	
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)
<i>meclofenamate oral capsule 100 mg, 50</i> <i>mg</i>	Tier 1	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)	Tier 1	
<i>nabumetone oral tablet 500 mg, 750 mg</i> (Relafen)	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	Tier 1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	Tier 1	
<i>naproxen oral tablet, delayed release</i> (EC-Naproxen) <i>(dr/ec) 375 mg, 500 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	Tier 1	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	Tier 1	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	Tier 1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
<i>tolmetin oral capsule 400 mg</i>	Tier 1	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML	Tier 3	
TORONOVA SUIK KIT 30 MG/ML	Tier 3	
<b>Plasma Kallikrein Inhibitors</b>		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 3	PA; SP

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Drug	Status	Notes
<b>Local Anesthesia</b>		
<b>Local Anesthetics</b>		
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %	Tier 1	
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML	Tier 3	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	Tier 1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	Tier 1	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)	Tier 3	
P-CARE MG (PF) KIT 0.5 % (5 MG/ML)	Tier 3	
<b>Periodontal Anesthetics</b>		
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %	Tier 3	
<b>Lower Gastrointestinal Disorders - Bowel Inflammation</b>		
<b>Bowel Antiinflammatory Agents</b>		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
<b>Chronic Inflammation of the Colon, 5-Aminosalicylates, Rectal Treatment</b>		
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	Tier 1	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	Tier 1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i> (Rowasa)	Tier 1	
<b>Drug Treatment of Chronic Inflammation of the Colon, 5-Aminosalicylates</b>		
<i>balsalazide oral capsule 750 mg</i> (Colazal)	Tier 1	
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	Tier 1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	Tier 1	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i> (Asacol HD)	Tier 1	

Drug	Status	Notes
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	Tier 2	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	Tier 1	
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i> (Azulfidine EN-tabs)	Tier 1	
<b>Hemorrhoidal Prep, Anti-Inflam Steroid/Local Anesth</b>		
ANA-LEX KIT RECTAL KIT 2-2 %	Tier 1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i> (Analpram-HC)	Tier 1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)</i> (Analpram-HC Singles)	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 %	Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 %	Tier 2	
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 %	Tier 3	
<b>Ibs Agents, Mixed Opioid Recep Agonists/Antagonists</b>		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 3	PA
<b>Irritable Bowel Agents, Guanylate Cylase-C Agonist</b>		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
<b>Local Anorectal Nitrate Preparations</b>		
RECTIV RECTAL OINTMENT 0.4 % (W/W)	Tier 3	
<b>Rectal Preparations</b>		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)	Tier 1	
<i>hydrocortisone acetate rectal suppository 30 mg</i> (Proctocort)	Tier 1	
<b>Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)</b>		
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Tier 3	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	Tier 1	
UCERIS RECTAL FOAM 2 MG/ACTUATION	Tier 3	ST: Requires prior prescription for Mesalamine W/cleansing Wipes or Mesalamine within the past 120 days
<b>Lower Gastrointestinal Disorders - Other</b>		
<b>Ammonia Inhibitors</b>		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	Tier 3	SP
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 1	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	Tier 1	
LITHOSTAT ORAL TABLET 250 MG	Tier 3	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Tier 3	PA; SP
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)	Tier 1	PA; SP
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	Tier 1	PA; SP

Drug	Status	Notes
<b>Antidiarrheal - G.I. Chloride Channel Inhibitors</b>		
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	Tier 3	ST: Requires prior prescription for Antiretrovirals within the past 120 days; QL (2 EA per 1 day)
<b>Antidiarrheal - Tryptophan Hydroxylase Inhibitor</b>		
XERMELO ORAL TABLET 250 MG	Tier 2	PA; SP
<b>Antidiarrheals</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	Tier 1	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	Tier 1	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
<b>Bile Salts</b>		
CHENODAL ORAL TABLET 250 MG	Tier 3	PA; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 3	PA; SP
<i>ursodiol oral capsule 300 mg</i> (Actigall)	Tier 1	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	Tier 1	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	Tier 1	
<b>Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog</b>		
OALIVA ORAL TABLET 10 MG, 5 MG	Tier 2	PA; SP
<b>Irritable Bowel Synd. Agent, 5HT-3 Antagonist-Type</b>		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	Tier 1	
<b>Laxatives And Cathartics</b>		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	Tier 3	ST: Requires prior prescription for Linzess or Movantik within the past 120 days; QL (2 EA per 1 day)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	Tier 2	\$0 COPAY IF AGE 50-75 YEARS

Drug	Status	Notes
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 1	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
GAVILYTE-N ORAL RECON SOLN 420 GRAM	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM	Tier 2	\$0 COPAY IF AGE 50-75 YEARS
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	Tier 1	
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	Tier 1	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	Tier 3	\$0 COPAY IF AGE 50-75 YEARS
OSMOPREP ORAL TABLET 1.5 GRAM	Tier 3	\$0 COPAY IF AGE 50-75 YEARS
<i>peg 3350-electrolytes oral recon soln</i> (GaviLyte-G) 236-22.74-6.74 -5.86 gram	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
PEG-PREP ORAL KIT 5-210 MG-GRAM	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	Tier 3	\$0 COPAY IF AGE 50-75 YEARS
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM	Tier 2	\$0 COPAY IF AGE 50-75 YEARS
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	Tier 2	\$0 COPAY IF AGE 50-75 YEARS
TRILYTE WITH FLAVOR PACKETS ORAL RECON SOLN 420 GRAM	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
<b>Narcotic Antagonists, Peripherally-Acting</b>		
ENTEREG ORAL CAPSULE 12 MG	Tier 3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Tier 3	PA; QL (3 EA per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 3	PA; QL (0.6 ML per 1 day)

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Drug	Status	Notes
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	Tier 3	PA; QL (0.6 ML per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	Tier 3	PA; QL (0.4 ML per 1 day)
<b>Sbs - Glucagon-Like Peptide-2 (Glp-2)</b>		
<b>Analogs</b>		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 2	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 2	PA; SP
<b>Medical Supplies</b>		
<b>Bandages And Related Supplies</b>		
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "	Tier 3	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 "	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET	Tier 3	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 "	Tier 3	
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD	Tier 3	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD	Tier 3	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75"	Tier 3	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 "	Tier 3	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 "	Tier 3	

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Drug	Status	Notes
RESTORE CONTACT LAYER SILVER TOPICAL BANDAGE 4 X 5 ", 6 X 8 "	Tier 3	
RESTORE FOAM DRESSING SILVER TOPICAL BANDAGE 4 X 4 ", 6 X 8 "	Tier 3	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 "	Tier 3	
<b>Catheters And Related Devices</b>		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 14- 16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-"	Tier 3	
APOGEE HC INTERMIT CATHETER 12-16 FR-", 14-16 FR-", 16-16 FR-"	Tier 3	
APOGEE IC INTERMIT CATHETER 14- 6 FR-"	Tier 3	
CURITY DRAINAGE BAG 2,000 ML	Tier 3	
DOVER FOLEY CATHETER 24 FR	Tier 3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR	Tier 3	
DOVER RED RUBBER ROBINSON CATH 8 FR	Tier 3	
DOVER UNIVERSAL TRAY	Tier 3	
FEMALE CATHETER 14 FR	Tier 3	
KENGUARD FOLEY CATHETER 18-16 FR-"	Tier 3	
KENGUARD FOLEY CATHETER TRAY	Tier 3	
LOFRIC 12-16 FR-", 14-16 FR-"	Tier 3	
MAGIC3 INTERMITTENT CATHETER 12-16 FR-"	Tier 3	
MONO-FLO DRAINAGE BAG 2,000 ML	Tier 3	
ROBINSON CLEAR VINYL CATHETER 16 FR	Tier 3	
SELF-CATHETER, FEMALE 14 FR	Tier 3	
SILASTIC FOLEY CATHETER 20 FR	Tier 3	
SPEEDICATH (FEMALE) 16 FR	Tier 3	
TOUCH-TROL 10 FR	Tier 3	
<b>Durable Medical Equipment,Misc</b>		
ALL FLOW 1000 KIT	Tier 3	
ALL FLOW 1000 PFT FILTER	Tier 3	

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Drug	Status	Notes
ALL FLOW 3000 KIT	Tier 3	
ALL FLOW 3000 PFT FILTER	Tier 3	
ALL FLOW 4000 KIT	Tier 3	
ALL FLOW 4000 PFT FILTER	Tier 3	
ALL FLOW 5000 KIT	Tier 3	
ALL FLOW 5000 PFT FILTER	Tier 3	
ALL FLOW 6000 PFT FILTER	Tier 3	
AMIELLE VAGINAL TRAINER KIT	Tier 3	
ERAPID NEBULIZER HANDSET	Tier 3	
FILTER PAD	Tier 3	
HYPERSONIQ NEBULIZER CARTRIDGE	Tier 3	
INNOSPIRE REPLACEMENT FILTER	Tier 3	
INSPIRATION ELITE FILTER	Tier 3	
MOUTHPIECE REUSABLE MW	Tier 3	
NOSE CLIP	Tier 3	
PARI BABY CONV KIT - SIZE 1 KIT	Tier 3	
PARI BABY CONV KIT - SIZE 2 KIT	Tier 3	
PARI BABY CONV KIT - SIZE 3 KIT	Tier 3	
PARI BABY CONVERSION PACK 1	Tier 3	
PARI BABY CONVERSION PACK 2	Tier 3	
PARI LC FILTER WITH VALVE SET	Tier 3	
PARI LC MASK SET	Tier 3	
PARI TREK S PORTABLE PWR KIT	Tier 3	
PILLOW MASK CHILD	Tier 3	
PRONEB ULTRA FILTER ASSEMBLY	Tier 3	
PRONEB ULTRA II FILTER ASSEM	Tier 3	
REUSABLE NEBULIZER KIT KIT	Tier 3	
RUBBER MOUTHPIECE	Tier 3	
SAMI THE SEAL MASK	Tier 3	
SIDESTREAM MASK	Tier 3	
SILICONE MASK	Tier 3	
SMARTMASK KIDS	Tier 3	
<b>Durable Medical Equipment,Misc(Group 1)</b>		
1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE	Tier 2	

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Drug	Status	Notes
ACCU-CHEK FASTCLIX LANCET DRUM	Tier 2	
ACCU-CHEK MULTICLIX LANCET	Tier 2	
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 2	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS	Tier 2	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE	Tier 2	
ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
ADVOCATE LANCET 26 GAUGE, 30 GAUGE	Tier 2	
ALTERNATE SITE LANCET 26 GAUGE	Tier 2	
ASSURE HAEMOLANCE PLUS 1.2 MM, 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 2	
ASSURE LANCE 25 GAUGE, 28 GAUGE	Tier 2	
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE	Tier 2	
BD MICROTAINER LANCET 1.5 X 2 MM, 21 GAUGE, 30 GAUGE	Tier 2	
BD ULTRA FINE LANCETS 33 GAUGE	Tier 2	
BD ULTRA-FINE II LANCETS 30 GAUGE	Tier 2	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 2	
CAREONE THIN LANCET	Tier 2	
CAREONE ULTRA THIN LANCET	Tier 2	
CARESENS LANCETS 30 GAUGE	Tier 2	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE	Tier 2	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
CLEVER CHEK LANCETS 30 GAUGE	Tier 2	
COAGUCHEK LANCETS	Tier 2	
COLOR LANCETS 21 GAUGE	Tier 2	

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

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

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ONETOUCH ULTRASOFT LANCETS	Tier 2	
ON-THE-GO LANCETS 30 GAUGE	Tier 2	
PIP LANCET 28 GAUGE, 30 GAUGE	Tier 2	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	Tier 2	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE	Tier 2	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	Tier 2	
PRODIGY TWIST TOP LANCET 28 GAUGE	Tier 2	
PURE COMFORT LANCETS 30 GAUGE	Tier 2	
PURE COMFORT SAFETY LANCETS 30 GAUGE	Tier 2	
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE	Tier 2	
READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
RELIAMED TWIST AND CAP LANCET 28 GAUGE	Tier 2	
RELION THIN LANCETS 26 GAUGE	Tier 2	
RELION ULTRA THIN PLUS LANCETS	Tier 2	
RIGHTEST GL300 LANCETS 30 GAUGE	Tier 2	
SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE	Tier 2	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
SAFETY-LET LANCETS 30 GAUGE	Tier 2	
SINGLE-LET	Tier 2	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE	Tier 2	
SMARTEST LANCET	Tier 2	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
SOFT TOUCH LANCETS	Tier 2	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
STERILANCE TL 30 GAUGE, 32 GAUGE	Tier 2	
SUPER THIN LANCETS , 28 GAUGE, 30 GAUGE	Tier 2	
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
SURE-LANCE , 26 GAUGE, 28 GAUGE	Tier 2	
SURE-LANCE ULTRA THIN 30 GAUGE	Tier 2	
SURE-TOUCH LANCET	Tier 2	
TECHLITE LANCETS 25 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
TELCARE LANCETS 30 GAUGE	Tier 2	
THIN LANCETS 26 GAUGE	Tier 2	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE	Tier 2	
TRUE COMFORT LANCET 30 GAUGE	Tier 2	
TRUEPLUS LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
TWIST LANCETS 30 GAUGE, 32 GAUGE	Tier 2	
ULTILET BASIC LANCETS 30 GAUGE	Tier 2	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
ULTILET SAFETY LANCETS 23 GAUGE	Tier 2	
ULTRA FINE LANCETS 30 GAUGE	Tier 2	
ULTRA THIN II LANCETS 30 GAUGE	Tier 2	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE	Tier 2	
ULTRA THIN PLUS LANCETS 33 GAUGE	Tier 2	
ULTRA TLC LANCETS	Tier 2	
ULTRA-CARE LANCETS 30 GAUGE	Tier 2	

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Drug	Status	Notes
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	Tier 2	
ULTRA-THIN II LANCETS 28 GAUGE	Tier 2	
UNILET COMFORTOUCH LANCET , 26 GAUGE	Tier 2	
UNILET EXCELITE II LANCET	Tier 2	
UNILET EXCELITE LANCET	Tier 2	
UNILET GP LANCET	Tier 2	
UNILET LANCET 28 GAUGE, 33 GAUGE	Tier 2	
UNILET LANCETS 30 GAUGE	Tier 2	
UNILET SUPER THIN LANCETS 30 GAUGE	Tier 2	
UNISTIK 3 COMFORT LANCET	Tier 2	
UNISTIK 3 EXTRA LANCET 21 GAUGE	Tier 2	
UNISTIK 3 GENTLE 30 GAUGE	Tier 2	
UNISTIK 3 LANCETS 21 GAUGE	Tier 2	
UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 2	
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE	Tier 2	
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 2	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	Tier 2	
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
VIVAGUARD LANCET 30 GAUGE	Tier 2	
<b>Parenteral Administration Sets</b>		
BD INSYTE AUTOGUARD INFUSION SET 24 GAUGE X 3/4"	Tier 3	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"	Tier 3	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 "	Tier 3	

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Drug	Status	Notes
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 "	Tier 3	
<b>Syringes And Accessories</b>		
ADVOCATE SYRINGES SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 2	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	Tier 2	
BD INSULIN SYRINGE HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 2	
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 2	
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2"	Tier 2	
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	Tier 2	
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	Tier 2	

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Drug	Status	Notes
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	Tier 2	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"	Tier 2	
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 2	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 2	
BD VEO INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 15/64"	Tier 2	
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 2	
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	

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

Drug	Status	Notes
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 2	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	Tier 2	
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 2	
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML	Tier 2	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 2	
EASY TOUCH UNI-SLIP SYRINGE 1 ML	Tier 2	
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	

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Drug	Status	Notes
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
<i>insulin syrlndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i> (UltiCare Insulin Syr Half Unit)	Tier 2	
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2"	Tier 2	
<i>insulin syringe needleless syringe 1 ml</i> (BD Insulin Syringe Slip Tip)	Tier 2	
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge</i> (Ultilet Insulin Syringe)	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 5/16</i> (Advocate Syringes)	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 30</i> (Ultra Comfort Insulin Syringe)	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 1/2"</i> (BD Insulin Syringe Ultra- Fine)	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 1/4", 1 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 1/4"</i> (Sure Comfort Insulin Syringe)	Tier 2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 15/64", 1 ml 31 gauge x 15/64", 1/2 ml 31 gauge x 15/64"</i> (BD Veo Insulin Syringe UF)	Tier 2	
<i>insulin syringe-needle u-100 syringe 1 ml 27 gauge x 1/2", 1 ml 28 gauge x 1/2"</i> (BD Insulin Syringe)	Tier 2	

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

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



Drug	Status	Notes
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"	Tier 2	
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	Tier 2	
TECHLITE INSULIN SYR HALF UNIT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	Tier 2	
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16"	Tier 2	

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Drug	Status	Notes
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Tier 2	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Tier 2	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	Tier 2	
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	
ULTICARE INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 1/4"	Tier 2	
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	Tier 2	

Drug	Status	Notes
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	Tier 2	
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29	Tier 2	
ULTRA CMFT INS SYR HALF UNIT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	Tier 2	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	Tier 2	
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2"	Tier 2	
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	

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Drug	Status	Notes
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"	Tier 2	
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	
<b>Miscellaneous Agents</b>		
<b>Amyloidosis Agents-Transthyretin (Ttr) Suppression</b>		
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	Tier 3	PA; SP
<b>Anaphylaxis Therapy Agents</b>		
<i>epinephrine injection auto-injector 0.15</i> (Auvi-Q) <i>mg/0.15 ml</i>	Tier 1	QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.15</i> (EpiPen Jr) <i>mg/0.3 ml</i>	Tier 1	QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.3</i> (EpiPen) <i>mg/0.3 ml</i>	Tier 1	QL (4 EA per 1 FILL)
EPIPEN 2-PAK INJECTION AUTO- INJECTOR 0.3 MG/0.3 ML	Tier 2	QL (4 EA per 1 FILL)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	Tier 2	QL (4 EA per 1 FILL)
EPIPEN JR 2-PAK INJECTION AUTO- INJECTOR 0.15 MG/0.3 ML	Tier 2	QL (4 EA per 1 FILL)
EPIPEN JR INJECTION AUTO- INJECTOR 0.15 MG/0.3 ML	Tier 2	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	Tier 2	QL (4 EA per 1 FILL)
<b>Genetic D/O Tx-Exon Inclusion Antisense Oligonucle</b>		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 3	PA; SP

Drug	Status	Notes
<b>Miscellaneous Agents</b>		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 3	
<b>Parasympathetic Agents</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	Tier 1	
<i>guanidine oral tablet 125 mg</i>	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	Tier 1	
<b>Pharmacological Chaperone-Alpha-Galactosid.A Stabz</b>		
GALAFOLD ORAL CAPSULE 123 MG	Tier 3	PA; SP
<b>Pku Treatment Agents - Phenylalanine Ammonia Lyase</b>		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 2	PA; SP
<b>Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase</b>		
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	Tier 2	PA; SP
KUVAN ORAL TABLET, SOLUBLE 100 MG	Tier 2	PA; SP
<b>Systemic Enzyme Inhibitors</b>		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	Tier 3	SP
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	Tier 3	SP
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML	Tier 3	SP
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	Tier 3	SP
<b>Topical Anticholinergic Hyperhidrosis Tx Agents</b>		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 2	PA
<b>Neoplastic Disease</b>		
<b>Alkylating Agents</b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	SP

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Drug	Status	Notes
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 3	PA; SP
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Tier 1	
LEUKERAN ORAL TABLET 2 MG	Tier 2	SP
<i>melphalan oral tablet 2 mg</i> (Alkeran)	Tier 1	
MYLERAN ORAL TABLET 2 MG	Tier 2	SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i> (Temodar)	Tier 1	PA; SP
<b>Antiandrogenic Agents</b>		
<i>abiraterone oral tablet 250 mg</i> (Zytiga)	Tier 1	PA; SP
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	Tier 1	
ERLEADA ORAL TABLET 60 MG	Tier 2	PA; SP
<i>flutamide oral capsule 125 mg</i>	Tier 1	
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	Tier 1	SP; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG	Tier 2	PA; SP
XTANDI ORAL CAPSULE 40 MG	Tier 2	PA; SP
YONSA ORAL TABLET 125 MG	Tier 3	PA; SP
ZYTIGA ORAL TABLET 500 MG	Tier 2	PA; SP
<b>Antibiotic Antineoplastics</b>		
JELMYTO INTRA-PYELOCALYCEAL RECON SOLN 40 MG	Tier 3	PA; SP
<b>Antimetabolites</b>		
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	Tier 1	PA; SP
INQOVI ORAL TABLET 35-100 MG	Tier 2	PA; SP
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 2	PA; SP
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	
PURIXAN ORAL SUSPENSION 20 MG/ML	Tier 2	SP; ST: Requires prior prescription for Mercaptopurine within the past 120 days

Drug	Status	Notes
TABLOID ORAL TABLET 40 MG	Tier 2	SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 2	
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 3	SP; ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)
<b>Antineoplastic Aromatase Inhibitors</b>		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	Tier 1	
<i>exemestane oral tablet 25 mg</i> (Aromasin)	Tier 1	
<i>letrozole oral tablet 2.5 mg</i> (Femara)	Tier 1	
<b>Antineoplastic - Braf Kinase Inhibitors</b>		
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	Tier 2	PA; SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 2	PA; SP
ZELBORAF ORAL TABLET 240 MG	Tier 2	PA; SP; QL (8 EA per 1 day)
<b>Antineoplastic - Hedgehog Pathway Inhibitor</b>		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 2	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
ODOMZO ORAL CAPSULE 200 MG	Tier 2	PA; SP
<b>Antineoplastic - Janus Kinase (Jak) Inhibitors</b>		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 2	PA; SP
<b>Antineoplastic - Mek1 And Mek2 Kinase Inhibitors</b>		
COTELLIC ORAL TABLET 20 MG	Tier 2	PA; SP; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 2	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 2	PA; SP

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



Drug	Status	Notes
<b>Antineoplastic Systemic Enzyme Inhibitors</b>		
ALECENSA ORAL CAPSULE 150 MG	Tier 2	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 3	PA; SP
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 3	PA; SP
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 2	PA; SP
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 2	PA; SP
BOSULIF ORAL TABLET 100 MG	Tier 2	PA; SP; QL (3 EA per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
BRUKINSA ORAL CAPSULE 80 MG	Tier 2	PA; SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 2	PA; SP
CALQUENCE ORAL CAPSULE 100 MG	Tier 2	PA; SP
CAPRELSA ORAL TABLET 100 MG	Tier 3	PA; SP; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG	Tier 3	PA; SP; QL (1 EA per 1 day)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	Tier 2	PA; SP; QL (112 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 3	PA; SP
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg (Tarceva)</i>	Tier 1	PA; SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 2	PA; SP
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 2	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 2	PA; SP
ICLUSIG ORAL TABLET 15 MG	Tier 2	PA; SP; QL (2 EA per 1 day)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ICLUSIG ORAL TABLET 45 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
<i>imatinib oral tablet 100 mg</i> (Gleevec)	Tier 1	PA; SP; QL (3 EA per 1 day)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	Tier 1	PA; SP; QL (2 EA per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 2	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	Tier 2	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 2	PA; SP
INREBIC ORAL CAPSULE 100 MG	Tier 2	PA; SP
IRESSA ORAL TABLET 250 MG	Tier 2	PA; SP
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 3	PA; SP
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY (10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Tier 2	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 2	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
NERLYNX ORAL TABLET 40 MG	Tier 2	PA; SP
NEXAVAR ORAL TABLET 200 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 2	PA; SP
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 2	PA; SP
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X 1-50 MG X 1), 300 MG/DAY (150 MG X 2)	Tier 2	PA; SP
QINLOCK ORAL TABLET 50 MG	Tier 2	PA; SP

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Tier 2	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 2	PA; SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 3	PA; SP
RYDAPT ORAL CAPSULE 25 MG	Tier 2	PA; SP
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 2	PA; SP
STIVARGA ORAL TABLET 40 MG	Tier 2	PA; SP; QL (3 EA per 1 day)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 2	PA; SP
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 2	PA; SP
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	Tier 2	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 2	PA; SP
TURALIO ORAL CAPSULE 200 MG	Tier 2	PA; SP
TYKERB ORAL TABLET 250 MG	Tier 2	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	PA; SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 2	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 2	PA; SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 2	PA; SP
VOTRIENT ORAL TABLET 200 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 2	PA; SP
XOSPATA ORAL TABLET 40 MG	Tier 2	PA; SP
ZEJULA ORAL CAPSULE 100 MG	Tier 2	PA; SP

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Drug	Status	Notes
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
ZYKADIA ORAL TABLET 150 MG	Tier 2	PA; SP
<b>Antineoplastic,Histone Deacetylase Inhibitors,Hdis</b>		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 2	PA; SP
ZOLINZA ORAL CAPSULE 100 MG	Tier 2	SP
<b>Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors</b>		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 2	PA; SP
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 2	PA; SP
<b>Antineoplastic-Isocitrate Dehydrogenase Inhibitors</b>		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 3	PA; SP
TIBSOVO ORAL TABLET 250 MG	Tier 2	PA; SP
<b>Antineoplastics,Miscellaneous</b>		
<i>etoposide oral capsule 50 mg</i>	Tier 1	
LYSODREN ORAL TABLET 500 MG	Tier 2	SP
MATULANE ORAL CAPSULE 50 MG	Tier 2	SP
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	Tier 3	PA; SP
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 1	SP
<b>Antineoplastic-Select Inhib Of Nuclear Exp (Sine)</b>		
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (80 MG/WEEK), 60 MG/WEEK (20 MG X 3), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (20 MG X 4), 80MG TWICE WEEK (160 MG/WEEK)	Tier 2	PA; SP
<b>Chemotherapy Rescue/Antidote Agents</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	
MESNEX ORAL TABLET 400 MG	Tier 3	

Drug	Status	Notes
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Tier 2	SP; QL (24 EA per 14 days)
<b>Intrapleural Sclerosing Agents, Antineoplast. Adj.</b>		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 3	
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 1	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Tier 3	
<b>Photoactivated, Antineopls. &amp; Premalignant Lesions</b>		
AMELUZ TOPICAL GEL 10 %	Tier 3	
LEVULAN TOPICAL SOLUTION 20 %	Tier 3	
<b>Radioactive Therapeutic Agents</b>		
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML	Tier 3	
<i>sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)</i>	Tier 1	
<i>sodium iodide-131 oral capsule 3.7 mbq (100 microci)</i>	Tier 1	
<b>Selective Estrogen Receptor Modulators (Serm)</b>		
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 2	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0	
<i>toremifene oral tablet 60 mg</i> (Fareston)	Tier 1	PA; SP
<b>Selective Retinoid X Receptor Agonists (Rxr)</b>		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Tier 1	PA; SP
<b>Steroid Antineoplastics</b>		
EMCYT ORAL CAPSULE 140 MG	Tier 2	SP
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	

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Drug	Status	Notes
<b>Neurological Disease - Miscellaneous</b>		
<b>Agents To Treat Multiple Sclerosis</b>		
AUBAGIO ORAL TABLET 14 MG, 7 MG	Tier 2	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 2	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 2	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 2	PA; SP
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG	Tier 2	PA; SP
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	Tier 2	PA; SP
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	Tier 2	PA; SP
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Glatopa)	Tier 1	PA; SP
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	Tier 1	PA; SP
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 3	PA; SP
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG	Tier 2	PA; SP

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Drug	Status	Notes
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 2	PA; SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 2	PA; SP
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 2	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 2	PA; SP
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	Tier 2	PA; SP
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 2	PA; SP
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 3	PA; SP
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG	Tier 3	PA; SP
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Tier 3	PA; SP
<b>Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr</b>		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Tier 1	PA; SP
FIRDAPSE ORAL TABLET 10 MG	Tier 3	PA; SP
RUZURGI ORAL TABLET 10 MG	Tier 3	PA; SP
<b>Amyotrophic Lateral Sclerosis Agents</b>		
<i>riluzole oral tablet 50 mg</i> (Rilutek)	Tier 1	

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Drug	Status	Notes
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 3	PA; SP
<b>Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib</b>		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 2	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 2	
<b>Movement Disorders(Drug Therapy)</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 3	PA; SP
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 3	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 80 MG	Tier 3	PA; SP
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	Tier 1	PA; SP
<b>Neuropathic Agents</b>		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	Tier 3	
<b>Pseudobulbar Affect (Pba) Agents, Nmda Antagonists</b>		
NUDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA
<b>Oral/Pharyngeal Disorders</b>		
<b>Dental Aids And Preparations</b>		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	Tier 1	
ORALONE DENTAL PASTE 0.1 %	Tier 1	
PAROEX ORAL RINSE MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 1	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 1	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	Tier 1	
<b>Nose Preparations, Miscellaneous (Rx)</b>		
<i>cocaine nasal solution 4 %</i> (Numbrino)	Tier 1	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	Tier 1	



Drug	Status	Notes
NUMBRINO NASAL SOLUTION 4 %	Tier 1	
<b>Periodontal Collagenase Inhibitors</b>		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
<b>Other Drugs</b>		
<b>Abortifacient, Progesterone Receptor Antagonist-Typ</b>		
MIFEPREX ORAL TABLET 200 MG	Tier 3	
<i>mifepristone oral tablet 200 mg</i> (Mifeprex)	Tier 1	
<b>Agents For Stomatological Use</b>		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 3	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %	Tier 3	
<b>Antivenins</b>		
ANASCORP INTRAVENOUS RECON SOLN 120 MG	Tier 3	
<b>Appetite Stim. For Anorexia, Cachexia, Wasting Synd.</b>		
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 1	ST: Requires prior prescription for Megestrol Acetate within the past 120 days
<b>Blood Collection Set With Local Anesthetics</b>		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %	Tier 3	
LIDO BDK KIT 21 GAUGE X 1" - 2.5 %-2.5 %	Tier 3	
<b>Cardioplegic Solutions</b>		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Tier 1	

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Drug	Status	Notes
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM), 36 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM), 7.5 MEQ/238.75 ML (POTASSIUM)	Tier 3	
<i>cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)</i>	Tier 1	
<i>cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)</i>	Tier 1	

Drug	Status	Notes
<i>cardioplegic soln perfusion solution 16 meq/l (= k+)</i> (Plegisol)	Tier 1	
<i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i>	Tier 1	
<i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 1	
<i>microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 1	
<b>Cholinesterase Reactivat.&amp;Muscarinic Antg.Antidote</b>		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 3	
<b>Cholinesterase Reactivating,Organophos. Antidotes</b>		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 3	
<b>Condoms</b>		
FC2 FEMALE CONDOM	\$0	QL (30 EA per 30 days)
<b>Cryopreservative Agents</b>		
CRYOSERV SOLUTION 99 %	Tier 3	
<b>Diluent Solutions</b>		
DILUENT FOR ROTARIX ORAL SYRINGE	Tier 3	
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION	Tier 3	
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION	Tier 3	
<b>Drugs To Treat Hereditary Tyrosinemia</b>		
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> (Orfadin)	Tier 1	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 2	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	Tier 2	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 2	PA; SP
<b>Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing</b>		
CERDELGA ORAL CAPSULE 84 MG	Tier 3	PA; SP

Drug	Status	Notes
<i>miglustat oral capsule 100 mg</i> (Zavesca)	Tier 1	PA; SP
<b>General Anesthetics - Benzodiazepine, Injectable</b>		
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 1	
<i>midazolam injection solution 5 mg/ml</i>	Tier 1	
<b>General Anesthetics, Inhalant</b>		
<i>desflurane inhalation liquid 100 %</i> (Suprane)	Tier 1	
<i>isoflurane inhalation liquid 99.9 %</i> (Terrell)	Tier 1	
<i>sevoflurane inhalation liquid</i> (Ultane)	Tier 1	
SUPRANE INHALATION LIQUID 100 %	Tier 3	
TERRELL INHALATION LIQUID 99.9 %	Tier 1	
<b>General Inhalation Agents</b>		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 3	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>	Tier 1	
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	Tier 1	
<i>sodium chloride inhalation solution for nebulization 7 %</i> (Hyper-Sal)	Tier 1	
<b>Homeopathic Drugs</b>		
AURUMHEEL ORAL DROPS	Tier 3	
CANTHARIS COMPOSITUM ORAL DROPS	Tier 3	
CRALONIN ORAL DROPS	Tier 3	
EYE ORAL TABLET, SOLUBLE	Tier 3	
LAMIOFLUR ORAL DROPS	Tier 3	
PLANTAGO-HOMACCORD ORAL DROPS	Tier 3	
POPULUS COMPOSITUM ORAL DROPS	Tier 3	
PSORINOHEEL ORAL DROPS	Tier 3	
RENEEL ORAL TABLET, SOLUBLE	Tier 3	
SABAL-HOMACCORD ORAL DROPS	Tier 3	

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Drug	Status	Notes
SYZYGIUM COMPOSITUM ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL TABLET,SOLUBLE	Tier 3	
<b>Intra-Uterine Devices (IUD's)</b>		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	\$0	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/24 HRS (6 YRS) 52 MG	\$0	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	\$0	
<b>Metabolic Deficiency Agents</b>		
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	Tier 3	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	Tier 3	SP
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	Tier 1	
<i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free))	Tier 1	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	Tier 1	
<b>Metabolic Disease Enzyme Replace, Hypophosphatasia</b>		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Tier 2	PA; SP
<b>Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.</b>		
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 3	PA; SP
<b>Metallic Poison,Agents To Treat</b>		
CHEMET ORAL CAPSULE 100 MG	Tier 3	
CLOVIQUE ORAL CAPSULE 250 MG	Tier 1	PA; SP
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	Tier 1	PA; SP
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	Tier 1	PA; SP

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Drug	Status	Notes
<i>deferasirox oral tablet, dispersible</i> 125 mg, 250 mg, 500 mg (Exjade)	Tier 1	PA; SP
<i>deferoxamine injection recon soln</i> 2 gram, 500 mg (Desferal)	Tier 1	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG	Tier 3	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 3	PA; SP
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	Tier 3	PA; SP
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 3	
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	Tier 3	PA; SP
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 3	
<i>trientine oral capsule</i> 250 mg (Clovique)	Tier 1	PA; SP
<b>Muscarinic Receptor Antagonists</b>		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 3	
<b>Needles/Needleless Devices</b>		
1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
ADVOCATE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32"	Tier 2	
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16"	Tier 2	

Drug	Status	Notes
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 2	
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	Tier 2	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	Tier 2	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	Tier 2	
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
CARETOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32"	Tier 2	
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	Tier 2	

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Drug	Status	Notes
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 2	
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32"	Tier 2	
EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 2	
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 30 GAUGE X 3/16"	Tier 2	
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	

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

Drug	Status	Notes
<i>pen needle, diabetic needle 32 gauge x 3/16"</i> (CareFine Pen Needle)	Tier 2	
<i>pen needle, diabetic needle 33 gauge x 5/32"</i> (Advocate Pen Needle)	Tier 2	
PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
RELION NEEDLES NEEDLE 31 GAUGE X 1/4"	Tier 2	
RELION PEN NEEDLES NEEDLE 32 GAUGE X 5/32"	Tier 2	
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 2	
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 2	
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	

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Drug	Status	Notes
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	
ULTIGUARD SAFE PACK NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32"	Tier 2	
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16"	Tier 2	
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	
ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16"	Tier 2	
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2"	Tier 2	
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16"	Tier 2	
UNIFINE PENTIPS NEEDLE 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16"	Tier 2	

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Drug	Status	Notes
UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	
VERIFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
<b>Ointment/Cream Bases</b>		
RADIAGEL TOPICAL GEL	Tier 3	
<b>Oral Lipid Supplements</b>		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 3	PA; SP
<b>Oral Mucositis/Stomatitis Agents</b>		
GELX MUCOUS MEMBRANE GEL	Tier 3	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Tier 3	
<b>Saliva Stimulant Agents</b>		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 3	
<b>Saliva Substitute Agents</b>		
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 3	
<b>Skin Tissue Replacement</b>		
APLIGRAF TOPICAL DISK	Tier 3	
DERMAGRAFT TOPICAL SHEET 2 X 3 "	Tier 3	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 5 X 6 CM, 7 X 7 CM	Tier 3	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 3	
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 3	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM	Tier 3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM	Tier 3	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM	Tier 3	

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Drug	Status	Notes
<b>Solvents</b>		
<i>isopropyl alcohol solution 70 %</i> (Alcohol, Rubbing)	Tier 3	
<i>isopropyl alcohol solution 91 %, 99 %</i>	Tier 3	
MURI-LUBE OIL	Tier 3	
<b>Somatostatic Agents</b>		
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML	Tier 3	PA; SP
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG	Tier 3	PA; SP
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	Tier 1	SP
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	Tier 1	SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 1	SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 3	PA; SP
<b>Suspending Agents</b>		
GELFILM IMPLANT FILM	Tier 3	
<i>hydroxypropyl cellulose powder</i>	Tier 3	
<i>hypromellose powder</i> (Methocel E 4 M)	Tier 3	
<b>Tissue/Wound Adhesives</b>		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML)	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML	Tier 3	
<b>Vaccine Adjuvants</b>		
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION	\$0	QL (1 ML per 365 days); Age (Min 50 Years)
<b>Vehicles</b>		
<i>citric acid (bulk) powder</i>	Tier 3	
<i>citric acid anhydrous (bulk) granules 100 %</i>	Tier 3	

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Drug	Status	Notes
<b>Other Respiratory Disorders</b>		
<b>Antifibrotic Therapy - Pyridone Analogs</b>		
ESBRIET ORAL CAPSULE 267 MG	Tier 2	PA; SP
ESBRIET ORAL TABLET 267 MG, 801 MG	Tier 2	PA; SP
<b>Cystic Fib. Transmemb Conduct. Reg. (Cftr) Potentiator</b>		
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	Tier 2	PA; SP
KALYDECO ORAL TABLET 150 MG	Tier 2	PA; SP
<b>Cystic Fibrosis-Cftr Potentiator &amp; Corrector Comb.</b>		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	Tier 2	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 2	PA; SP
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 2	PA; SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	Tier 2	PA; SP
<b>Lung Surfactants</b>		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 3	
SURFAXIN INTRATRACHEAL SUSPENSION 34 MG/ML	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 3	
<b>Mucolytics</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 2	PA; SP

Drug	Status	Notes
<b>Pulmonary Fibrosis - Systemic Enzyme Inhibitors</b>		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 2	PA; SP
<b>Pain Management - Analgesics</b>		
<b>Analgesic, Non-Salicylate &amp; Barbiturate Comb.</b>		
<i>butalbital-acetaminophen oral tablet 50-300 mg</i> (Bupap)	Tier 1	ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	Tier 1	
TENCON ORAL TABLET 50-325 MG	Tier 1	
<b>Analgesic, Salicylate, Barbiturate, &amp; Xanthine Cmb</b>		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> (Fiorinal)	Tier 1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
<b>Analgesic, Non-Salicylate, Barbiturate, &amp; Xanthine Cmb</b>		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	Tier 1	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Zebutal)	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	Tier 1	
FIORICET ORAL CAPSULE 50-300-40 MG	Tier 1	
ZEBUTAL ORAL CAPSULE 50-325-40 MG	Tier 1	
<b>Analgesic/Antipyretics, Salicylates</b>		
<i>aspirin oral tablet 325 mg</i> (Lite Coat Aspirin)	\$0	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Aspir-Trin)	\$0	
ASPIR-TRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG	\$0	

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Drug	Status	Notes
<i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
E.C. PRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	\$0	
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	\$0	
LITE COAT ASPIRIN ORAL TABLET 325 MG	\$0	
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	Tier 1	
<b>Analgesics, Narcotic Agonist And Nsaid Combination</b>		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i> (Ibudone)	Tier 1	
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	Tier 1	
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	Tier 1	
<b>Analgesics,Narcotics</b>		
ARYMO ER ORAL TABLET,ORAL ONLY,EXTND RELEASE 15 MG, 30 MG, 60 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 1	
BUPRENEX INJECTION SOLUTION 0.3 MG/ML	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection solution 0.3 mg/ml</i> (Buprenex)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription



Drug	Status	Notes
<i>buprenorphine transdermal patch weekly</i> (Butrans) 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	Tier 1	
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	Tier 3	
<i>fentanyl citrate (pf) intravenous patient control analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9% nacl intravenous pt controlled analgesia syring 500 mcg/50 ml (10 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Actiq)	Tier 1	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> (Duragesic)	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 3 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 3 days)

Drug	Status	Notes
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i> (Zohydro ER)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone in 0.9 % nacl injection pt controlled analgesia syring 55 mg/55 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>hydromorphone rectal suppository 3 mg</i>	Tier 1	
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>meperidine injection cartridge 10 mg/ml</i>	Tier 1	
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>meperidine oral tablet 100 mg</i> (Demerol)	Tier 1	QL (6 EA per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 1	QL (6 EA per 1 day)

Drug	Status	Notes
<i>methadone injection solution 10 mg/ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 ML per 1 day)
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 ML per 1 day)
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i> (Dolophine)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i> (Dolophine)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
<i>methadone oral tablet, soluble 40 mg</i> (Methadose)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
METHADOSE ORAL TABLET,SOLUBLE 40 MG	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine (pf) intravenous syringe 1 mg/2 ml</i>	Tier 1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 5 mg/ml</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous syringe 0.5 mg/ml</i>	Tier 1	
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 1	
<i>morphine intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 2	
<i>morphine oral tablet extended release (MS Contin) 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Tier 2	QL (6 EA per 1 day)
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG	Tier 3	
<i>oxycodone oral capsule 5 mg</i>	Tier 1	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 1	
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1	
<i>oxycodone oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>oxycodone oral tablet 15 mg, 30 mg, 5 mg</i> (Roxicodone)	Tier 1	
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</i> (OxyContin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i> (OxyContin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY	Tier 3	
<i>tramadol oral capsule, er biphasic 24 hr 25-75 150 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet 50 mg</i> (Ultram)	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphasic 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>tramadol oral tablet, er multiphase 24 hr</i> 200 mg, 300 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<b>Antimigraine Preparations</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA
<i>almotriptan malate oral tablet 12.5 mg,</i> <i>6.25 mg</i>	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
<i>dihydroergotamine injection solution 1</i> (D.H.E.45) <i>mg/ml</i>	Tier 1	QL (15 ML per 14 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (8 ML per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 2	PA
ERGOMAR SUBLINGUAL TABLET 2 MG	Tier 3	QL (10 EA per 7 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i> (Cafergot)	Tier 1	QL (10 EA per 7 days)
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	Tier 2	QL (5 EA per 7 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i> (Amerge)	Tier 1	QL (18 EA per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	Tier 2	PA
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 2	PA
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i> (Imitrex)	Tier 1	QL (6 EA per 15 days)



Drug	Status	Notes
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	Tier 1	QL (9 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	Tier 1	QL (3 EA per 5 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	Tier 1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	Tier 1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	Tier 1	QL (5 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	QL (4 ML per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 2	PA
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i> (Zomig ZMT)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG	Tier 2	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	Tier 2	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (6 EA per 15 days)

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Drug	Status	Notes
<b>Calcitonin Gene-Related Peptide (Cgrp) Inhibitors</b>		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 2	PA
<b>Narc. &amp; Non-Sal. Analgesic, Barbiturate &amp; Xanthine Cmb</b>		
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<b>Narcotic &amp; Salicylate Analgesics, Barb. &amp; Xanthine</b>		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<b>Narcotic Analgesic &amp; Non-Salicylate Analgesic Comb</b>		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	Tier 1	Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	Tier 3	ST: Requires prior prescription for Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i> (Apadaz)	Tier 1	ST: Requires prior prescription for Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg</i> (Vicodin HP)	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i> (Lorcet HD)	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 7.5-300 mg</i>	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i> (Lorcet (hydrocodone))	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i> (Norco)	Tier 1	QL (12 EA per 1 day)
LORCET (HYDROCODONE) ORAL TABLET 5-325 MG	Tier 1	QL (12 EA per 1 day)
LORCET HD ORAL TABLET 10-325 MG	Tier 1	QL (12 EA per 1 day)
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	Tier 3	QL (200 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)	Tier 1	QL (12 EA per 1 day)
PRIMLEV ORAL TABLET 10-300 MG	Tier 1	QL (13 EA per 1 day)
PRIMLEV ORAL TABLET 5-300 MG, 7.5-300 MG	Tier 3	QL (13 EA per 1 day)
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	Tier 1	QL (13 EA per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
VICODIN HP ORAL TABLET 10-300 MG	Tier 1	QL (13 EA per 1 day)

Drug	Status	Notes
<b>Narcotic And Salicylate Analgesic Combination</b>		
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Tier 1	
<b>Narcotic Withdrawal Therapy Agents</b>		
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	Tier 3	QL (1 EA per 1 day)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	Tier 3	QL (2 EA per 1 day)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film (Suboxone) 12-3 mg, 8-2 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>buprenorphine-naloxone sublingual film (Suboxone) 2-0.5 mg, 4-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 1	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	Tier 2	QL (2 EA per 1 day)
<b>Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist</b>		
LUCEMYRA ORAL TABLET 0.18 MG	Tier 3	PA
<b>Skeletal Muscle Relaxant,Salicylate,Narc Analgesic</b>		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<b>Parkinsons Disease</b>		
<b>Antiparkinsonism Drugs,Anticholinergic</b>		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	
<b>Antiparkinsonism Drugs,Other</b>		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	Tier 3	PA; SP
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	Tier 1	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	Tier 1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> (Sinemet)	Tier 1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	Tier 1	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 3	PA; SP
<i>entacapone oral tablet 200 mg</i> (Comtan)	Tier 1	
INBRIJA INHALATION CAPSULE 42 MG	Tier 3	PA; SP
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 3	PA; SP
KYNMOBI SUBLINGUAL FILM 10 MG, 10-15-20-25-30 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 3	PA; SP
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Tier 2	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
NOURIANZ ORAL TABLET 20 MG, 40 MG	Tier 3	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	Tier 1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i> (Mirapex ER)	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	Tier 1	QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 3 mg, 5 mg</i> (Requip)	Tier 1	
<i>ropinirole oral tablet 0.5 mg, 1 mg, 2 mg, 4 mg</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 6 mg</i> (Requip XL)	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
<i>ropinirole oral tablet extended release 24 hr 4 mg, 8 mg</i>	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 3	ST: Requires prior prescription for Carbidopa/levodopa within the past 120 days; QL (10 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	Tier 1	ST: Requires prior prescription for within the past 120 days; QL (3 EA per 1 day)
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 3	ST: Requires prior prescription for Carbidopa/levodopa, Duopa, or Rytary within the past 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Tier 3	ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)
<b>Decarboxylase Inhibitors</b>		
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	Tier 1	
<b>Seizure Disorder</b>		
<b>Anticonvulsant - Benzodiazepine Type</b>		
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	Tier 1	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	Tier 1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	Tier 2	QL (1 EA per 1 FILL)
DIASTAT RECTAL KIT 2.5 MG	Tier 2	QL (1 EA per 1 FILL)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	Tier 1	QL (1 EA per 1 FILL)
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	Tier 1	QL (1 EA per 1 FILL)
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 3	QL (10 EA per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Tier 3	PA

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Drug	Status	Notes
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Tier 3	QL (10 EA per 30 days)
<b>Anticonvulsant - Cannabinoid Type</b>		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 3	PA; SP
<b>Anticonvulsants</b>		
APTIOM ORAL TABLET 200 MG, 400 MG	Tier 3	QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	Tier 3	QL (2 EA per 1 day)
BANZEL ORAL SUSPENSION 40 MG/ML	Tier 3	QL (80 ML per 1 day)
BANZEL ORAL TABLET 200 MG	Tier 3	QL (16 EA per 1 day)
BANZEL ORAL TABLET 400 MG	Tier 3	QL (8 EA per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 3	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 3	QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	Tier 1	
<i>carbamazepine oral tablet 200 mg</i> (Epilex)	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 2	
CELONTIN ORAL CAPSULE 300 MG	Tier 3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Tier 2	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Tier 2	

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Drug	Status	Notes
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	Tier 2	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 3	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	Tier 3	PA; SP
DILANTIN EXTENDED ORAL CAPSULE 100 MG	Tier 2	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	Tier 2	
DILANTIN ORAL CAPSULE 30 MG	Tier 2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	Tier 2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	Tier 1	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> (Depakote)	Tier 1	
EPITOL ORAL TABLET 200 MG	Tier 1	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	Tier 1	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	Tier 1	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	Tier 1	QL (30 ML per 1 day)
<i>felbamate oral tablet 400 mg</i> (Felbatol)	Tier 1	QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i> (Felbatol)	Tier 1	QL (6 EA per 1 day)
FELBATOL ORAL SUSPENSION 600 MG/5 ML	Tier 2	QL (30 ML per 1 day)
FELBATOL ORAL TABLET 400 MG	Tier 2	QL (9 EA per 1 day)
FELBATOL ORAL TABLET 600 MG	Tier 2	QL (6 EA per 1 day)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 3	PA; SP
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 3	QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	Tier 3	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	Tier 3	QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	Tier 3	QL (60 EA per 30 days)

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Drug	Status	Notes
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	Tier 1	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	Tier 1	
GABITRIL ORAL TABLET 12 MG, 2 MG, 4 MG	Tier 2	QL (4 EA per 1 day)
GABITRIL ORAL TABLET 16 MG	Tier 2	QL (3 EA per 1 day)
KEPPRA ORAL SOLUTION 100 MG/ML	Tier 2	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	Tier 2	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	Tier 2	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG	Tier 2	QL (3 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 200 MG	Tier 2	QL (2 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 25 MG, 50 MG	Tier 2	QL (6 EA per 1 day)
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	Tier 2	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	Tier 2	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	Tier 2	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 2	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	Tier 2	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	Tier 2	

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Drug	Status	Notes
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	Tier 2	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	Tier 2	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG	Tier 2	QL (3 EA per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 200 MG, 250 MG, 300 MG	Tier 2	QL (2 EA per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 25 MG, 50 MG	Tier 2	QL (6 EA per 1 day)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	Tier 3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	Tier 3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Tier 3	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green))	Tier 1	
<i>lamotrigine oral tablet extended release 24hr 100 mg</i> (Lamictal XR)	Tier 1	QL (3 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i> (Lamictal XR)	Tier 1	QL (2 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i> (Lamictal XR)	Tier 1	QL (6 EA per 1 day)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	Tier 1	
<i>lamotrigine oral tablet, disintegrating 100 mg</i> (Lamictal ODT)	Tier 1	QL (3 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 200 mg</i> (Lamictal ODT)	Tier 1	QL (2 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 25 mg, 50 mg</i> (Lamictal ODT)	Tier 1	QL (6 EA per 1 day)
<i>lamotrigine oral tablets, dose pack 25 mg (35)</i> (Subvenite Starter (Blue) Kit)	Tier 1	
<i>lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7)</i> (Subvenite Starter (Orange) Kit)	Tier 1	
<i>lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)</i> (Subvenite Starter (Green) Kit)	Tier 1	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	Tier 1	
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	Tier 1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	Tier 1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	Tier 1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	Tier 2	
LYRICA ORAL SOLUTION 20 MG/ML	Tier 2	
MYSOLINE ORAL TABLET 250 MG, 50 MG	Tier 2	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	Tier 2	
NEURONTIN ORAL SOLUTION 250 MG/5 ML	Tier 2	
NEURONTIN ORAL TABLET 600 MG, 800 MG	Tier 2	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	Tier 1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	Tier 1	

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Drug	Status	Notes
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	Tier 3	QL (1 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	Tier 3	QL (4 EA per 1 day)
PEGANONE ORAL TABLET 250 MG	Tier 3	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 2	
<i>phenytoin oral suspension 100 mg/4 ml</i>	Tier 1	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	Tier 1	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	Tier 1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	Tier 1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	Tier 1	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	Tier 1	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 150 MG, 200 MG	Tier 2	QL (2 EA per 1 day)
ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG	Tier 2	
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	Tier 2	
SABRIL ORAL TABLET 500 MG	Tier 3	SP; QL (6 EA per 1 day)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	Tier 3	QL (2 EA per 1 day)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	Tier 3	QL (4 EA per 1 day)
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 1	

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Drug	Status	Notes
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	Tier 1	
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	Tier 1	
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	Tier 1	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	Tier 2	
TEGRETOL ORAL TABLET 200 MG	Tier 2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	Tier 2	
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i> (Gabitril)	Tier 1	QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i> (Gabitril)	Tier 1	QL (3 EA per 1 day)
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	Tier 2	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	Tier 2	
<i>topiramate oral capsule, sprinkle 15 mg,</i> (Topamax) <i>25 mg</i>	Tier 1	
<i>topiramate oral capsule, sprinkle, er 24hr</i> (Qudexy XR) <i>100 mg, 25 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr</i> (Qudexy XR) <i>150 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg,</i> (Topamax) <i>25 mg, 50 mg</i>	Tier 1	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	Tier 2	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	Tier 2	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG	Tier 2	QL (2 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 25 MG	Tier 2	QL (8 EA per 1 day)

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Drug	Status	Notes
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 50 MG	Tier 2	QL (4 EA per 1 day)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	Tier 1	SP; QL (6 EA per 1 day)
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	Tier 1	SP; QL (6 EA per 1 day)
VIGADRONE ORAL POWDER IN PACKET 500 MG	Tier 1	SP; QL (6 EA per 1 day)
VIMPAT ORAL SOLUTION 10 MG/ML	Tier 2	QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	QL (2 EA per 1 day)
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14)	Tier 2	
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1)	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 120 days; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 120 days; QL (2 EA per 1 day)



Drug	Status	Notes
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 120 days; QL (1 EA per 1 day)
ZARONTIN ORAL CAPSULE 250 MG	Tier 2	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	Tier 2	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	Tier 2	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	Tier 1	
<i>zonisamide oral capsule 50 mg</i>	Tier 1	
<b>Skeletal Muscle Disorder</b>		
<b>Agents To Tx Periodic Paralysis - Carbon Anhyd Inh</b>		
KEVEYIS ORAL TABLET 50 MG	Tier 2	PA; SP
<b>Skeletal Muscle Relax.&amp; Top.Irritant Counter-Irritant</b>		
COMFORT PAC-CYCLOBENZAPRINE KIT 10 MG	Tier 3	
COMFORT PAC-TIZANIDINE KIT 4 MG	Tier 3	
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	Tier 1	QL (4 EA per 1 day)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>dantrolene oral capsule 100 mg</i>	Tier 1	
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	Tier 1	

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Drug	Status	Notes
METAXALL ORAL TABLET 800 MG	Tier 1	
<i>metaxalone oral tablet 400 mg</i>	Tier 1	
<i>metaxalone oral tablet 800 mg</i> (Metaxall)	Tier 1	
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	
<i>methocarbamol oral tablet 750 mg</i> (Robaxin-750)	Tier 1	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	Tier 3	QL (4 EA per 1 day)
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i> (Orphengesic Forte)	Tier 1	QL (4 EA per 1 day)
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	Tier 1	QL (4 EA per 1 day)
OZOBAX ORAL SOLUTION 5 MG/5 ML	Tier 3	PA
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)	Tier 1	
<i>tizanidine oral tablet 2 mg</i>	Tier 1	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	Tier 1	
<b>Smoking Cessation</b>		
<b>Smoking Deterrent Agents (Ganglionic Stim,Others)</b>		
NICORELIEF BUCCAL GUM 2 MG	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal gum 2 mg</i> (Nicorelief)	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal gum 4 mg</i> (Quit 4)	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal lozenge 2 mg</i> (Quit 2)	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal lozenge 4 mg</i> (Quit 4)	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> (Nicorette)	\$0	QL (9 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)	\$0	QL (1 EA per 1 day); Age (Min 18 Years)
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	\$0	QL (1 EA per 1 day); Age (Min 18 Years)

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Drug	Status	Notes
NICOTROL INHALATION CARTRIDGE 10 MG	\$0	ST: Requires prior prescription for Nicotine transdermal patch within the past 120 days; QL (1008 EA per 90 days); Age (Min 18 Years)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	\$0	ST: Requires prior prescription for Nicotine transdermal patch within the past 120 days; QL (160 ML per 90 days); Age (Min 18 Years)
QUIT 2 BUCCAL GUM 2 MG	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
QUIT 2 BUCCAL LOZENGE 2 MG	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
QUIT 4 BUCCAL GUM 4 MG	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
QUIT 4 BUCCAL LOZENGE 4 MG	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG	\$0	QL (9 EA per 1 day); Age (Min 18 Years)
<b>Smoking Deterrent-Nicotinic Recept.Partial Agonist</b>		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	\$0	QL (2 EA per 1 day); Age (Min 18 Years)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	\$0	QL (2 EA per 1 day); Age (Min 18 Years)
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	\$0	QL (2 EA per 1 day); Age (Min 18 Years)
<b>Smoking Deterrents, Other</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0	QL (2 EA per 1 day); Age (Min 18 Years)
<b>Upper Gastrointestinal Disorders - Digestive</b>		
<b>Gastric Enzymes</b>		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 3	PA; SP

Drug	Status	Notes
<b>Pancreatic Enzymes</b>		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 2	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT	Tier 3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	Tier 2	
<b>Upper Gastrointestinal Disorders - Spastic Disease</b>		
<b>Anticholinergics/Antispasmodics</b>		
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
<b>Belladonna Alkaloids</b>		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	Tier 1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i> (Hyosyne)	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> (Hyosyne)	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Oscimin SR)	Tier 1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i> (Ed-Spaz)	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML	Tier 1	

Drug	Status	Notes
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML	Tier 1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	Tier 1	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	Tier 3	
<b>Upper Gastrointestinal Disorders - Ulcer Disease</b>		
<b>Anticholinergics, Quaternary Ammonium</b>		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> (Librax (with clidinium))	Tier 1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	Tier 3	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>propantheline oral tablet 15 mg</i>	Tier 1	
<b>Anti-Ulcer Preparations</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	Tier 1	
<i>sucalfate oral suspension 100 mg/ml</i> (Carafate)	Tier 1	
<i>sucalfate oral tablet 1 gram</i> (Carafate)	Tier 1	
<b>Anti-Ulcer-H.Pylori Agents</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 1	QL (112 EA per 10 days)
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Tier 3	
PYLERA ORAL CAPSULE 140-125-125 MG	Tier 3	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Tier 3	QL (168 EA per 14 days); Age (Min 18 Years)
<b>Histamine H2-Receptor Inhibitors</b>		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 1	

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Drug	Status	Notes
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	Tier 1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	Tier 1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	Tier 1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	
<i>nizatidine oral solution 150 mg/10 ml</i>	Tier 1	
<b>Intestinal Motility Stimulants</b>		
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	Tier 1	
<i>metoclopramide hcl oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	
<b>Proton-Pump Inhibitors</b>		
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG	Tier 3	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Protonix within the past 365 days; QL (1 EA per 1 day)
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEAS 30 MG, 60 MG	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix within the past 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Nexium)	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)	Tier 1	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	Tier 1	QL (2 EA per 1 day)

Drug	Status	Notes
<i>esomeprazole strontium oral capsule, delayed release(drlec) 49.3 mg</i>	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Protonix within the past 120 days; QL (4 EA per 1 day)
<i>lansoprazole oral capsule, delayed release(drlec) 15 mg</i> (Heartburn Treatment 24 Hour)	Tier 1	
<i>lansoprazole oral capsule, delayed release(drlec) 30 mg</i> (Prevacid)	Tier 1	
<i>lansoprazole oral tablet, disintegrating, delayed release 15 mg, 30 mg</i> (Prevacid SoluTab)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
<i>omeprazole oral capsule, delayed release(drlec) 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix within the past 120 days; QL (1 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 20-1, 680 mg</i> (Zegerid)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix within the past 120 days; QL (1 EA per 1 day)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix)	Tier 1	ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days

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Drug	Status	Notes
<i>pantoprazole oral tablet, delayed release (Protonix) (dr/ec) 20 mg, 40 mg</i>	Tier 1	
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	Tier 3	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	Tier 3	ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg (AcipHex Sprinkle)</i>	Tier 1	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Protonix within the past 365 days; QL (1 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (AcipHex) (dr/ec) 20 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>Urinary Tract - Functional Disorders</b>		
<b>Benign Prostatic Hypertrophy/Micturition Agents</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg (Uroxatral)</i>	Tier 1	
<i>dutasteride oral capsule 0.5 mg (Avodart)</i>	Tier 1	
<i>finasteride oral tablet 5 mg (Proscar)</i>	Tier 1	
<i>silodosin oral capsule 4 mg, 8 mg (Rapaflo)</i>	Tier 1	ST: Requires prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL within the past 120 days
<i>tamsulosin oral capsule 0.4 mg (Flomax)</i>	Tier 1	

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Drug	Status	Notes
<b>Bph Agents,5-Alpha-Red Inh &amp; Alpha-1-Adr Antg Cmb</b>		
<i>dutasteride-tamsulosin oral capsule, er</i> (Jalyn) <i>multiphase 24 hr 0.5-0.4 mg</i>	Tier 1	ST: Requires prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL within the past 120 days
<b>Cystine-Depleting Agents, Nephropathic Cystinosis</b>		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 3	SP
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 2	PA; SP
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Tier 2	PA; SP
<b>Kidney Stone Agents</b>		
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	Tier 2	SP
THIOLA ORAL TABLET 100 MG	Tier 2	SP
<b>Overactive Bladder Agents, Beta-3 Adrenergic Recep</b>		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	Tier 2	
<b>Urinary Ph Modifiers</b>		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 3	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	Tier 3	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	Tier 3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	Tier 1	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	Tier 1	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	Tier 1	

Drug	Status	Notes
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 3	
SHOHL'S MODIFIED ORAL SOLUTION 500-300 MG/5 ML	Tier 3	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 3	
<b>Urinary Tract Analgesic Agents</b>		
ELMIRON ORAL CAPSULE 100 MG	Tier 2	PA
<b>Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Tier 1	
<b>Urinary Tract Antispasmodic, M(3) Selective Antag.</b>		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 1	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	Tier 1	
<b>Urinary Tract Antispasmodic/Antiincontinence Agent</b>		
<i>flavoxate oral tablet 100 mg</i>	Tier 1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	Tier 3	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	Tier 1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	Tier 3	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	Tier 1	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	Tier 1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	Tier 2	
<i>trospium oral capsule,extended release 24hr 60 mg</i>	Tier 1	
<i>trospium oral tablet 20 mg</i>	Tier 1	

Drug	Status	Notes
<b>Vaginal Disorders</b>		
<b>Vaginal Antibiotics</b>		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 3	ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, Tinidazole, or Vandazole within the past 365 days; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Tier 3	
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole)	Tier 1	
NUVESSA VAGINAL GEL 1.3 %	Tier 3	
VANDAZOLE VAGINAL GEL 0.75 %	Tier 2	
<b>Vaginal Antifungals</b>		
GNAZOLE-1 VAGINAL CREAM 2 %	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
<b>Vaginal Antiseptics</b>		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 %	Tier 3	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	Tier 3	
<b>Vaginal Estrogen For Sexual Dysfunction</b>		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	ST: Requires prior prescription for Estring, Intrarosa, Ospheña, or Premarin within the past 120 days; QL (18 EA per 28 days)

Drug	Status	Notes
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	Tier 3	ST: Requires prior prescription for Estring, Intrarosa, Ospheña, or Premarin within the past 120 days; QL (18 EA per 28 days)
<b>Vaginal Estrogen Preparations</b>		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafer)	Tier 1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	Tier 2	QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	Tier 3	ST: Requires prior prescription for Estring, Intrarosa, Ospheña, or Premarin within the past 120 days; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG	Tier 1	
<b>Vitamin And/Or Mineral Deficiency</b>		
<b>Fluoride Preparations</b>		
CLINPRO 5000 DENTAL PASTE 1.1 %	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
DENTAGEL DENTAL GEL 1.1 %	Tier 1	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	Tier 3	
FLUORABON ORAL DROPS 0.25 MG(0.55 MG S.FLUOR)/0.6 ML	Tier 3	
<i>fluoride (sodium) dental cream 1.1 %</i> (Denta 5000 Plus)	Tier 1	
<i>fluoride (sodium) dental gel 1.1 %</i> (DentaGel)	Tier 1	
<i>fluoride (sodium) dental paste 1.1 %</i> (Clinpro 5000)	Tier 1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	\$0	Age (Max 6 Years)
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride)</i> (Ludent Fluoride)	\$0	Age (Max 6 Years)

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Drug	Status	Notes
<i>fluoride (sodium) oral tablet, chewable</i> (Fluoritab) 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	\$0	Age (Max 6 Years)
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	Tier 3	
FLURA-DROPS ORAL DROPS 0.25 MG(0.55 MG SOD.FLUOR)/DROP	Tier 3	
GEL-KAM DENTAL GEL 0.4 %	Tier 1	
PERIO MED DENTAL SOLUTION 0.63 %	Tier 3	
PHOS-FLUR DENTAL SOLUTION 0.02 % (0.044 % SOD. FLUORIDE)	Tier 3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 %	Tier 3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	Tier 3	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	Tier 3	
PREVIDENT DENTAL SOLUTION 0.2 %	Tier 3	
SF 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
SF DENTAL GEL 1.1 %	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
<i>sodium fluoride-pot nitrate dental paste</i> (Fluoridex Sensitivity 1.1-5 % (Relief)	Tier 1	
<b>Folic Acid Preparations</b>		
<i>folic acid injection solution 5 mg/ml</i>	Tier 1	
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	
<b>Iron Replacement</b>		
CHILDREN'S IRON ORAL DROPS 15 MG IRON (75 MG)/ML	\$0	Age (Max 1 Years)
<i>ferrous sulfate oral drops 15 mg iron (75</i> (Children's Iron) <i>mg)/ml</i>	\$0	Age (Max 1 Years)
PEDIA IRON ORAL DROPS 15 MG IRON (75 MG)/ML	\$0	Age (Max 1 Years)

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Drug	Status	Notes
<b>Vitamin B Preparations</b>		
POTABA ORAL CAPSULE 500 MG	Tier 3	
<b>Vitamin D Preparations</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	Tier 1	
<b>Weight Reduction</b>		
<b>Anorexic Agents</b>		
<i>benzphetamine oral tablet 50 mg</i>	Tier 1	
<i>diethylpropion oral tablet 25 mg</i>	Tier 1	
<i>diethylpropion oral tablet extended release 75 mg</i>	Tier 1	
LOMAIRA ORAL TABLET 8 MG	Tier 1	
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	Tier 1	
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Tier 1	
<i>phentermine oral capsule 15 mg, 30 mg</i>	Tier 1	
<i>phentermine oral capsule 37.5 mg</i> (Adipex-P)	Tier 1	
<i>phentermine oral tablet 37.5 mg</i> (Adipex-P)	Tier 1	
<b>Anti-Obesity - Opioid Antag/Norepi &amp; Da Reup Inhib</b>		
CONTRACE ORAL TABLET EXTENDED RELEASE 8-90 MG	Tier 2	PA
<b>Fat Absorption Decreasing Agents</b>		
XENICAL ORAL CAPSULE 120 MG	Tier 3	PA

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