

This document represents the efforts of the Remedy-One Pharmacy and Therapeutics (P&T) and Formulary Committees, on behalf of Wellfleet Rx, a pharmacy solution provided by Wellfleet Group, LLC (Wellfleet), in collaboration with Express Scripts (ESI), to provide physicians and pharmacists with a method to evaluate the safety, efficacy and cost-effectiveness of commercially available drug products. This is accomplished through the auspices of the P&T Committees with input from Wellfleet and its Student Health Advisory Board. These committees meet quarterly and more often as warranted to ensure clinical relevancy of the Formulary. To accommodate changes to this document, updates are made accessible as necessary. The P&T Committees use the following criteria in the evaluation of drug selection for the Student Formulary:

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

How to Use the Formulary

The Formulary is a list of medications available to Wellfleet Rx members under their pharmacy benefit. All drugs are listed by their generic names and most common proprietary (branded) name. The Formulary may be accessed by using the index, either by generic or proprietary name (in capital letters) and by therapeutic drug category. *In situations where an FDA approved generic equivalent is available, brand names are listed for reference purposes only. Brand names usually cost more and are not preferred over generic alternatives.* Any drugs not found in this formulary listing or any formulary updates published by Wellfleet Rx are considered non-formulary drugs and require prior authorization.

All drugs are listed in each category in alphabetical order by generic name. All drugs have a generic name. If the generic drug is FDA approved, it will appear **bolded** in the formulary listing.

Some drugs on the formulary have certain process requirements or limitations for coverage. These are denoted by:

Symbol	Name	Description
AGE	Age Edit	Drug may not be recommended for some patients based on age.
PA	Prior Authorization	Requires your doctor to request prior authorization to support use of this drug.
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period.
SP	Specialty	Requires your doctor to request prior authorization to support use of this drug. Drugs may need to be filled at a Specialty pharmacy as opposed to retail.
ST	Step Therapy	Coverage may depend on previous use of another drug.

Benefit Coverage and Limitations

This printed Formulary does not provide information regarding the specific coverage and limitations an individual member may have. Many members have specific benefit inclusions, exclusions, copays, or a lack of coverage, which are not reflected in the Formulary. For example, drugs for the treatment of infertility may not be covered. Refer to your benefit summary for more information regarding your specific coverage.

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 Wellfleet or Wellfleet Rx at the phone numbers listed on their ID card.

Excluded Agents

As new drugs become available, they will be considered for coverage under the Student Formulary. The plan administrator has the right to decide what drugs are covered and to what extent, as well as the right to modify coverage including the exclusion of any prescription drugs. Please note that prescribing guidelines such as Prior Authorization, Step Therapy, Quantity Limit, etc., may still apply to Formulary Therapeutic Alternatives.

Non-Formulary and Step Therapy Exception Requests

A member (or their appointed representative, prescribing physician, or authorized prescriber) may request a standard/non-urgent or expedited/urgent preservice/prior and current authorization for a drug that is subjected to utilization management tools such as step therapy. To initiate an exception request, contact 877-640-7938. Prior authorization guidelines will be made available to the member, member's authorization representative, prescribing physician and other authorized prescriber upon request.

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

1. Generic Substitution

When available, FDA approved generic drug used in most situations, regardless of the brand name indicated. Members usually have lower copays and or co-insurance when they use generic drugs. This policy is not meant to preclude or supplant any state statutes that may exist. All drugs that are or become available generically are subject to review by the P&T Committee. Wellfleet Rx approves such multi- source drugs for addition to the MAC list based on the following criteria:

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

If a member requests a brand name drug instead of an approved generic, the member, based on their coverage, is typically required to pay the difference in cost between the brand and the generic. Doctors can request prior authorization if they determine that there is a medical need for the brand name drug.

2. Three Tier Benefit

The Formulary may be applied to a three-tier benefit design, where the member shares the cost of prescription drug therapy at three levels of copayment. In most instances, generically available drugs will be covered under the first or lowest copay tier, branded drugs listed on the Formulary will be covered under the second copay tier, and branded drugs not on the Formulary will be covered under the third or highest copay tier.

3. Medication Synchronization (MedSync)

For select medications (brand or generic, opioids included), a pro-rated copay will be applied if dispensed for less than a predefined day supply. This applies to patients receiving partial fills for the purposes of medication synchronization or who are starting new medication with a shortened fill to align with other already synchronized medications. The pro-rated amount will be calculated based on the maximum allowable day supply for the individual plan benefit and applies to flat copayment.

4. Medication Request Process

Depending upon plan benefit design, a medication request process may apply as follows:

A. Formulary Drugs

Drugs that are listed in the Formulary with associated Prior Authorization (PA) require evaluation, per P&T Committee Prior Authorization guidelines prior to dispensing at a network pharmacy. Each request will be reviewed on an individual patient need basis. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved, and alternative therapy may be recommended.

B. Non-Formulary Drugs

Any drug not found in the Formulary listing, or any Formulary updates published by Wellfleet Rx, shall be considered a Non-Formulary drug. Coverage for non-formulary agents may be applied for in advance. When a member gives a prescription order for a non-formulary drug to a pharmacist, the pharmacist will evaluate the patient's drug history and contact the physician to determine if there is a reasonable medical need for a non-formulary drug. Each request will be reviewed on an individual patient need basis. Approval will be given if a documented medical need exists. The following basic guidelines are used:

- The use of formulary drugs is contraindicated in the patient.
- The patient has failed an appropriate trial of formulary or related agents.
- The choices available in the formulary are not suited for the present patient care need, and the drug selected is required for patient safety.
- The use of a formulary drug may provoke an underlying condition, which would be detrimental to patient care.

PO Box 15369, Springfield, MA 01115

Copyright © 2021 Wellfleet Group, LLC. All rights reserved.

www.wellfleetrx.com

If the request does not meet the guidelines established by the P&T Committees, the request will not be approved, and alternative therapy may be recommended.

C. Obtaining Coverage

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

- Faxing a completed Prior Authorization Request Form to 877.251.5896.
- Contacting Wellfleet Rx at 877.640.7940 and providing all necessary information requested.

Wellfleet Rx will provide an authorization number, specific for the medical need, for all approved requests. Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity. Prior Authorization is generally not available for drugs that are specifically excluded by benefit design.

6. General Exclusions

- A. Over the Counter (OTC) medications or their equivalents, unless otherwise specified in the Formulary listing.
- B. Nicotine Smoking Cessation products (i.e., transdermal nicotine, nicotine gum, nicotine inhaler), except as required by ACA.
- C. Drugs specifically listed as not covered.
- D. Any drug products used for cosmetic purposes.
- E. Experimental drug products or any drug product used in an experimental manner.
- F. Replacement of lost or stolen medication.
- G. Non-self-administered injectable drug products unless otherwise specified in the Formulary listing.
- H. Foreign sourced drugs or drugs not approved by the United States Food & Drug Administration.

Any drugs not listed in this print formulary are considered excluded from the drug benefit and are not covered. The P&T and Formulary Committees recognize that not all medical needs can be met with this document and encourage inquiries about alternative therapies.

7. Pharmacist and Physician Communication

The Formulary is a tool to promote cost- effective prescription drug use. The P&T and Formulary Committees have made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this formidable a task.

Drug list created 1/1/2019. Updated 7/1/2021. Next planned update 1/1/2022.

PO Box 15369, Springfield, MA 01115

Copyright © 2021 Wellfleet Group, LLC. All rights reserved.

www.wellfleetrx.com

iv

Zero Cost Generics

In addition to the ACA Preventive Care medications listed under the \$0 Tier in the formulary, the generic drugs listed in the table below are covered at no cost to you. We encourage you to share this list with your prescriber if you are receiving a medication in one of the categories below to determine if a zero cost option may be appropriate for your treatment.

\$0 Copay Generics	
Antibiotics	
Amoxicillin Capsules (250mg, 500mg)	Amoxicillin Tablets (875mg)
Azithromycin Tablets (250mg, 500mg)	Cephalexin Capsules (250mg, 500mg)
Sulfamethoxazole-Trimethoprim Tablets (400-80mg, 800-160mg)	
Antianxiety/Antidepressants	
Citalopram HBr Tablets 10mg	Sertraline HCl Tablets (50mg, 100mg)
Escitalopram Oxalate Tablets (5mg, 10mg, 20mg)	
Acne	
Benzoyl Peroxide External Gel (5%, 10%)	Benzoyl Peroxide Wash External Liquid (5%, 10%)
Clindamycin Phosphate External Gel (1%)	Clindamycin Phosphate External Solution (1%)
Clindamycin Phosphate External Swab (1%)	Erythromycin External Solution (2%)
Sulfacetamide Sodium External Lotion (10%)	Sulfacetamide Sodium-Sulfur External Emulsion (10-5%)
Schizophrenia	
Olanzapine Tablets (2.5mg, 5mg, 7.5mg, 10mg, 15mg)	
Quetiapine Fumarate Tablets (25mg, 50mg, 100mg, 200mg)	
Risperidone Tablets (0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg)	
Narcotic Antagonists (Limited to one \$0 fill per year)	
Naloxone Injection Auto-Injector	Naloxone Injection Solution
Naloxone Injection Syringe	Narcan Nasal Spray (brand)
Diabetes	
Freestyle Libre 14 Day Reader (brand)	Freestyle Libre 14 Day Sensor (brand)
Freestyle Libre 2 Reader (brand)	Freestyle Libre 2 Sensor (brand)

Table of Contents

Allergy	4
Antiemesis/Antivertigo	6
Asthma And Copd	8
Autonomic Nervous System Disorders	17
Behavioral Health - Antidepressants	18
Behavioral Health - Other	23
Cardiovascular Disease - Arrhythmia.....	38
Cardiovascular Disease - Cardiac Stimulant	39
Cardiovascular Disease - Hypertension	41
Cardiovascular Disease - Lipid Irregularity.....	53
Cardiovascular Disease - Miscellaneous Agents	57
Cardiovascular Disease - Vasodilation	58
Contraception/Oxytocics	60
Cough And Cold	71
Dermatology - Acne	73
Dermatology - Antiinfective.....	75
Dermatology - Antiinflammatory	79
Dermatology - Antipruritic Drugs.....	83
Dermatology - Miscellaneous	84
Dermatology - Pigmentation Disorders	87
Dermatology - Psoriasis/Eczema	88
Diabetes	90
Ear - General Disorders	117
Electrolyte Regulation.....	118
Endocrine Disorder - Fertility	120
Endocrine Disorder - Other	122
Endocrine Disorder - Thyroid.....	128

Eye - General Disorders	130
Eye - Glaucoma	135
Eye - Miscellaneous	138
Fluid Replacement	139
Gout And Related Diseases	139
Hematological Disorders	139
Hormonal Deficiency	149
Immunization	152
Immunosuppression/Modulation	160
Infectious Disease - Bacterial	162
Infectious Disease - Fungal	172
Infectious Disease - Miscellaneous	174
Infectious Disease - Parasitic	177
Infectious Disease - Viral	179
Inflammatory Disease	185
Local Anesthesia	196
Lower Gastrointestinal Disorders - Bowel Inflammation	198
Lower Gastrointestinal Disorders - Other	200
Medical Supplies	203
Miscellaneous Agents	206
Neoplastic Disease	207
Neurological Disease - Miscellaneous	224
Oral/Pharyngeal Disorders	227
Other Drugs	227
Other Respiratory Disorders	241
Pain Management - Analgesics	242
Parkinsons Disease	255
Seizure Disorder	257
Skeletal Muscle Disorder	270
Smoking Cessation	272
Upper Gastrointestinal Disorders - Digestive	273
Upper Gastrointestinal Disorders - Spastic Disease	273
Upper Gastrointestinal Disorders - Ulcer Disease	275
Urinary Tract - Functional Disorders	277

Vaginal Disorders	280
Vitamin And/Or Mineral Deficiency	280

Drug	Status	Notes
Allergy		
Antihistamines - 1St Generation		
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 1	Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg	Tier 1	Age (Min 2 Years)
clemastine oral tablet 2.68 mg	Tier 1	
cyproheptadine oral syrup 2 mg/5 ml	Tier 1	
cyproheptadine oral tablet 4 mg	Tier 1	
dexchlorpheniramine maleate oral solution 2 mg/5 ml (Ryclora)	Tier 1	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	Tier 1	
diphenhydramine hcl injection solution 50 mg/ml	Tier 1	
diphenhydramine hcl injection syringe 50 mg/ml	Tier 1	
diphenhydramine-0.9 % sod.chlr intravenous piggyback 25 mg/50 ml, 50 mg/50 ml	Tier 1	
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	Tier 1	
hydroxyzine hcl oral solution 10 mg/5 ml	Tier 1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
hydroxyzine pamoate oral capsule 100 mg	Tier 1	
hydroxyzine pamoate oral capsule 25 mg, 50 mg (Vistaril)	Tier 1	
promethazine in 0.9 % nacl intravenous piggyback 25 mg/50 ml	Tier 1	
promethazine injection solution 25 mg/ml, 50 mg/ml (Phenergan)	Tier 1	
promethazine injection syringe 25 mg/ml	Tier 1	
promethazine oral syrup 6.25 mg/5 ml	Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
Antihistamines - 2Nd Generation		
cetirizine oral solution 1 mg/ml (All Day Allergy (cetirizine))	Tier 1	
desloratadine oral tablet 5 mg (Claritin)	Tier 1	QL (1 EA per 1 day)
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
levocetirizine oral solution 2.5 mg/5 ml (Xyzal)	Tier 1	QL (10 ML per 1 day)
levocetirizine oral tablet 5 mg (24HR Allergy Relief)	Tier 1	

Drug	Status	Notes
QUZYTIR INTRAVENOUS SOLUTION 10 MG/ML	Tier 2	
Nasal Antihistamine		
azelastine nasal aerosol,spray 137 mcg (0.1 %)	Tier 1	QL (60 ML per 30 days)
azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)	Tier 1	QL (60 ML per 30 days)
olopatadine nasal spray,non-aerosol 0.6 (Patanase) %	Tier 2	QL (30.5 GM per 30 days)
Nasal Antihistamine & Anti-Inflam. Steroid Comb.		
azelastine-fluticasone nasal spray,non- aerosol 137-50 mcg/spray (Dymista)	Tier 1	ST: Prior prescription for Flunisolide or Fluticasone Propionate in the past 365 days; QL (23 GM per 30 days)
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	Tier 2	ST: Prior prescription for Flunisolide or Fluticasone Propionate in the past 365 days; QL (23 GM per 30 days)
TICALAST NASAL KIT,SPRAY SUSPENSION AND SPRAY 137 MCG- 50 MCG- 0.9 %	Tier 3	ST: Prior prescription for Azelastine/Fluticasone, Flunisolide, or Fluticasone Propionate in the past 365 days
Nasal Anti-Inflammatory Steroids		
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	Tier 1	QL (25 ML per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation (24 Hour Allergy Relief)	Tier 1	QL (16 GM per 30 days)
mometasone nasal spray,non-aerosol 50 (Nasonex) mcg/actuation	Tier 2	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)
SINUVA SINUS IMPLANT 1,350 MCG	Tier 3	PA
TICANASE NASAL KIT,SPRAY SUSPENSION AND SPRAY 50 MCG- 0.9 %	Tier 3	ST: Prior prescription for Azelastine/Fluticasone, Flunisolide, or Fluticasone Propionate in the past 365 days

Drug	Status	Notes
TICASPRAY NASAL KIT,SPRAY SUSPENSION AND SPRAY 50 MCG-0.9 %	Tier 3	ST: Prior prescription for Azelastine/Fluticasone, Flunisolide, or Fluticasone Propionate in the past 365 days
Antiemesis/Antivertigo		
Antiemetic, Cannabinoid-Type		
dronabinol oral capsule 10 mg, 2.5 mg, 5 (Marinol) mg	Tier 1	ST: Prior prescription for Emend, a 5HT3 antagonist, or corticosteroid in the past 120 days; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 3	ST: Prior prescription for Dronabinol in the past 120 days; QL (60 ML per 30 days)
Antiemetic/Antivertigo Agents		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	Tier 3	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	Tier 3	
aprepitant oral capsule 125 mg	Tier 1	QL (1 EA per 21 days)
aprepitant oral capsule 40 mg (Emend)	Tier 1	QL (1 EA per 28 days)
aprepitant oral capsule 80 mg (Emend)	Tier 1	QL (2 EA per 21 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2) (Emend)	Tier 1	QL (3 EA per 21 days)
BARHEMSYS INTRAVENOUS SOLUTION 5 MG/2 ML (2.5 MG/ML)	Tier 3	
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML	Tier 3	
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 1	
dimenhydrinate injection solution 50 mg/ml	Tier 1	
fosaprepitant intravenous recon soln 150 mg (Emend (fosaprepitant))	Tier 1	
gransetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml	Tier 1	
gransetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)	Tier 1	

Drug	Status	Notes
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST: Prior prescription for Ondansetron HCL or Ondansetron in 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 (pf) injection solution 4 mg/2 ml</i>	Tier 1	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	Tier 1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	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 in 0.9 % sod chlor intravenous piggyback 16 mg/100 ml, 16 mg/50 ml, 8 mg/50 ml</i>	Tier 1	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	Tier 1	
<i>palonosetron intravenous solution 0.25 mg/2 ml</i>	Tier 3	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	Tier 1	
<i>palonosetron intravenous syringe 0.25 mg/5 ml</i>	Tier 1	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 3	ST: Prior prescription for Ondansetron HCL or Ondansetron in the past 120 days; QL (1 EA per 7 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	Tier 1	

Drug	Status	Notes
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	Tier 3	
<i>trimethobenzamide oral capsule 300 mg (Tigan)</i>	Tier 1	
VARUBI INTRAVENOUS EMULSION 166.5 MG/92.5 ML	Tier 3	
VARUBI ORAL TABLET 90 MG	Tier 2	QL (2 EA per 14 days)
ZOFRAN ORAL TABLET 4 MG, 8 MG	Tier 3	
Asthma And Copd		
5-Lipoxygenase Inhibitors		
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	Tier 2	
ZYFLO ORAL TABLET 600 MG	Tier 3	ST: Prior prescription for Zileuton in the past 120 days
Anticholinergic, Orally Inhaled Short Acting		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 2	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
Anticholinergics, Orally Inhaled Long Acting		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	Tier 3	ST: Prior prescription for Incrust Ellipta, Seebri Neohaler, Spiriva Respimat, or Spiriva in the past 120 days; QL (2 ML per 1 day)
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	Tier 3	ST: Prior prescription for Incrust Ellipta, Seebri Neohaler, Spiriva Respimat, or Spiriva in the past 120 days; QL (2 ML per 1 day)
SEEBRI NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 15.6 MCG	Tier 3	ST: Prior prescription for Incrust Ellipta or Yupelri in the past 120 days
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	Tier 2	QL (3 ML per 1 day)
Beta-Adrenergic Agents		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	

Drug	Status	Notes
albuterol sulfate oral tablet 2 mg, 4 mg	Tier 1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	Tier 1	
metaproterenol oral syrup 10 mg/5 ml	Tier 1	
terbutaline oral tablet 2.5 mg, 5 mg	Tier 1	
terbutaline subcutaneous solution 1 mg/ml	Tier 1	
Beta-Adrenergic Agents, Inhaled, Short Acting		
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (ProAir HFA)	Tier 1	
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	Tier 1	
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml (Xopenex)	Tier 1	
levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml (Xopenex Concentrate)	Tier 1	
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION 1.25 MG/0.5 ML	Tier 3	
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML	Tier 3	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG	Tier 3	ST: Prior prescription for Arcapta Neohaler, Perforomist, or Serevent Diskus in the past 120 days; QL (30 EA per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 3	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled, Long Acting		
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	Tier 2	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 2	QL (60 EA per 30 days)
Beta-Adrenergic And Anticholinergic Combinations		

Drug	Status	Notes
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Tier 2	QL (10.7 GM 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	
UTIBRON NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 27.5-15.6 MCG	Tier 3	ST: Prior prescription for Anoro Ellipta or Bevespi Aerosphere in the past 120 days
Beta-Adrenergic And Glucocorticoid Combinations		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	Tier 2	QL (12 GM per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	Tier 3	
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	Tier 3	ST: Prior prescription for Advair HFA, Breo Ellipta, Budesonide/Formoterol Fumarate, Dulera, or Fluticasone Propionate/Salmeterol in the past 120 days
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	Tier 2	QL (60 EA per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 2	QL (13 GM per 30 days)

Drug	Status	Notes
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i> (AirDuo RespiClick)	Tier 1	ST: Prior prescription for Advair HFA, Breo Ellipta, Budesonide/Formoterol Fumarate, Dulera, or Fluticasone propionate/salmeterol in the past 120 days
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub)	Tier 1	QL (2 EA per 1 day)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Tier 2	QL (10.2 GM per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Tier 1	QL (2 EA per 1 day)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled		
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Tier 2	ST: Prior prescription for Advair HFA, Anoro Ellipta, Bevespi Aerosphere, Breo Ellipta, Budesonide/Formoterol Fumarate, Dulera, or Fluticasone Propionate/Salmeterol, or Trelegy Ellipta in the past 120 days; QL (60 EA per 30 days)
Glucocorticoids, Orally Inhaled		
ARMONAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 232 MCG/ACTUATION, 55 MCG/ACTUATION	Tier 2	QL (1 EA per 30 days)
ARNUTITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 2	QL (13 GM per 30 days)

Drug	Status	Notes
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	Tier 2	QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	Tier 1	QL (60 ML per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 2	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	Tier 2	QL (120 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	Tier 2	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	Tier 2	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	Tier 2	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	Tier 2	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)
Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab		
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
Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 2	PA; SP

Drug	Status	Notes
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	Tier 2	PA; SP
Leukotriene Receptor Antagonists		
ACCOLATE ORAL TABLET 10 MG, 20 MG	Tier 3	
<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 2	
Mast Cell Stabilizers		
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	Tier 1	
Mast Cell Stabilizers, Orally Inhaled		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
Monoclonal Antibodies To Immunoglobulin E(IgE)		
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	Tier 2	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 2	PA; SP
Monoclonal Antibody - Interleukin-5 Antagonists		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 2	PA; SP
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	Tier 2	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 2	PA; SP
Phosphodiesterase-4 (Pde4) Inhibitors		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Tier 2	QL (1 EA per 1 day)
Respiratory Aids, Devices, Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER	Tier 1	QL (1 EA per 365 days)
AEROBIKA OSCILLATING PEP SYSTM DEVICE	Tier 3	
AEROCHAMBER MINI SPACER	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER MV SPACER	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLOW-VU SPACER	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER	Tier 1	QL (1 EA per 365 days)

Drug	Status	Notes
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS Z STAT LG MSK SPACER	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS Z STAT MD MSK SPACER	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS Z STAT SM MSK SPACER	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS Z STAT SPACER	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER WITH FLOWSIGNAL SPACER	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	Tier 1	QL (1 EA per 365 days)
AEROGEAR ACTION ASTHMA KIT KIT	Tier 1	QL (1 EA per 365 days)
AEROTRACH PLUS SPACER	Tier 1	QL (1 EA per 365 days)
AEROVENT PLUS SPACER	Tier 1	QL (1 EA per 365 days)
ASTHMAPACK CHILDREN'S KIT	Tier 1	QL (1 EA per 365 days)
BREATHERITE MDI SPACER SPACER	Tier 1	QL (1 EA per 365 days)
BREATHERITE SPACER-MASK, NEO. SPACER	Tier 1	QL (1 EA per 365 days)
BREATHERITE SPACER-MASK,ADULT SPACER	Tier 1	QL (1 EA per 365 days)
BREATHERITE SPACER-MASK,CHILD SPACER	Tier 1	QL (1 EA per 365 days)
BREATHERITE SPACER- MASK,INFANT SPACER	Tier 1	QL (1 EA per 365 days)
BREATHERITE SPACER- MASK,S.CHLD SPACER	Tier 1	QL (1 EA per 365 days)
BREATHERITE VALVED MDI CHAMBER SPACER	Tier 1	QL (1 EA per 365 days)
BREATHERITE VALVED MDI SPACER SPACER	Tier 1	QL (1 EA per 365 days)
CLEVER CHOICE CHAMBER-LRG MASK SPACER	Tier 1	QL (1 EA per 365 days)
CLEVER CHOICE CHAMBER-MED MASK SPACER	Tier 1	QL (1 EA per 365 days)
CLEVER CHOICE CHAMBER-SM MASK SPACER	Tier 1	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER PLUS SPACER	Tier 1	QL (1 EA per 365 days)

Drug	Status	Notes
COMPACT SPACE CHAMBER SPACER	Tier 1	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER-LRG MASK SPACER	Tier 1	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER-MED MASK SPACER	Tier 1	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER-SM MASK SPACER	Tier 1	QL (1 EA per 365 days)
EASIVENT HOLDING CHAMBER SPACER	Tier 1	QL (1 EA per 365 days)
EASIVENT MASK LARGE DEVICE	Tier 1	QL (1 EA per 365 days)
EASIVENT MASK MEDIUM DEVICE	Tier 1	QL (1 EA per 365 days)
EASIVENT MASK SMALL DEVICE	Tier 1	QL (1 EA per 365 days)
FLEXICHAMBER SPACER	Tier 1	QL (1 EA per 365 days)
FLEXICHAMBER-LG CHILD MASK DEVICE	Tier 1	QL (1 EA per 365 days)
FLEXICHAMBER-SM ADULT MASK DEVICE	Tier 1	QL (1 EA per 365 days)
FLEXICHAMBER-SM CHILD MASK DEVICE	Tier 1	QL (1 EA per 365 days)
INSPIRACHAMBER SPACER	Tier 1	QL (1 EA per 365 days)
INSPIRACHAMBER WITH MASK-LARGE SPACER	Tier 1	QL (1 EA per 365 days)
INSPIRACHAMBER WITH MASK-MED SPACER	Tier 1	QL (1 EA per 365 days)
INSPIRACHAMBER WITH MASK-SMALL SPACER	Tier 1	QL (1 EA per 365 days)
LITE TOUCH-MEDIUM MASK DEVICE	Tier 1	QL (1 EA per 365 days)
LITEAIRE MDI CHAMBER SPACER	Tier 1	QL (1 EA per 365 days)
LITETOUCH-LARGE MASK DEVICE	Tier 1	QL (1 EA per 365 days)
LITETOUCH-SMALL MASK DEVICE	Tier 1	QL (1 EA per 365 days)
MICROCHAMBER SPACER	Tier 1	QL (1 EA per 365 days)
MICROSPACER SPACER	Tier 1	QL (1 EA per 365 days)
MINI WRIGHT PEAK FLOW METER DEVICE	Tier 1	QL (1 EA per 365 days)
MINI-WRIGHT PEAK FLOW METER DEVICE	Tier 1	QL (1 EA per 365 days)
MISTASSIST DEVICE	Tier 1	QL (1 EA per 365 days)
OPTICHAMBER ADULT MASK-LARGE DEVICE	Tier 1	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND LG MASK SPACER	Tier 1	QL (1 EA per 365 days)

Drug	Status	Notes
OPTICHAMBER DIAMOND VHC SPACER	Tier 1	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND-MED MSK SPACER	Tier 1	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND-SML MASK SPACER	Tier 1	QL (1 EA per 365 days)
PFLEX INSPIRATORY TRAINER DEVICE	Tier 1	QL (1 EA per 365 days)
POCKET CHAMBER SPACER	Tier 1	QL (1 EA per 365 days)
PRIMEAIRE SPACER	Tier 1	QL (1 EA per 365 days)
PRO COMFORT SPACER-ADULT MASK SPACER	Tier 1	QL (1 EA per 365 days)
PRO COMFORT SPACER-CHILD MASK SPACER	Tier 1	QL (1 EA per 365 days)
PROCARE SPACER WITH ADULT MASK SPACER	Tier 1	QL (1 EA per 365 days)
PROCARE SPACER WITH CHILD MASK SPACER	Tier 1	QL (1 EA per 365 days)
PROCHAMBER SPACER	Tier 1	QL (1 EA per 365 days)
PROVENT NASAL DEVICE	Tier 3	
PROVENT STARTER NASAL DEVICE	Tier 3	
QUAKE VIBRATORY PEP DEVICE	Tier 3	
RITEFLO AEROCHAMBER SPACER	Tier 1	QL (1 EA per 365 days)
SILICONE MASK - INFANT DEVICE	Tier 1	QL (1 EA per 365 days)
SPACE CHAMBER PLUS SPACER	Tier 1	QL (1 EA per 365 days)
SPACE CHAMBER SPACER	Tier 1	QL (1 EA per 365 days)
SPACE CHAMBER WITH LARGE MASK SPACER	Tier 1	QL (1 EA per 365 days)
SPACE CHAMBER WITH MEDIUM MASK SPACER	Tier 1	QL (1 EA per 365 days)
SPACE CHAMBER WITH SMALL MASK SPACER	Tier 1	QL (1 EA per 365 days)
THRESHOLD IMT TRAINER DEVICE	Tier 1	QL (1 EA per 365 days)
THRESHOLD PEP DEVICE DEVICE	Tier 1	QL (1 EA per 365 days)
TRUZONE PEAK FLOW METER DEVICE	Tier 1	QL (1 EA per 365 days)
VORTEX HOLDING CHAMBER CHILD SPACER	Tier 1	QL (1 EA per 365 days)
VORTEX HOLDING CHAMBER SPACER	Tier 1	QL (1 EA per 365 days)
VORTEX HOLDING CHAMBER TODDLER SPACER	Tier 1	QL (1 EA per 365 days)

Drug	Status	Notes
VORTEX VHC FROG MASK-CHILD SPACER	Tier 1	QL (1 EA per 365 days)
VORTEX VHC LADYBUG MASK-TODDLR SPACER	Tier 1	QL (1 EA per 365 days)
Xanthines		
aminophylline intravenous solution 250 mg/10 ml, 500 mg/20 ml	Tier 1	
caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml) (Cafcit)	Tier 1	
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	Tier 1	
caffeine-sodium benzoate injection solution 250 mg/ml (125 mg/ml caffeine)	Tier 1	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 300 MG	Tier 1	
theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 800 mg/250 ml	Tier 1	
theophylline oral elixir 80 mg/15 ml (Elixophyllin)	Tier 1	
theophylline oral solution 80 mg/15 ml	Tier 1	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	Tier 1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	Tier 1	
Autonomic Nervous System Disorders		
Alzheimer's Therapy, Nmda Receptor Antagonists		
memantine oral capsule,sprinkle,er 24hr (Namenda XR) 14 mg, 21 mg, 28 mg, 7 mg	Tier 1	QL (30 EA per 30 days)
memantine oral solution 2 mg/ml	Tier 1	QL (300 ML per 30 days)
memantine oral tablet 10 mg, 5 mg (Namenda)	Tier 1	QL (60 EA per 30 days)
Cholinesterase Inhibitors		
BLOXIVERZ INTRAVENOUS SOLUTION 0.5 MG/ML	Tier 2	
donepezil oral tablet 10 mg, 23 mg, 5 mg (Aricept)	Tier 1	
donepezil oral tablet,disintegrating 10 mg, 5 mg	Tier 1	
galantamine oral capsule,ext rel. pellets (Razadyne ER) 24 hr 16 mg, 24 mg, 8 mg	Tier 1	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml	Tier 1	QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg (Razadyne)	Tier 1	QL (60 EA per 30 days)

Drug	Status	Notes
MESTINON ORAL SYRUP 60 MG/5 ML	Tier 3	
<i>neostigmine in sterile water injection syringe 5 mg/5 ml</i>	Tier 1	
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml, 1 mg/ml</i>	Tier 1	
<i>neostigmine methylsulfate intravenous syringe 2 mg/2 ml (1 mg/ml), 3 mg/3 ml (1 mg/ml), 4 mg/4 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>physostigmine salicylate injection solution 1 mg/ml</i>	Tier 1	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml (Mestinon)</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg (Mestinon)</i>	Tier 1	
<i>pyridostigmine bromide oral tablet (Mestinon Timespan) extended release 180 mg</i>	Tier 1	
RAZADYNE ER ORAL CAPSULE,EXT REL. PELLETS 24 HR 16 MG, 24 MG, 8 MG	Tier 3	QL (30 EA per 30 days)
RAZADYNE ORAL TABLET 12 MG, 4 MG, 8 MG	Tier 3	QL (60 EA per 30 days)
REGONOL INJECTION SOLUTION 5 MG/ML	Tier 2	
<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 (Exelon)</i>	Tier 1	QL (30 EA per 30 days)
Behavioral Health - Antidepressants		
Alpha-2 Receptor Antagonist		
Antidepressants		
<i>mirtazapine oral tablet 15 mg, 30 mg (Remeron)</i>	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 (Remeron SolTab)</i>	Tier 1	
Antidepressant - Postpartum Depression (Ppd)		
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	Tier 3	
Maois - Non-Selective & Irreversible		

Drug	Status	Notes
MARPLAN ORAL TABLET 10 MG	Tier 3	ST: Prior prescription for Phenelzine Sulfate or Tranylcypromine Sulfate in the past 120 days
phenelzine oral tablet 15 mg (Nardil)	Tier 1	
tranylcypromine oral tablet 10 mg (Parnate)	Tier 2	
Norepinephrine And Dopamine Reuptake Inhib (Ndris)		
bupropion hcl oral tablet 100 mg, 75 mg	Tier 1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg (Wellbutrin XL)	Tier 1	
bupropion hcl oral tablet extended release 24 hr 450 mg (Forfivo XL)	Tier 2	ST: Prior prescription for Bupropion HCL in the past 120 days
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg (Wellbutrin SR)	Tier 1	
Selective Serotonin Reuptake Inhibitor (Ssris)		
citalopram oral solution 10 mg/5 ml	Tier 1	
citalopram oral tablet 10 mg, 20 mg, 40 mg (Celexa)	Tier 1	
escitalopram oxalate oral solution 5 mg/5 ml	Tier 1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg (Lexapro)	Tier 1	
fluoxetine oral capsule 10 mg, 20 mg, 40 mg (Prozac)	Tier 1	
fluoxetine oral capsule, delayed release(dr/ec) 90 mg	Tier 1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	Tier 1	
fluoxetine oral tablet 10 mg (Sarafem)	Tier 1	
fluoxetine oral tablet 20 mg (Sarafem)	Tier 2	
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	Tier 2	QL (2 EA per 1 day)
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	Tier 1	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg (Paxil CR)	Tier 2	

Drug	Status	Notes
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	Tier 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in the past 365 days
sertraline oral concentrate 20 mg/ml (Zoloft)	Tier 1	
sertraline oral tablet 100 mg, 25 mg, 50 mg (Zoloft)	Tier 1	
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	Tier 1	
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg	Tier 3	ST: Prior prescription for Desvenlafaxine Succinate, Drizalma Sprinkle, Duloxetine HCL, Fetzima, or Venlafaxine HCL in the past 120 days; QL (1 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg (Pristiq)	Tier 1	QL (1 EA per 1 day)
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg (Cymbalta)	Tier 1	QL (2 EA per 1 day)
duloxetine oral capsule, delayed release(dr/ec) 40 mg	Tier 2	QL (2 EA per 1 day)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Tier 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in the past 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in the past 365 days; QL (1 EA per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	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 2	
Ssri & 5Ht1a Partial Agonist Antidepressant		
VIIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in the past 365 days; QL (1 EA per 1 day)
VIIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	Tier 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in the past 365 days; QL (1 EA per 1 day)
Ssri & Serotonin Receptor Modulator Antidepressant		

Drug	Status	Notes
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in the past 365 days; QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combinations		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>		
Tricyclic Antidepressant/Phenothiazine Combinations		
<i>perphenazine-amitriptyline oral tablet 2- 10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>		
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	Tier 2	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	Tier 2	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 2	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 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 2	
<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 2	

Drug	Status	Notes
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Behavioral Health - Other		
Adrenergics, Aromatic, Non-Catecholamine		
ADZENYS ER ORAL SUSPEN, IR - ER, BIPHASIC 24HR 1.25 MG/ML	Tier 3	ST: Prior prescription for Dextroamphetamine/amphetamine, Methylphenidate HCL, or Ritalin LA in the past 120 days; QL (450 ML per 30 days)
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	Tier 3	ST: Prior prescription for Dextroamphetamine/amphetamine, Methylphenidate HCL, or Ritalin LA in the past 120 days
<i>amphetamine sulfate oral tablet 10 mg, 5 mg (Evekeo)</i>	Tier 1	PA
<i>dextroamphetamine oral capsule, extended release 10 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine oral solution 5 mg/5 ml</i>	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine oral tablet 10 mg (Zenzedi)</i>	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine oral tablet 5 mg (Zenzedi)</i>	Tier 1	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methamphetamine oral tablet 5 mg (Desoxyn)</i>	Tier 1	QL (150 EA per 30 days)

Drug	Status	Notes
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 2	ST: Prior prescription for Adhansia XR, Aptensio XR, Citalopram Hydrobromide, Dextroamphetamine/amphetamine, Escitalopram Oxalate, Fluoxetine HCL, Fluvoxamine Maleate, Jornay PM, Methylphenidate HCL, Mydayis, Paroxetine HCL, Paxil, Quillichew ER, Quillivant XR, Relexxii, Ritalin LA, Sertraline HCL, Topiramate, or Trokendi XR in the past 120 days; QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 2	ST: Prior prescription for Adhansia XR, Aptensio XR, Citalopram Hydrobromide, Dextroamphetamine/amphetamine, Escitalopram Oxalate, Fluoxetine HCL, Fluvoxamine Maleate, Jornay PM, Methylphenidate HCL, Mydayis, Paroxetine HCL, Paxil, Quillichew ER, Quillivant XR, Relexxii, Ritalin LA, Sertraline HCL, Topiramate, or Trokendi XR in the past 120 days; QL (1 EA per 1 day)
ZENZEDI ORAL TABLET 10 MG	Tier 1	QL (180 EA per 30 days)
ZENZEDI ORAL TABLET 5 MG	Tier 1	QL (90 EA per 30 days)
Anti-Alcoholic Preparations		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	Tier 1	
disulfiram oral tablet 250 mg, 500 mg (Antabuse)	Tier 1	
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	Tier 2	SP
Anti-Anxiety - Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	Tier 1	

Drug	Status	Notes
alprazolam oral tablet extended release (Xanax XR) 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg	Tier 1	
clorazepate dipotassium oral tablet 7.5 mg (Tranxene T-Tab)	Tier 1	
diazepam injection solution 5 mg/ml	Tier 1	
diazepam injection syringe 5 mg/ml	Tier 1	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 1	
diazepam oral concentrate 5 mg/ml (Diazepam Intensol)	Tier 1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	Tier 1	
diazepam oral tablet 10 mg, 2 mg, 5 mg (Valium)	Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 1	
lorazepam oral concentrate 2 mg/ml (Lorazepam Intensol)	Tier 1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg (Ativan)	Tier 1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Tier 1	
Anti-Anxiety Drugs		
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	
meprobamate oral tablet 200 mg, 400 mg	Tier 1	
Anti-Mania Drugs		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 3	ST: Prior prescription for generic Carbamazepine in the past 120 days
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	Tier 1	
lithium carbonate oral tablet 300 mg	Tier 1	
lithium carbonate oral tablet extended release 300 mg (Lithobid)	Tier 1	
lithium carbonate oral tablet extended release 450 mg	Tier 1	
lithium citrate oral solution 8 meq/5 ml	Tier 1	
Anti-Narcolepsy & Anti-Cataplexy,Sedative-Type Agt		

Drug	Status	Notes
XYREM ORAL SOLUTION 500 MG/ML	Tier 3	PA; SP
Antipsych,Dopamine Antag.,Diphenylbutylpiperidines		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	
Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 3	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	Tier 3	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (7 EA per 28 days)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	Tier 2	SP
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	Tier 2	SP

Drug	Status	Notes
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in the past 365 days; QL (30 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)</i>	Tier 1	QL (1 EA per 1 day)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in the past 365 days; QL (3 EA per 1 day)

Drug	Status	Notes
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in the past 365 days; QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	Tier 2	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	Tier 2	SP
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 3	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 3	SP
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
Antipsychotics,Atypical,Dopamine,& Serotonin Antag		

Drug	Status	Notes
CAPLYTA ORAL CAPSULE 42 MG	Tier 3	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Caplyta, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (1 EA per 1 day)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)</i>	Tier 1	QL (3 EA per 1 day)
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (3 EA per 1 day)
CLOZARIL ORAL TABLET 200 MG, 50 MG	Tier 3	QL (3 EA per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (2 EA per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 3	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (8 EA per 28 days)

Drug	Status	Notes
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML	Tier 3	SP
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	Tier 2	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	Tier 2	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (60 EA per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	Tier 1	QL (1 EA per 1 day)
<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 2	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
<i>paliperidone oral tablet extended release (Invega) 24hr 6 mg</i>	Tier 2	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (2 EA per 1 day)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT 120 MG, 90 MG	Tier 3	SP
<i>quetiapine oral tablet 100 mg, 200 mg, (Seroquel) 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>quetiapine oral tablet extended release (Seroquel XR) 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	Tier 2	SP
<i>risperidone oral solution 1 mg/ml (Risperdal)</i>	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 (Risperdal) mg, 3 mg, 4 mg</i>	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 3	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (2 EA per 1 day)

Drug	Status	Notes
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Tier 3	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Perseris, Quetiapine Fumarate, Risperidone, Secudo, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	Tier 1	QL (2 EA per 1 day)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.) (Geodon)	Tier 1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	Tier 3	SP
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Antipsychotics,Dopamine Antagonists,Butyrophenones		
droperidol injection solution 2.5 mg/ml	Tier 1	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml (Haldol Decanoate)	Tier 1	
haloperidol lactate injection solution 5 mg/ml (Haldol)	Tier 1	
haloperidol lactate intramuscular syringe 5 mg/ml	Tier 1	
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	
Antipsychotics,Dopamine Antagonst,Dihydroindolones		
molindone oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
molindone oral tablet 25 mg	Tier 1	QL (9 EA per 1 day)
molindone oral tablet 5 mg	Tier 1	
Anti-Psychotics,Phenothiazines		
chlorpromazine injection solution 25 mg/ml	Tier 1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	

Drug	Status	Notes
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Tier 1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Barbiturates		
AMYTAL INJECTION RECON SOLN 500 MG	Tier 1	
LUMINAL INJECTION SYRINGE 130 MG/ML	Tier 3	
<i>pentobarbital sodium injection solution 50 mg/ml (Nembutal Sodium)</i>	Tier 1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	Tier 1	
SECONAL SODIUM ORAL CAPSULE 100 MG	Tier 2	
Benzodiazepine Antagonists		
<i>flumazenil intravenous solution 0.1 mg/ml</i>	Tier 1	
Central Nervous System Stimulants		
DOPRAM INTRAVENOUS SOLUTION 20 MG/ML	Tier 3	
<i>doxapram intravenous solution 20 mg/ml (Dopram)</i>	Tier 1	
Hsdd Agents-Mixed Serotonin Agonist/Antagonists		
ADDYI ORAL TABLET 100 MG	Tier 3	PA
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	Tier 3	PA
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists		

Drug	Status	Notes
HETLIOZ ORAL CAPSULE 20 MG	Tier 3	PA; SP
<i>ramelteon oral tablet 8 mg</i> (Rozerem)	Tier 1	ST: Prior prescription for Edluar, Eszopiclone, Flurazepam HCL, Temazepam, Zaleplon, Zolpidem Tartrate, or Zolpimist in the past 120 days; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant - Ssris		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i> (Bridelle)	Tier 1	ST: Prior prescription for Paroxetine HCL or Venlafaxine HCL in the past 120 days; QL (1 EA per 1 day)
Monoamine Oxidase(Mao) Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 3	ST: Prior prescription for Rasagiline Mesylate or Selegiline HCL in the past 120 days; QL (1 EA per 1 day)
Narcolepsy And Sleep Disorder Therapy Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)	Tier 1	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i> (Nuvigil)	Tier 1	QL (3 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	Tier 1	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 3	PA
Narcolepsy Tx-H3- Recept.Antagonist/Inverse Agonist		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 3	PA; SP
Narcotic Antagonists		
EVZIO INJECTION AUTO-INJECTOR 2 MG/0.4 ML	Tier 2	
<i>naloxone injection auto-injector 2 mg/0.4 ml</i>	Tier 1	
<i>naloxone injection solution 0.4 mg/ml</i>	Tier 1	
<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	
Pineal Hormone Agents		

Drug	Status	Notes
<i>melatonin oral capsule 10 mg</i>	Tier 3	
<i>melatonin oral lozenge 5 mg</i>	Tier 3	
<i>melatonin oral tablet 1 mg, 10 mg, 12 mg</i>	Tier 1	
<i>melatonin oral tablet 3 mg</i> (Melatin)	Tier 1	
<i>melatonin oral tablet 5 mg</i>	Tier 3	
<i>melatonin oral tablet,disintegrating 5 mg</i>	Tier 3	
Sedative-Hypnotics - Benzodiazepines		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)	Tier 1	
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	Tier 1	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 1	
<i>quazepam oral tablet 15 mg</i> (Doral)	Tier 2	ST: Prior prescription for Edluar, Eszopiclone, Flurazepam HCL, Temazepam, Zaleplon, Zolpidem Tartrate, or Zolpimist in the past 120 days
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	Tier 1	
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i> (Restoril)	Tier 2	
<i>triazolam oral tablet 0.125 mg</i>	Tier 1	
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	Tier 1	
Sedative-Hypnotics,Non-Barbiturate		
<i>BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG</i>	Tier 3	ST: Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 120 days; QL (1 EA per 1 day)
<i>dexmedetomidine in 0.9 % nacl intravenous solution 200 mcg/50 ml (4 mcg/ml), 400 mcg/100 ml (4 mcg/ml), 80 mcg/20 ml (4 mcg/ml)</i>	Tier 1	
<i>dexmedetomidine in 0.9 % nacl intravenous syringe 80 mcg/20 ml (4 mcg/ml)</i>	Tier 1	
<i>dexmedetomidine in dextrose 5% intravenous solution 200 mcg/50 ml (4 mcg/ml), 400 mcg/100 ml (4 mcg/ml)</i>	Tier 3	

Drug	Status	Notes
dexmedetomidine intravenous solution 100 mcg/ml (Precedex)	Tier 1	
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	Tier 3	ST: Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 120 days
eszopiclone oral tablet 1 mg, 2 mg, 3 mg (Lunesta)	Tier 1	QL (1 EA per 1 day)
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	Tier 1	
PRECEDEX IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 200 MCG/50 ML (4 MCG/ML), 400 MCG/100 ML (4 MCG/ML), 80 MCG/20 ML (4 MCG/ML)	Tier 3	
PRECEDEX INTRAVENOUS SOLUTION 100 MCG/ML	Tier 3	
SILENOR ORAL TABLET 3 MG, 6 MG	Tier 3	ST: Prior prescription for Doxepin HCL, Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 120 days; QL (1 EA per 1 day)
zaleplon oral capsule 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet 10 mg, 5 mg (Ambien)	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg (Ambien CR)	Tier 1	QL (1 EA per 1 day)
zolpidem sublingual tablet 1.75 mg, 3.5 mg (Intermezzo)	Tier 1	ST: Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 120 days; QL (1 EA per 1 day)
ZOLPIMIST ORAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 3	ST: Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 120 days
Selective Serotonin 5-HT2a Inverse Agonists (Ssia)		
NUPLAZID ORAL CAPSULE 34 MG	Tier 3	PA; SP
NUPLAZID ORAL TABLET 10 MG	Tier 3	PA; SP
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb		
olanzapine-fluoxetine oral capsule 12-25 mg	Tier 1	QL (1 EA per 1 day)
olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg (Symbyax)	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
Tx For Adhd - Selective Alpha-2A Receptor Agonist		
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy		
clonidine hcl oral tablet extended release (Kapvay) 12 hr 0.1 mg	Tier 1	QL (120 EA per 30 days)
guanfacine oral tablet extended release (Intuniv ER) 24 hr 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	QL (1 EA per 1 day)
dexamethylphenidate oral capsule,er (Focalin XR) biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
dexamethylphenidate oral tablet 10 mg, (Focalin) 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er (Ritalin LA) biphasic 50-50 10 mg, 20 mg, 40 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule,er (Ritalin LA) biphasic 50-50 30 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	Tier 1	
methylphenidate hcl oral tablet 10 mg, (Ritalin) 20 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg	Tier 1	
methylphenidate hcl oral tablet extended release 20 mg (Metadate ER)	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg (Concerta)	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg (Concerta)	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 72 mg (Relexxii)	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 72 MG	Tier 3	QL (1 EA per 1 day)
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		

Drug	Status	Notes
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg (Strattera)</i>	Tier 1	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg (Strattera)</i>	Tier 1	QL (30 EA per 30 days)
Cardiovascular Disease - Arrhythmia		
Antiarrhythmics		
<i>adenosine intravenous solution 3 mg/ml</i>	Tier 1	
<i>adenosine intravenous syringe 3 mg/ml</i>	Tier 1	
<i>amiodarone in dextrose 5 % intravenous solution 150 mg/100 ml (1.5 mg/ml), 450 mg/250 ml (1.8 mg/ml), 900 mg/500 ml (1.8 mg/ml)</i>	Tier 1	
<i>amiodarone intravenous solution 50 mg/ml</i>	Tier 1	
<i>amiodarone intravenous syringe 150 mg/3 ml</i>	Tier 1	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg (Pacerone)</i>	Tier 1	
<i>bretilyum tosylate injection solution 50 mg/ml</i>	Tier 1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg (Norpace)</i>	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg (Tikosyn)</i>	Tier 1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>ibutilide fumarate intravenous solution 0.1 mg/ml (Convert)</i>	Tier 1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	Tier 1	
<i>lidocaine in nacl,iso-osmo(pf) injection syringe 100 mg/10 ml (1 %)</i>	Tier 1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG	Tier 3	ST: Prior prescription for Amiodarone HCL, Dofetilide, Flecainide Acetate, Propafenone HCL, or Sotalol HCL in the past 120 days
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML)	Tier 2	

Drug	Status	Notes
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	Tier 3	ST: Prior prescription for Disopyramide Phosphate in the past 120 days
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	Tier 1	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	Tier 1	
<i>procainamide intravenous syringe 100 mg/ml</i>	Tier 1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
Cardiovascular Disease - Cardiac Stimulant		
Adrenergic Agents,Catecholamines		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 1 MG/ML (1 ML)	Tier 2	
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/250 ml (3,200 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	Tier 1	
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 400 mg/10 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml), 800 mg/10 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml)</i>	Tier 1	
<i>epinephrine hcl (pf) injection solution 1 mg/ml (1 ml)</i>	Tier 1	
<i>epinephrine hcl in 0.9 % nacl intravenous solution 1 mg/250 ml (4 mcg/ml), 2 mg/250 ml (8 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml)</i>	Tier 1	
<i>epinephrine hcl in 0.9 % nacl intravenous syringe 0.16 mg/10 ml (16 mcg/ml), 1 mg/10 ml (100 mcg/ml), 100 mcg/10 ml (10 mcg/ml)</i>	Tier 1	

Drug	Status	Notes
epinephrine hcl in 5% dextrose intravenous solution 1 mg/250 ml (4 mcg/ml), 16 mg/250 ml (64 mcg/ml), 2 mg/250 ml (8 mcg/ml), 4 mg/250 ml (16 mcg/ml), 5 mg/250 ml (20 mcg/ml), 8 mg/250 ml (32 mcg/ml)	Tier 1	
epinephrine in sod chlor,iso intravenous syringe 1 mg/10 ml (100 mcg/ml)	Tier 1	
epinephrine injection solution 1 mg/ml, 1 (Adrenalin) mg/ml (1 ml)	Tier 1	
epinephrine injection syringe 0.1 mg/ml	Tier 1	
isoproterenol hcl injection solution 0.2 (Isuprel) mg/ml	Tier 1	
ISUPREL INJECTION SOLUTION 0.2 MG/ML	Tier 3	
norepinephrine bitartrate intravenous (Levophed (bitartrate)) solution 1 mg/ml	Tier 1	
norepinephrine bitartrate-d5w intravenous solution 16 mg/250 ml (64 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml), 8 mg/500 ml (16 mcg/ml)	Tier 1	
norepinephrine bitartrate-nacl intravenous solution 16 mg/250 ml (64 mcg/ml), 16 mg/500 ml (32 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml), 8 mg/500 ml (16 mcg/ml)	Tier 1	
norepinephrine bitartrate-nacl intravenous syringe 0.16 mg/10 ml (16 mcg/ml)	Tier 1	
Digitalis Glycosides		
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 1	
DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 1	
digoxin injection solution 250 mcg/ml (Lanoxin) (0.25 mg/ml)	Tier 1	
digoxin injection syringe 250 mcg/ml (0.25 mg/ml)	Tier 1	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	Tier 2	
digoxin oral tablet 125 mcg (0.125 mg), (Digitek) 250 mcg (0.25 mg)	Tier 1	
LANOXIN INJECTION SOLUTION 500 MCG/2 ML (0.5 MG/2 ML)	Tier 3	

Drug	Status	Notes
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	Tier 3	
LANOXIN PEDIATRIC INJECTION SOLUTION 100 MCG/ML (0.1 MG/ML)	Tier 2	
Inotropic Drugs		
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	Tier 1	
Cardiovascular Disease - Hypertension		
Ace Inhibitor/Calcium Channel Blocker Combination		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	Tier 1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	Tier 3	ST: At least 2 prior prescriptions for Amlodipine Besylate, Amlodipine Besylate/benazepril, or Perindopril Erbumine in the past 120 days
<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>	Tier 1	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	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>	Tier 1	

Drug	Status	Notes
quinapril-hydrochlorothiazide oral tablet (Accuretic) 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
Alpha/Beta-Adrenergic Blocking Agents		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)	Tier 1	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg (Coreg CR)	Tier 1	
labetalol intravenous solution 5 mg/ml (Coreg IV)	Tier 1	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml), 25 mg/5 ml (5 mg/ml)	Tier 1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	Tier 1	
Alpha-Adrenergic Blocking Agents		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 3	ST: Prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Prazosin HCL, Tamsulosin HCL, or Terazosin HCL in the past 120 days
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	Tier 1	
phenoxybenzamine oral capsule 10 mg (Dibenzyline)	Tier 1	PA; SP
phentolamine injection recon soln 5 mg	Tier 1	
prazosin oral capsule 1 mg, 2 mg, 5 mg (Minipress)	Tier 1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb		
amlodipine-valsartan-hcthiazid oral tablet (Exforge HCT) 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 365 days
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg (Tribenzor)	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days
Angiotensin Receptor Antag./Thiazide Diuretic Comb		
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand HCT)	Tier 1	

Drug	Status	Notes
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	Tier 3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Tier 2	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days
<i>irbesartan-hydrochlorothiazide oral tablet</i> (Avalide) 150-12.5 mg, 300-12.5 mg	Tier 1	
<i>losartan-hydrochlorothiazide oral tablet</i> (Hyzaar) 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	
<i>olmesartan-hydrochlorothiazide oral tablet</i> 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar HCT)	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 365 days
<i>telmisartan-hydrochlorothiazid oral tablet</i> (Micardis HCT) 40-12.5 mg, 80-12.5 mg, 80-25 mg	Tier 1	
<i>valsartan-hydrochlorothiazide oral tablet</i> (Diovan HCT) 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 1	
Angiotensin Receptor Antgnst & Calc.Channel Blockr		
<i>amlodipine-olmesartan oral tablet</i> 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg (Azor)	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days
<i>amlodipine-valsartan oral tablet</i> 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg (Exforge)	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 365 days
<i>telmisartan-amlodipine oral tablet</i> 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg (Twynsta)	Tier 1	
Antihypertensives, Ace Inhibitors		
<i>benazepril oral tablet</i> 10 mg, 20 mg, 40 mg (Lotensin)	Tier 1	
<i>benazepril oral tablet</i> 5 mg	Tier 1	
<i>captopril oral tablet</i> 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1	
<i>enalapril maleate oral tablet</i> 10 mg, 2.5 mg, 20 mg, 5 mg (Vasotec)	Tier 1	
<i>enalaprilat intravenous solution</i> 1.25 mg/ml	Tier 1	

Drug	Status	Notes
fosinopril oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
lisinopril oral tablet 10 mg, 20 mg (Prinivil)	Tier 1	
lisinopril oral tablet 2.5 mg, 30 mg, 40 mg, 5 mg (Zestril)	Tier 1	
moexipril oral tablet 15 mg, 7.5 mg	Tier 1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Accupril)	Tier 1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg (Altace)	Tier 1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
Antihypertensives, Angiotensin Receptor Antagonist		
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg (Atacand)	Tier 1	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	Tier 3	
EDARBI ORAL TABLET 40 MG, 80 MG	Tier 2	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days
eprosartan oral tablet 600 mg	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 365 days
irbesartan oral tablet 150 mg, 300 mg, 75 mg (Avapro)	Tier 1	
losartan oral tablet 100 mg, 25 mg, 50 mg (Cozaar)	Tier 1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg (Benicar)	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days
telmisartan oral tablet 20 mg, 40 mg, 80 mg (Micardis)	Tier 1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg (Diovan)	Tier 1	
Antihypertensives, Ganglionic Blockers		
VECAMYL ORAL TABLET 2.5 MG	Tier 3	PA
Antihypertensives, Miscellaneous		

Drug	Status	Notes
DEM SER ORAL CAPSULE 250 MG	Tier 3	
<i>metyrosine oral capsule 250 mg</i> (Demser)	Tier 1	
NIPRIDE RTU INTRAVENOUS SOLUTION 10 MG/50 ML (0.2 MG/ML), 20 MG/100 ML (0.2 MG/ML), 50 MG/100 ML (0.5 MG/ML)	Tier 3	
NITROPRESS INTRAVENOUS SOLUTION 25 MG/ML	Tier 3	
<i>sodium nitroprusside intravenous solution 25 mg/ml</i>	Tier 1	
Antihypertensives, Sympatholytic		
<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	
<i>methyldopate intravenous solution 250 mg/5 ml</i>	Tier 1	
Antihypertensives, Vasodilators		
CORLOPAM INTRAVENOUS SOLUTION 10 MG/ML	Tier 3	
<i>hydralazine injection solution 20 mg/ml</i>	Tier 1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	Tier 1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	
BREVIBLOC IN NACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML)	Tier 3	

Drug	Status	Notes
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	Tier 3	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
BYSTOLIC ORAL TABLET 20 MG	Tier 2	QL (2 EA per 1 day)
<i>esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)</i>	Tier 1	
<i>esmolol in sterile water intravenous parenteral solution 2,000 mg/100 ml (20 mg/ml), 2,500 mg/250 ml (10 mg/ml)</i>	Tier 1	
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i>	Tier 1	
<i>esmolol intravenous syringe 100 mg/10 ml (10 mg/ml)</i>	Tier 1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	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 intravenous solution 1 mg/ml</i>	Tier 1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	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 intravenous solution 150 mg/10 ml (15 mg/ml)</i>	Tier 2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	

Drug	Status	Notes
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 2	QL: 8 BOTTLES IN 30 DAYS; ST: Prior prescription for Sotalol HCL in the past 120 days
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
Beta-Adrenergic Blocking Agents/Thiazide & Related		
<i>atenolol-chlorthalidone oral tablet 100-25 (Tenoretic 100) mg</i>	Tier 1	
<i>atenolol-chlorthalidone oral tablet 50-25 (Tenoretic 50) mg</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet (Ziac) 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz oral tablet (Lopressor HCT) 50-25 mg</i>	Tier 1	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	Tier 1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	
Calcium Channel Blocking Agents		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg (Norvasc)</i>	Tier 1	
<i>CARDENE IV IN DEXTROSE INTRAVENOUS PIGGYBACK 20 MG/200 ML (0.1 MG/ML)</i>	Tier 3	
<i>CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 20 MG/200 ML (0.1 MG/ML), 40 MG/200 ML (0.2 MG/ML)</i>	Tier 3	
<i>CARTIA XT ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG</i>	Tier 1	
<i>CLEVIPREX INTRAVENOUS EMULSION 25 MG/50 ML, 50 MG/100 ML</i>	Tier 3	
<i>diltiazem hcl in 0.9% nacl intravenous solution 100 mg/100 ml (1 mg/ml), 125 mg/125 ml (1 mg/ml)</i>	Tier 1	
<i>diltiazem hcl intravenous recon soln 100 mg</i>	Tier 1	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	Tier 1	

Drug	Status	Notes
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	Tier 1	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 1	
diltiazem hcl oral capsule,extended release 24 hr 420 mg	Tier 1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	Tier 1	
diltiazem hcl oral capsule,extended release 24hr 360 mg	Tier 1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	Tier 1
diltiazem hcl oral tablet 90 mg		Tier 1
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Matzim LA)	Tier 1
diltiazem in dextrose 5 % intravenous solution 100 mg/100 ml (1 mg/ml), 125 mg/125 ml (1 mg/ml), 250 mg/250 ml (1 mg/ml)		Tier 1
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG		Tier 1
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		Tier 1
isradipine oral capsule 2.5 mg, 5 mg		Tier 1
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG		Tier 1
nicardipine in 0.9 % sod chlor intravenous syringe 1 mg/10 ml		Tier 1
nicardipine in nacl (iso-os) intravenous piggyback 20 mg/200 ml (0.1 mg/ml), 40 mg/200 ml (0.2 mg/ml)	(Cardene IV in sodium chloride)	Tier 1
nicardipine intravenous solution 25 mg/10 ml	(Cardene IV)	Tier 1
nicardipine intravenous syringe 2.5 mg/ml		Tier 1
nicardipine oral capsule 20 mg, 30 mg		Tier 1
nifedipine oral capsule 10 mg	(Procardia)	Tier 1
nifedipine oral capsule 20 mg		Tier 1
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	(Procardia XL)	Tier 1

Drug	Status	Notes
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg (Adalat CC)	Tier 1	
nimodipine oral capsule 30 mg	Tier 1	
nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg (Sular)	Tier 1	
nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg	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	
verapamil intravenous solution 2.5 mg/ml	Tier 1	
verapamil intravenous syringe 2.5 mg/ml	Tier 1	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg (Verelan PM)	Tier 1	
verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	Tier 1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	Tier 1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg (Calan SR)	Tier 1	
Loop Diuretics		
bumetanide injection solution 0.25 mg/ml	Tier 1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
EDECRIN ORAL TABLET 25 MG	Tier 3	
ethacrynone sodium intravenous recon soln 50 mg (Sodium Edecrin)	Tier 1	
ethacrynic acid oral tablet 25 mg (Edecrin)	Tier 1	
furosemide in 0.9 % nacl intravenous piggyback 100 mg/100 ml (1 mg/ml)	Tier 1	
furosemide injection solution 10 mg/ml	Tier 1	
furosemide injection syringe 10 mg/ml	Tier 1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	Tier 1	
furosemide oral tablet 20 mg, 40 mg, 80 mg (Lasix)	Tier 1	

Drug	Status	Notes
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	Tier 3	
SODIUM EDECRIN INTRAVENOUS RECON SOLN 50 MG	Tier 3	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	
Osmotic Diuretics		
<i>mannitol 10 % intravenous parenteral solution 10 %</i> (Osmitol 10 %)	Tier 1	
<i>mannitol 20 % intravenous parenteral solution 20 %</i> (Osmitol 20 %)	Tier 1	
<i>mannitol 25 % intravenous solution 25 %</i>	Tier 1	
<i>mannitol 5 % intravenous parenteral solution 5 %</i> (Osmitol 5 %)	Tier 1	
OSMITROL 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	Tier 2	
OSMITROL 20 % INTRAVENOUS PARENTERAL SOLUTION 20 %	Tier 2	
Potassium Sparing Diuretics		
<i>amiloride oral tablet 5 mg</i>	Tier 1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	Tier 3	ST: Prior prescriptions for Amiloride HCL and Spironolactone in the past 365 days
eplerenone oral tablet 25 mg, 50 mg (Inspira)	Tier 1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone)	Tier 1	
triamterene oral capsule 100 mg, 50 mg (Dyrenium)	Tier 1	ST: Prior prescriptions for Amiloride HCL and Spironolactone in the past 365 days
Potassium Sparing Diuretics In Combination		
<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	
Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator		

Drug	Status	Notes
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 2	PA; SP
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib		
ALYQ ORAL TABLET 20 MG	Tier 1	PA; SP
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	Tier 3	PA; SP
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>	Tier 1	PA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Tier 1	PA; SP
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 1	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	Tier 1	PA; SP; QL (1 EA per 5 days)
Pulmonary Anti-Htn, Endothelin Receptor Antagonist		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 1	PA; SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 1	PA; SP
LETAIRIS ORAL TABLET 10 MG, 5 MG	Tier 3	PA; SP
OPSUMIT ORAL TABLET 10 MG	Tier 2	PA; SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG	Tier 3	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 2	PA; SP
Pulmonary Antihypertensives, Prostacyclin-Type		
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i>	Tier 1	PA
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	Tier 3	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 3	PA; SP
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	Tier 3	PA; SP
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	Tier 1	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 2	PA; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 2	PA; SP

Drug	Status	Notes
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 2	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 2	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
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	Tier 2	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 3	PA; SP
Renin Inhibitor, Direct		
aliskiren oral tablet 150 mg, 300 mg (Tekturna)	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days; QL (1 EA per 1 day)
TEKTURNIA ORAL TABLET 150 MG, 300 MG	Tier 3	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days; QL (1 EA per 1 day)
Renin Inhibitor, Direct/Thiazide Diuretic Comb		
TEKTURNIA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	Tier 2	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days; QL (1 EA per 1 day)
Thiazide And Related Diuretics		
chlorothiazide oral tablet 500 mg	Tier 1	
chlorothiazide sodium intravenous recon (Diuril IV) soln 500 mg	Tier 1	
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1	
DIURIL IV INTRAVENOUS RECON SOLN 500 MG	Tier 3	

Drug	Status	Notes
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
Vasodilators,Miscellaneous		
<i>alprostadil injection solution 500 mcg/ml (Prostin VR Pediatric)</i>	Tier 1	
Cardiovascular Disease - Lipid Irregularity		
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib		
<i>ezetimibe-simvastatin oral tablet 10-10 mg (Vytorin 10-10)</i>	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-20 mg (Vytorin 10-20)</i>	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-40 mg (Vytorin 10-40)</i>	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg (Vytorin 10-80)</i>	Tier 1	ST: Prior prescription for Simvastatin in the past 365 days; QL (1 EA per 1 day)
Antihyperlipidemic - Atp Citrate Lyase Inhibitor		
<i>NEXLETOL ORAL TABLET 180 MG</i>	Tier 2	PA
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
<i>atorvastatin oral tablet 10 mg, 20 mg (Lipitor)</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>atorvastatin oral tablet 40 mg, 80 mg (Lipitor)</i>	Tier 1	QL (1 EA per 1 day)
<i>fluvastatin oral capsule 20 mg, 40 mg (Lescol)</i>	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ST: At least 2 prior prescriptions for Altorev, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin in the past 365 days; QL (2 EA per 1 day)

Drug	Status	Notes	
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ST: At least 2 prior prescriptions for Atorvastatin Calcium, Ezallor Sprinkle, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in the past 365 days; QL (1 EA per 1 day)	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 3	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ST: At least 2 prior prescriptions for Atorvastatin Calcium, Ezallor Sprinkle, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in the past 365 days	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)	
<i>pravastatin oral tablet 10 mg, 80 mg</i>	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)	
<i>pravastatin oral tablet 20 mg, 40 mg</i>	(Pravachol)	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
<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: Prior prescription for Ezetimibe/simvastatin in the past 365 days; QL (1 EA per 1 day)
Antihyperlipidemic - Mtp Inhibitor		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	Tier 2	PA; SP
Antihyperlipidemic - Pcsk9 Inhibitors		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 2	PA
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 2	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 2	PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 2	PA
Antihyperlipidemic-Acly And Choles Absorp Inhib		
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	PA
Bile Salt Sequestrants		
<i>cholestyramine (with sugar) oral powder</i> (Questran) 4 gram	Tier 1	
<i>cholestyramine (with sugar) oral powder</i> (Questran) in packet 4 gram	Tier 1	

Drug	Status	Notes
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	Tier 1	
colesevelam oral tablet 625 mg (WelChol)	Tier 1	
colestipol oral granules 5 gram (Colestid)	Tier 1	
colestipol oral packet 5 gram (Colestid)	Tier 1	
colestipol oral tablet 1 gram (Colestid)	Tier 1	
PREVALITE ORAL POWDER 4 GRAM	Tier 1	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	Tier 1	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	Tier 3	
QUESTRAN ORAL POWDER 4 GRAM	Tier 3	
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	Tier 3	
Lipotropics		
ezetimibe oral tablet 10 mg (Zetia)	Tier 1	QL (1 EA per 1 day)
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	Tier 1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg (Tricor)	Tier 1	
fenofibrate oral capsule 150 mg, 50 mg (Lipofen)	Tier 1	ST: Prior prescription for Antara, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Gemfibrozil, or Triglide in the past 120 days
fenofibrate oral tablet 120 mg, 40 mg (Fenoglide)	Tier 1	
fenofibrate oral tablet 160 mg, 54 mg	Tier 1	
fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg (Trilipix)	Tier 1	
fenofibric acid oral tablet 105 mg, 35 mg (Fibrilcor)	Tier 1	
FISH OIL ORAL CAPSULE 1,200 (144-216) MG, 300-1,000 MG	Tier 1	
FISH OIL ORAL CAPSULE 350-600 MG	Tier 3	
gemfibrozil oral tablet 600 mg (Lopid)	Tier 1	
LUVIRA ORAL CAPSULE 840 MG (375 MG- 465MG)-1,220 MG	Tier 3	

Drug	Status	Notes
MEGARED ADVANCED 4-IN-1 ORAL CAPSULE 339 MG-314 MG- 500 MG, 700 MG-600 MG- 900 MG	Tier 3	
MEGARED ADVANCED TOTAL BODY ORAL CAPSULE 339-314-500-24 MG	Tier 3	
MEGARED OMEGA-3 KRILL OIL ORAL CAPSULE 350-90-24-50 MG	Tier 3	
<i>niacin oral tablet 500 mg</i> (Niacor)	Tier 1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release)	Tier 1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	Tier 1	QL (120 EA per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM	Tier 2	ST: Prior prescription for Atorvastatin Calcium, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Gemfibrozil, Lovastatin, Omega-3 Acid Ethyl Esters, Pravastatin Sodium, Rosuvastatin Calcium, Simvastatin, or Triglide in the past 120 days; QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM	Tier 2	ST: Prior prescription for Atorvastatin Calcium, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Gemfibrozil, Lovastatin, Omega-3 Acid Ethyl Esters, Pravastatin Sodium, Rosuvastatin Calcium, Simvastatin, or Triglide in the past 120 days; QL (4 EA per 1 day)
Cardiovascular Disease -		
Miscellaneous Agents		
Adrenergic Vasopressor Agents		
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	Tier 3	PA; SP
Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 2	

Drug	Status	Notes
Antianginal & Anti-Ischemic Agents, Non-Hemodynamic		
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG	Tier 3	QL (60 EA per 30 days)
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 500 MG	Tier 3	QL (120 EA per 30 days)
<i>ranolazine oral tablet extended release (Ranexa) 12 hr 1,000 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release (Ranexa) 12 hr 500 mg</i>	Tier 1	QL (120 EA per 30 days)
Antianginal, Heart Rate Reducing, I(F) Inhibitor		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 2	QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 2	ST: Prior prescription for Bisoprolol Fumarate, Carvedilol, Kapspargo Sprinkle, or Metoprolol Succinate in the past 120 days; QL (2 EA per 1 day)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb		
<i>amlodipine-atorvastatin oral tablet 10-10 (Caduet) mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Tier 1	ST: Prior prescription for Amlodipine Besylate and Atorvastatin Calcium in the past 365 days; 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	ST: Prior prescription for Amlodipine Besylate and Atorvastatin Calcium in the past 365 days; QL (1 EA per 1 day)
Protein Stabilizers		
VYNDAMAX ORAL CAPSULE 61 MG	Tier 3	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG	Tier 3	PA; SP
Renin-Angiotensin-Aldosterone Sys. (Raas) Hormones		
GIAPREZA INTRAVENOUS SOLUTION 2.5 MG/ML	Tier 3	
Cardiovascular Disease - Vasodilation		
Vasodilators, Coronary		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	

Drug	Status	Notes
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE 40 MG	Tier 2	ST: Prior prescription for Dilatrate-SR, Isordil, Isosorbide Dinitrate, or Isosorbide Mononitrate in the past 120 days
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 40 mg (Isordil)</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 5 mg (Isordil Titradose)</i>	Tier 1	
<i>isosorbide dinitrate oral tablet extended release 40 mg (ISOCHRON)</i>	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	Tier 3	
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml), 50 mg/500 ml (100 mcg/ml)</i>	Tier 1	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	Tier 1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)</i>	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Minitran)</i>	Tier 1	
<i>nitroglycerin translingual spray,non-aerosol 400 mcg/spray (Nitrolingual)</i>	Tier 1	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	Tier 3	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY	Tier 3	

Drug	Status	Notes
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	Tier 1	
Vasodilators, Peripheral		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>papaverine injection solution 30 mg/ml</i>	Tier 1	
Contraception/Oxytocics		
Contraceptives, Intravaginal, Systemic		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	Tier 0	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	Tier 0	QL (1 EA per 28 days)
<i>etonogestrel-ethynodiol vaginal ring (NuvaRing) 0.12-0.015 mg/24 hr</i>	Tier 0	QL (1 EA per 28 days)
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	Tier 2	QL (1 EA per 28 days)
Contraceptives,Implantable		
NEXPLANON SUBDERMAL IMPLANT 68 MG	Tier 0	QL (1 EA per 365 days)
Contraceptives,Injectable		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	Tier 0	QL (1 ML per 84 days)
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	Tier 0	QL (1 ML per 84 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	Tier 0	QL (0.65 ML per 84 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml (Depo-Provera)</i>	Tier 0	QL (1 ML per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml (Depo-Provera)</i>	Tier 0	QL (1 ML per 84 days)
Contraceptives,Intravaginal		
GYNOL II VAGINAL GEL 3 %	Tier 0	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	Tier 0	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	Tier 0	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	Tier 0	
VAGINAL CONTRACEPTIVE FOAM VAGINAL FOAM 12.5 %	Tier 0	

Drug	Status	Notes
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	Tier 0	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	Tier 0	
Contraceptives,Oral		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	Tier 0	
AFTERA ORAL TABLET 1.5 MG	Tier 0	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	Tier 0	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 0	
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 0	
AMETHIA LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	Tier 0	QL (91 EA per 84 days)
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 0	QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	Tier 0	
APRI ORAL TABLET 0.15-0.03 MG	Tier 0	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 0	
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 0	QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	Tier 0	
AUBRA ORAL TABLET 0.1-20 MG-MCG	Tier 0	
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 0	
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 0	
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 0	
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 0	
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 0	
AVIANE ORAL TABLET 0.1-20 MG-MCG	Tier 0	
AYUNA ORAL TABLET 0.15-0.03 MG	Tier 0	

Drug	Status	Notes
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 0	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7)	Tier 0	QL (1 EA per 1 day)
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	Tier 0	
BEKYREE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 0	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	Tier 3	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 0	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 0	
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 0	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	Tier 0	
CAMILA ORAL TABLET 0.35 MG	Tier 0	
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	Tier 0	QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 0	QL (91 EA per 84 days)
CAZIANT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	Tier 0	
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	Tier 0	
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	Tier 0	
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	Tier 0	
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	Tier 0	
CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 0	
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 0	
CYRED EQ ORAL TABLET 0.15-0.03 MG	Tier 0	
CYRED ORAL TABLET 0.15-0.03 MG	Tier 0	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 0	

Drug	Status	Notes
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 0	
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 0	QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	Tier 0	
DEMULEN 1/50 (21) ORAL TABLET 1- 50 MG-MCG (21)	Tier 3	
<i>desog-e.estradol/e.estradol oral tablet</i> (Azurette (28)) <i>0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 0	
<i>desogestrel-ethynodiol estradiol oral tablet</i> (Aprि) <i>0.15-0.03 mg</i>	Tier 0	
<i>drospirenone-e.estradol-lm.fa oral tablet</i> (Beyaz) <i>3-0.02-0.451 mg (24) (4)</i>	Tier 0	
<i>drospirenone-e.estradol-lm.fa oral tablet</i> (Safyral) <i>3-0.03-0.451 mg (21) (7)</i>	Tier 0	
<i>drospirenone-ethynodiol estradiol oral tablet</i> (YAZ (28)) <i>3-0.02 mg</i>	Tier 0	
<i>drospirenone-ethynodiol estradiol oral tablet</i> (Ocella) <i>3-0.03 mg</i>	Tier 0	
ECONTRA EZ ORAL TABLET 1.5 MG	Tier 0	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	Tier 0	
ELINEST ORAL TABLET 0.3-30 MG- MCG	Tier 0	
ELLA ORAL TABLET 30 MG	Tier 0	
EMOQUETTE ORAL TABLET 0.15-0.03 MG	Tier 0	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 0	
ENSKYCE ORAL TABLET 0.15-0.03 MG	Tier 0	
ERRIN ORAL TABLET 0.35 MG	Tier 0	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	Tier 0	
ESTROSTEP FE-28 ORAL TABLET 1- 20(5)/1-30(7) /1MG-35MCG (9)	Tier 3	
<i>ethynodiol diac-eth estradiol oral tablet</i> (Kelnor 1/35 (28)) <i>1-35 mg-mcg</i>	Tier 0	
<i>ethynodiol diac-eth estradiol oral tablet</i> (Kelnor 1-50) <i>1-50 mg-mcg</i>	Tier 0	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	Tier 0	

Drug	Status	Notes
FAYOSIM ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Tier 0	
FEMYNOR ORAL TABLET 0.25-35 MG- MCG	Tier 0	
GENERESS FE ORAL TABLET,CHEWABLE 0.8MG- 25MCG(24) AND 75 MG (4)	Tier 3	
GIANVI (28) ORAL TABLET 3-0.02 MG	Tier 0	
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 0	
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 0	
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 0	
HAILEY ORAL TABLET 1.5-30 MG- MCG	Tier 0	
HEATHER ORAL TABLET 0.35 MG	Tier 0	
INCASSIA ORAL TABLET 0.35 MG	Tier 0	
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	Tier 0	QL (91 EA per 84 days)
ISIBLOOM ORAL TABLET 0.15-0.03 MG	Tier 0	
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 0	QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG	Tier 0	
JENCYCLA ORAL TABLET 0.35 MG	Tier 0	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	Tier 0	QL (91 EA per 84 days)
JULEBER ORAL TABLET 0.15-0.03 MG	Tier 0	
JUNEL 1.5/30 (21) ORAL TABLET 1.5- 30 MG-MCG	Tier 0	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 0	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 0	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 0	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 0	
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG- 25MCG(24) AND 75 MG (4)	Tier 0	

Drug	Status	Notes
KALLIGA ORAL TABLET 0.15-0.03 MG	Tier 0	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 0	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 0	
KELNOR 1-50 ORAL TABLET 1-50 MG- MCG	Tier 0	
KURVELO (28) ORAL TABLET 0.15- 0.03 MG	Tier 0	
<i>I norgest/e.estradiol-e.estrad oral</i> (Amethia Lo) <i>tablets,dose pack,3 month 0.10 mg-20</i> <i>mcg (84)/10 mcg (7)</i>	Tier 0	QL (91 EA per 84 days)
<i>I norgest/e.estradiol-e.estrad oral</i> (Quartette) <i>tablets,dose pack,3 month 0.15 mg-20</i> <i>mcg/ 0.15 mg-25 mcg</i>	Tier 0	
<i>I norgest/e.estradiol-e.estrad oral</i> (Amethia) <i>tablets,dose pack,3 month 0.15 mg-30</i> <i>mcg (84)/10 mcg (7)</i>	Tier 0	QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5- 30 MG-MCG	Tier 0	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 0	
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 0	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 0	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 0	
LARISSIA ORAL TABLET 0.1-20 MG- MCG	Tier 0	
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG- 25MCG(24) AND 75 MG (4)	Tier 0	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 0	
LESSINA ORAL TABLET 0.1-20 MG- MCG	Tier 0	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 0	
<i>levonorgestrel oral tablet 1.5 mg</i> (Aftera)	Tier 0	
<i>levonorgestrel-ethinyl estrad oral tablet</i> (Afirmelle) 0.1-20 mg-mcg	Tier 0	
<i>levonorgestrel-ethinyl estrad oral tablet</i> (Altavera (28)) 0.15-0.03 mg	Tier 0	

Drug	Status	Notes
levonorgestrel-ethinyl estrad oral tablet (Amethyst (28)) 90-20 mcg (28)	Tier 0	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	Tier 0	QL (91 EA per 84 days)
levonorg-eth estrad triphasic oral tablet (Enpresse) 50-30 (6)/75-40 (5)/125-30(10)	Tier 0	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	Tier 0	
LILLOW (28) ORAL TABLET 0.15-0.03 MG	Tier 0	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	Tier 0	
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	Tier 0	QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	Tier 0	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	Tier 0	
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	Tier 0	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	Tier 0	
LYZA ORAL TABLET 0.35 MG	Tier 0	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	Tier 0	
MELODETTA 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	Tier 0	
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	Tier 0	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 0	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 0	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 0	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 0	
MILI ORAL TABLET 0.25-35 MG-MCG	Tier 0	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	Tier 0	

Drug	Status	Notes
MY CHOICE ORAL TABLET 1.5 MG	Tier 0	
MY WAY ORAL TABLET 1.5 MG	Tier 0	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	Tier 0	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 0	
NEW DAY ORAL TABLET 1.5 MG	Tier 0	
NIKKI (28) ORAL TABLET 3-0.02 MG	Tier 0	
NORA-BE ORAL TABLET 0.35 MG	Tier 0	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	(Wymzya Fe)	Tier 0
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	(Generess Fe)	Tier 0
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Camila)	Tier 0
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	(Aurovela 1.5/30 (21))	Tier 0
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	(Aurovela 1/20 (21))	Tier 0
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1-20 (28))	Tier 0
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1.5/30 (28))	Tier 0
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	(Charlotte 24 Fe)	Tier 0
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(Tri-Lo-Estarylla)	Tier 0
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(Tri Femynor)	Tier 0
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	(Estarylla)	Tier 0
NORLYDA ORAL TABLET 0.35 MG	Tier 0	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 0	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	Tier 0	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 0	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 0	
OCELLA ORAL TABLET 3-0.03 MG	Tier 0	

Drug	Status	Notes
OPCICON ONE-STEP ORAL TABLET 1.5 MG	Tier 0	
OPTION-2 ORAL TABLET 1.5 MG	Tier 0	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	Tier 0	
PHILITH ORAL TABLET 0.4-35 MG-MCG	Tier 0	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 0	
PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG, 1-35 MG-MCG	Tier 0	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	Tier 0	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	Tier 0	
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Tier 3	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	Tier 0	
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Tier 0	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	Tier 2	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	Tier 0	QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG	Tier 0	
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 0	
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 0	QL (91 EA per 84 days)
SLYND ORAL TABLET 4 MG (28)	Tier 0	
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	Tier 0	
SRONYX ORAL TABLET 0.1-20 MG-MCG	Tier 0	
SYEDA ORAL TABLET 3-0.03 MG	Tier 0	
TAKE ACTION ORAL TABLET 1.5 MG	Tier 0	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 0	
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 0	

Drug	Status	Notes
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 0	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	Tier 0	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Tier 0	
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 0	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 0	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Tier 0	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 0	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 0	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 0	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 0	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 0	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 0	
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 0	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 0	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 0	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 0	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 0	
TULANA ORAL TABLET 0.35 MG	Tier 0	
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	Tier 0	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	Tier 0	
VIENVA ORAL TABLET 0.1-20 MG-MCG	Tier 0	
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 0	

Drug	Status	Notes
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 0	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	Tier 0	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	Tier 0	
WERA (28) ORAL TABLET 0.5-35 MG-MCG	Tier 0	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	Tier 0	
YAZ (28) ORAL TABLET 3-0.02 MG	Tier 3	
ZARAH ORAL TABLET 3-0.03 MG	Tier 0	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	Tier 0	
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	Tier 0	
Contraceptives,Transdermal		
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	Tier 3	QL (3 EA per 28 days)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	Tier 0	QL (3 EA per 28 days)
Diaphragms/Cervical Cap		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	Tier 0	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Tier 0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	Tier 0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	Tier 0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	Tier 0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	Tier 0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	Tier 0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	Tier 0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	Tier 0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	Tier 0	
Oxytocics		

Drug	Status	Notes
<i>carboprost tromethamine intramuscular solution 250 mcg/ml</i> (Hemabate)	Tier 1	
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 3	
HEMABATE INTRAMUSCULAR SOLUTION 250 MCG/ML	Tier 2	
METHERGINE ORAL TABLET 0.2 MG	Tier 3	
<i>methylergonovine injection solution 0.2 mg/ml (1 ml)</i>	Tier 1	
<i>methylergonovine oral tablet 0.2 mg</i> (Methergine)	Tier 1	
<i>oxytocin in 0.9 % sod chloride intravenous solution 15 unit/250 ml, 20 unit/1000 ml, 20 unit/500 ml, 30 unit/1000 ml, 30 unit/500 ml, 40 unit/1000 ml</i>	Tier 1	
<i>oxytocin in dextrose 5 % in lr intravenous solution 20 unit/1,000 ml, 30 unit/500 ml</i>	Tier 1	
<i>oxytocin in dextrose 5 % intravenous solution 20 unit/1,000 ml, 30 unit/500 ml</i>	Tier 3	
<i>oxytocin in lactated ringers intravenous solution 10 unit/500 ml, 15 unit/250 ml, 20 unit/1,000 ml, 30 unit/500 ml</i>	Tier 1	
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Tier 3	
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG	Tier 3	
Cough And Cold		
1St Gen Antihistamine & Decongestant Combinations		
<i>promethazine-phenylephrine oral syrup</i> (Promethazine VC) 6.25-5 mg/5 ml	Tier 1	
1St Gen Antihist-Decongest-Anticholinergic Comb		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 1	
Antitussives,Non-Narcotic		
<i>benzonatate oral capsule 100 mg</i> (Tessalon Perles)	Tier 1	
<i>benzonatate oral capsule 150 mg, 200 mg</i>	Tier 1	
Expectorants		
SSKI ORAL SOLUTION 1 GRAM/ML	Tier 1	
Narcotic Antituss-1St Gen. Antihistamine-Decongest		
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 12 Years)

Drug	Status	Notes
Narcotic Antitussive-1St Generation Antihistamine		
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	Tier 1	QL (10 ML per 1 day)
promethazine-codeine oral syrup 6.25-10 mg/5 ml	Tier 1	QL (30 ML per 1 day); Age (Min 12 Years)
TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR 14.7-2.8 MG/5 ML	Tier 3	QL (200 ML per 10 days); Age (Min 12 Years)
Narcotic Antitussive-Anticholinergic Comb.		
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml (Hydromet)	Tier 1	QL (30 ML per 1 day)
hydrocodone-homatropine oral tablet 5-1.5 mg	Tier 1	QL (6 EA per 1 day)
HYDROMET ORAL SYRUP 5-1.5 MG/5 ML	Tier 1	QL (30 ML per 1 day)
Narcotic Antitussive-Expectorant Combination		
OBREDON ORAL SOLUTION 2.5-200 MG/5 ML	Tier 3	QL (60 ML per 1 day)
Non-Narc Antituss-1St Gen. Antihistamine-Decongest		
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	Tier 1	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml (Bromfed DM)	Tier 1	
Non-Narc Antitussive-1St Gen Antihistamine Comb.		
promethazine-dm oral syrup 6.25-15 mg/5 ml	Tier 1	
Nose Preparations, Vasoconstrictors (Rx)		
ADRENALIN NASAL SOLUTION 1 MG/ML	Tier 3	
TYZINE NASAL DROPS 0.1 %	Tier 3	
TYZINE NASAL SPRAY,NON-AEROSOL 0.1 %	Tier 3	
Sympathomimetic Agents		
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML	Tier 3	
BIORPHEN INTRAVENOUS SOLUTION 0.1 MG/ML	Tier 3	
EMERPHED INTRAVENOUS SOLUTION 5 MG/ML	Tier 3	

Drug	Status	Notes
ephedrine sulfate intravenous solution 50 mg/ml (Akovaz)	Tier 1	
ephedrine sulfate-0.9%nacl(pf) intravenous syringe 10 mg/ml (1 ml), 100 mg/10 ml (10 mg/ml), 25 mg/5 ml (5 mg/ml), 50 mg/10 ml (5 mg/ml), 50 mg/5 ml (10 mg/ml)	Tier 1	
phenylephrine hcl in 0.9% nacl intravenous solution 1 mg/10 ml (100 mcg/ml), 10 mg/250 ml (40 mcg/ml), 100 mg/100 ml (1 mg/ml), 20 mg/250 ml (80 mcg/ml), 25 mg/250 ml (100 mcg/ml), 30 mg/250 ml (120 mcg/ml), 40 mg/250 ml (160 mcg/ml), 50 mg/250 ml (200 mcg/ml), 80 mg/250 ml (320 mcg/ml)	Tier 1	
phenylephrine hcl in 0.9% nacl intravenous syringe 0.4 mg/10 ml (40 mcg/ml), 0.5 mg/5 ml (100 mcg/ml), 0.8 mg/10 ml (80 mcg/ml), 1 mg/10 ml (100 mcg/ml), 100 mcg/10 ml (10 mcg/ml), 20 mg/50 ml (400 mcg/ml), 200 mcg/5 ml (40 mcg/ml), 5 mg/50 ml (100 mcg/ml)	Tier 1	
phenylephrine hcl in d5w intravenous solution 20 mg/250 ml (80 mcg/ml), 8 mg/100 ml (80 mcg/ml)	Tier 1	
phenylephrine hcl injection solution 10 mg/ml (Vazculep)	Tier 1	
phenylephrine in sterile water intravenous syringe 60 mg/50 ml (1,200 mcg/ml)	Tier 1	
VAZCULEP INJECTION SOLUTION 10 MG/ML	Tier 3	
Dermatology - Acne		
Acne Agents, Systemic		
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	Tier 1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
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	
Acne Agents, Topical		

Drug	Status	Notes
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> (Epiduo)	Tier 1	ST: Prior prescription for Adapalene 0.1% gel in the past 365 days; Age (Max 25 Years)
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i> (Neuac)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i> (Benzaclin)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i> (Acanya)	Tier 1	ST: Prior prescription for Clindamycin Phosphate/Benzoyl Peroxide (non-pump) in the past 365 days
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i> (Benzaclin Pump)	Tier 1	ST: Prior prescription for Clindamycin Phosphate/Benzoyl Peroxide (non-pump) in the past 365 days
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i> (Veltin)	Tier 2	
<i>dapsone topical gel 5 %</i> (Aczone)	Tier 1	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	Tier 3	
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	Tier 1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	Tier 1	
Antibiotics, Miscellaneous, Other		
<i>bacitracin intramuscular recon soln 50,000 unit</i>	Tier 1	
Keratolytic-Glucocorticoid Combinations		
<i>VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %</i>	Tier 3	
Rosacea Agents, Topical		
<i>azelaic acid topical gel 15 %</i> (Finacea)	Tier 1	ST: Prior prescription for topical Metronidazole in the past 365 days
<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 2	
<i>metronidazole topical gel with pump 1 %</i>	Tier 2	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	Tier 2	

Drug	Status	Notes
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	Tier 2	
ROSADAN TOPICAL CREAM 0.75 %	Tier 1	
Topical Preparations, Antibacterials		
ALA-QUIN TOPICAL CREAM 3-0.5 %	Tier 3	
<i>hydrocortisone-iodoquinol topical cream</i> 1-1 %	Tier 1	
<i>hydrocortisone-iodoquinol-aloe topical</i> (Vytone) <i>cream in packet</i> 1.9-1 %	Tier 1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	Tier 3	
IODOSORB TOPICAL GEL 0.9 %	Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 %	Tier 1	
NORMLGEL AG TOPICAL GEL 0.11 %	Tier 3	
QUINJA TOPICAL GEL 1.25-1 %	Tier 3	
<i>silver nitrate topical solution</i> 0.5 %, 25 %, 50 %	Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 %	Tier 1	
Vitamin A Derivatives		
adapalene topical cream 0.1 % (Differin)	Tier 1	Age (Max 25 Years)
adapalene topical gel 0.1 % (Effaclar Adapalene)	Tier 1	Age (Max 25 Years)
adapalene topical gel 0.3 % (Differin)	Tier 1	Age (Max 25 Years)
adapalene topical gel with pump 0.3 % (Differin)	Tier 1	Age (Max 25 Years)
adapalene topical lotion 0.1 % (Differin)	Tier 1	Age (Max 25 Years)
adapalene topical solution 0.1 %	Tier 2	Age (Max 25 Years)
AVITA TOPICAL CREAM 0.025 %	Tier 1	Age (Max 25 Years)
AVITA TOPICAL GEL 0.025 %	Tier 2	Age (Max 25 Years)
EFFACLAR ADAPALENE TOPICAL GEL 0.1 %	Tier 1	Age (Max 25 Years)
tretinoin microspheres topical gel 0.04 %, 0.1 % (Retin-A Micro)	Tier 2	Age (Max 25 Years)
tretinoin microspheres topical gel with pump 0.04 %, 0.1 % (Retin-A Micro Pump)	Tier 1	ST: Prior prescription for Tretinoin cream (non-pump) in the past 365 days; Age (Max 25 Years)
tretinoin topical cream 0.025 % (Avita)	Tier 1	Age (Max 25 Years)
tretinoin topical cream 0.05 %, 0.1 % (Retin-A)	Tier 1	Age (Max 25 Years)
tretinoin topical gel 0.01 % (Retin-A)	Tier 1	Age (Max 25 Years)
tretinoin topical gel 0.025 % (Avita)	Tier 2	Age (Max 25 Years)
tretinoin topical gel 0.05 % (Atralin)	Tier 2	Age (Max 25 Years)
Dermatology - Antiinfective		

Drug	Status	Notes
Topical Antibiotics		
<i>clindamycin phosphate topical foam 1 %</i> (Evoclin)	Tier 2	
<i>clindamycin phosphate topical gel 1 %</i> (Cleocin T)	Tier 1	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	Tier 1	
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	Tier 1	
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	Tier 1	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	Tier 1	
ERY PADS TOPICAL SWAB 2 %	Tier 1	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	Tier 1	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	Tier 1	
<i>gentamicin topical cream 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	
<i>mupirocin calcium topical cream 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i> (Centany)	Tier 1	
Topical Antifungal/Antiinflammatory,Steriod Agent		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 %	Tier 3	
Topical Antifungals		
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	Tier 1	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel 0.77 %</i>	Tier 2	
<i>ciclopirox topical shampoo 1 %</i> (Loprox)	Tier 2	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	Tier 1	QL (19.8 ML per 1 day)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	Tier 1	QL (180 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 2	QL (170 GM per 1 FILL)

Drug	Status	Notes
ERTACZO TOPICAL CREAM 2 %	Tier 3	ST: Prior prescription for Ciclopirox Olamine, Ciclopirox, Econazole Nitrate, Ketoconazole, Naftifine HCL, or Oxiconazole Nitrate in the past 365 days
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	Tier 3	PA
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 %	Tier 3	PA
<i>ketoconazole topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ketoconazole topical foam 2 %</i> (Ketodan)	Tier 2	
<i>ketoconazole topical shampoo 2 %</i> (Nizoral)	Tier 1	
KETODAN KIT TOPICAL COMBO PACK 2 %	Tier 2	
KETODAN TOPICAL FOAM 2 %	Tier 2	
<i>naftifine topical cream 1 %</i>	Tier 2	
<i>naftifine topical cream 2 %</i> (Naftin)	Tier 2	QL (180 GM per 1 FILL)
<i>naftifine topical gel 1 %</i> (Naftin)	Tier 1	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	Tier 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	Tier 1	
<i>oxiconazole topical cream 1 %</i> (Oxistat)	Tier 2	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %	Tier 3	
Topical Antiparasitics		
CROTAN TOPICAL LOTION 10 %	Tier 3	ST: Prior prescription for Malathion and Permethrin in the past 365 days
EURAX TOPICAL CREAM 10 %	Tier 3	ST: Prior prescription for Malathion and Permethrin in the past 365 days

Drug	Status	Notes
EURAX TOPICAL LOTION 10 %	Tier 3	ST: Prior prescription for Malathion and Permethrin in the past 365 days
<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	ST: Prior prescription for Malathion and Permethrin in the past 365 days
Topical Antivirals		
<i>acyclovir topical ointment 5 %</i> (Zovirax)	Tier 2	
ZOVIRAX TOPICAL OINTMENT 5 %	Tier 3	
Topical Sulfonamides		
AVAR-E LS TOPICAL CREAM 10-2 %	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	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 %	Tier 1	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	Tier 1	
SSD TOPICAL CREAM 1 %	Tier 1	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W)	Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 %	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Avar)	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	

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

Drug	Status	Notes
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	Tier 1	
ALA-CORT TOPICAL CREAM 1 %	Tier 1	
ALA-SCALP TOPICAL LOTION 2 %	Tier 2	
<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 2	ST: At least 2 prior prescriptions for Betamethasone Dipropionate, Betamethasone Valerate, Clobetasol Propionate, Fluocinonide, Halobetasol Propionate, Mometasone Furoate, or Triamcinolone Acetonide in the past 365 days
<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	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical foam (Luxiq) 0.12 %</i>	Tier 1	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical ointment 0.05 % (Diprolene)</i>	Tier 1	
<i>clobetasol scalp solution 0.05 %</i>	Tier 1	
<i>clobetasol topical cream 0.05 % (Temovate)</i>	Tier 1	

Drug	Status	Notes
clobetasol topical foam 0.05 % (Olux)	Tier 1	
clobetasol topical gel 0.05 %	Tier 1	
clobetasol topical lotion 0.05 % (Clobex)	Tier 1	
clobetasol topical ointment 0.05 % (Temovate)	Tier 1	
clobetasol topical shampoo 0.05 % (Clobex)	Tier 1	
clobetasol topical spray,non-aerosol 0.05 % (Clobex)	Tier 1	
clobetasol-emollient topical cream 0.05 %	Tier 1	
clobetasol-emollient topical foam 0.05 % (Olux-E)	Tier 1	
desonide topical cream 0.05 % (DesOwen)	Tier 2	
desonide topical lotion 0.05 % (DesOwen)	Tier 2	
desonide topical ointment 0.05 %	Tier 2	
desoximetasone topical cream 0.05 % (Topicort)	Tier 2	
desoximetasone topical cream 0.25 % (Topicort)	Tier 1	
desoximetasone topical gel 0.05 % (Topicort)	Tier 2	
desoximetasone topical ointment 0.05 % (Topicort)	Tier 2	
desoximetasone topical ointment 0.25 % (Topicort)	Tier 1	
fluocinolone and shower cap scalp oil 0.01 % (Derma-Smoothe/FS Scalp Oil)	Tier 1	
fluocinolone topical cream 0.01 %	Tier 1	
fluocinolone topical cream 0.025 % (Synalar)	Tier 1	
fluocinolone topical oil 0.01 % (Derma-Smoothe/FS Body Oil)	Tier 1	
fluocinolone topical ointment 0.025 % (Synalar)	Tier 1	
fluocinolone topical solution 0.01 % (Synalar)	Tier 1	
fluocinonide topical cream 0.05 %	Tier 1	
fluocinonide topical cream 0.1 % (Vanos)	Tier 1	
fluocinonide topical gel 0.05 %	Tier 1	
fluocinonide topical ointment 0.05 %	Tier 1	
fluocinonide topical solution 0.05 %	Tier 1	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	Tier 1	
fluocinonide-emollient topical cream 0.05 % (Fluocinonide-E)	Tier 1	
flurandrenolide topical cream 0.05 % (Cordran)	Tier 2	
flurandrenolide topical lotion 0.05 % (Cordran)	Tier 1	
flurandrenolide topical ointment 0.05 % (Cordran)	Tier 1	

Drug	Status	Notes
<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 2	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 365 days
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 1	
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 1	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 2	
<i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid)	Tier 1	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 1	
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i> (Locoid Lipocream)	Tier 2	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	Tier 1	
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 1 %</i> (Procto-Pak)	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	Tier 1	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	Tier 1	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	Tier 1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 2	
<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	
<i>NUCORT TOPICAL LOTION 2 %</i>	Tier 3	
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 1	

Drug	Status	Notes
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 3	
SCALACORT TOPICAL LOTION 2 %	Tier 3	
<i>triamcinolone acetonide topical aerosol</i> (Kenalog) 0.147 mg/gram	Tier 2	
<i>triamcinolone acetonide topical cream</i> 0.025 %	Tier 1	
<i>triamcinolone acetonide topical cream</i> (Triderm) 0.1 %, 0.5 %	Tier 1	
<i>triamcinolone acetonide topical lotion</i> 0.025 %, 0.1 %	Tier 1	
<i>triamcinolone acetonide topical ointment</i> 0.025 %, 0.1 %, 0.5 %	Tier 1	
TRIDERM TOPICAL CREAM 0.1 %, 0.5 %	Tier 1	
Topical Anti-Inflammatory, Nsaids		
<i>diclofenac epolamine transdermal patch</i> (Flector) 12 hour 1.3 %	Tier 1	
<i>diclofenac sodium topical drops</i> 1.5 %	Tier 1	QL (600 ML per 1 FILL)
<i>diclofenac sodium topical gel</i> 1 % (Voltaren)	Tier 1	QL (1500 GM per 1 FILL)
DICLOFONO TOPICAL GEL IN PACKET 1.6 %	Tier 3	ST: Prior prescription for generic Diclofenac 1% gel in the past 365 days
DICLOTREX TOPICAL KIT 1.5-10-4 %	Tier 3	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	Tier 3	
FROTEK TOPICAL CREAM IN PACKET 10 %	Tier 3	ST: Prior prescription for generic Diclofenac 1% gel in the past 365 days
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Tier 3	ST: Prior prescription for Diclofenac Epolamine or Licart in the past 120 days; QL (1 EA per 1 day)
Dermatology - Antipruritic Drugs		
Antipruritics,Topical		

Drug	Status	Notes
LEVICYN ANTIPRURITIC TOPICAL GEL	Tier 3	
Dermatology - Miscellaneous		
Antiperspirants		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	Tier 2	
DRYSOL TOPICAL SOLUTION 20 %	Tier 2	
Antiseborrheic Agents		
ESKATA TOPICAL SOLUTION WITH APPLICATOR 40 %	Tier 3	
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 1	
<i>selenium sulfide topical shampoo 2.25 %</i>	Tier 2	
<i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace)	Tier 1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i> (Ovace Plus Wash)	Tier 1	
Antiseptics, Miscellaneous		
<i>glutaraldehyde solution 25 %</i>	Tier 1	
<i>guaiacol liquid</i>	Tier 2	
<i>phenol liquid</i>	Tier 3	
Iodine Antiseptics		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	Tier 3	
Irritants/Counter-Irritants		
<i>coal tar topical solution 20 %</i>	Tier 3	
<i>methyl salicylate oil</i> (Wintergreen Oil)	Tier 1	
<i>methyl salicylate topical liquid</i>	Tier 1	
WINTERGREEN OIL OIL	Tier 1	
Keratolytics		
ACNE MEDICATION TOPICAL GEL 10 %	Tier 1	
ACNE TREATMENT (BENZOYL PEROX) TOPICAL GEL 10 %	Tier 1	
ACNE-CLEAR TOPICAL GEL 10 %	Tier 1	
BENZEPRO TOPICAL TOWELETTE 6 %	Tier 1	
<i>benzoyl peroxide topical foam 9.8 %</i> (BenzePrO)	Tier 1	
<i>benzoyl peroxide topical gel 10 %</i> (Acne Medication)	Tier 1	
BP TOPICAL GEL 10 %	Tier 1	
BPO TOPICAL GEL 8 %	Tier 1	

Drug	Status	Notes
CEM-UREA TOPICAL GEL 45 %	Tier 1	
DAYLOGIC ACNE TREATMENT TOPICAL GEL 10 %	Tier 1	
PACNEX HP TOPICAL PADS, MEDICATED 7 %	Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %	Tier 3	
PERSA-GEL TOPICAL GEL 10 %	Tier 1	
<i>podofilox topical solution 0.5 %</i>	Tier 1	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	Tier 1	
<i>salicylic acid er-ceramides topical kit,cleanser and cream er 6 %</i>	Tier 2	
<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/apppl 27.5 %</i>	Tier 1	
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i>	Tier 1	
<i>salicylic acid topical foam 6 %</i> (Salvax)	Tier 1	
<i>salicylic acid topical gel 6 %</i> (Keralyt Rx)	Tier 1	
<i>salicylic acid topical liquid 26 %</i>	Tier 1	
<i>salicylic acid topical lotion 6 %</i>	Tier 1	
<i>salicylic acid topical lotion,extended release 6 %</i>	Tier 1	
<i>salicylic acid topical shampoo 6 %</i> (Salex)	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 %	Tier 3	
SALIMEZ TOPICAL CREAM 6 %	Tier 2	
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	
UREA NAIL STICK TOPICAL SOLUTION 50 %	Tier 1	
<i>urea topical cream 39 %</i> (Uredeb)	Tier 1	
<i>urea topical cream 40 %</i>	Tier 1	
<i>urea topical cream 45 %</i> (Uramaxin)	Tier 1	

Drug	Status	Notes
urea topical cream 47 % (Keralac)	Tier 1	
urea topical cream 50 % (Ure-K)	Tier 1	
urea topical foam 35 % (Hydro 35)	Tier 1	
urea topical gel 45 % (CEM-Urea)	Tier 1	
urea topical lotion 40 %	Tier 1	
Oxidizing Agents		
HYCLODEX TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 %	Tier 3	
hydrogen peroxide solution 3 %	Tier 1	
LEVICYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.009 %	Tier 3	
Topical Anti-Inflammatory Steroid-Local Anesthetic		
hydrocortisone-pramoxine topical cream (Pramosone) 2.5-1 %	Tier 1	
lidocaine hcl-hydrocortisone ac topical cream 3-0.5 %	Tier 1	
Topical Antineoplastic & Premalignant Lesion Agents		
CARAC TOPICAL CREAM 0.5 %	Tier 2	PA
diclofenac sodium topical gel 3 % (Solaraze)	Tier 1	ST: Prior prescription for generic Diclofenac 1% gel in the past 365 days; QL (100 GM per 1 FILL)
fluorouracil topical cream 0.5 % (Carac)	Tier 1	PA
fluorouracil topical cream 5 % (Efudex)	Tier 1	
fluorouracil topical solution 2 %, 5 %	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
VALCHLOR TOPICAL GEL 0.016 %	Tier 2	PA; SP
Topical Local Anesthetics		
ANACAIN TOPICAL OINTMENT 10 %	Tier 3	
CETACAIN ANESTHETIC TOPICAL LIQUID 2-2-14 %	Tier 3	
CETACAIN TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC)	Tier 3	
ethyl chloride topical aerosol, spray 100 %	Tier 1	

Drug	Status	Notes
FORAXA TOPICAL GEL 2 %-1 % -1.2 %	Tier 3	ST: Prior prescription for Lidocaine 3% cream or Lidocaine 5% ointment in the past 365 days
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>	Tier 1	
<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	
LIDOTREX TOPICAL GEL 2 %-1 % -1.2 %	Tier 3	ST: Prior prescription for Lidocaine 3% cream or Lidocaine 5% ointment in the past 365 days
LTA PRE-ATTACHED LARYNGOTRACHEAL SOLUTION 4 %	Tier 2	
PONTOCAINE TOPICAL SOLUTION 2 %	Tier 3	
VEXASYN TOPICAL GEL 2 %-1 % -1.2 %	Tier 3	ST: Prior prescription for Lidocaine 3% cream or Lidocaine 5% ointment in the past 365 days
Topical/Mucous Membr./Subcut.		
Enzymes		
AMPHADASE INJECTION SOLUTION 150 UNIT/ML	Tier 3	
HYLENEX INJECTION SOLUTION 150 UNIT/ML	Tier 3	
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 2	
VITRASE INJECTION SOLUTION 200 UNIT/ML	Tier 3	
Dermatology - Pigmentation Disorders		

Drug	Status	Notes
Hyperpigmentation Agents, Systemic		
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	Tier 3	PA; SP
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents, Systemic		
acitretin oral capsule 10 mg, 25 mg (Soriatane)	Tier 1	
acitretin oral capsule 17.5 mg	Tier 1	
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
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 3	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
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
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 3	PA; SP
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 3	PA; SP
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 3	PA; SP
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	Tier 3	PA; SP
TREMFYA SUBCUTANEOUS AUTO- INJECTOR 100 MG/ML	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 2	PA; SP
Antipsoriatics Agents		

Drug	Status	Notes
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 365 days
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 365 days
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 365 days
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 365 days
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 2	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 365 days
DUOBRII TOPICAL LOTION 0.01-0.045 %	Tier 3	ST: Prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) in the past 365 days
SORILUX TOPICAL FOAM 0.005 %	Tier 3	ST: Prior prescription for Calcipotriene, Calcipotriene/Betamethasone, or Calcitriol in the past 365 days
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	Tier 1	
TAZORAC TOPICAL CREAM 0.05 %	Tier 2	ST: Prior prescription for generic Tazarotene cream in the past 365 days
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	Tier 2	ST: Prior prescription for generic Tazarotene cream in the past 365 days
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 3	
Topical Agents,Miscellaneous		

Drug	Status	Notes
CERAVE FOAMING FACIAL TOPICAL CLEANSER	Tier 3	
SAF-CLENS AF DERMAL WOUND TOPICAL CLEANSER	Tier 3	
Topical Immunosuppressive Agents		
<i>pimecrolimus topical cream 1 %</i> (Elidel)	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 365 days
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	Tier 1	
Topical Vit D Analog/Antiinflammatory, Steroidal		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i> (Taclonex)	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 365 days
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	Tier 2	ST: Prior prescription for Betamethasone Dipropionate, Betamethasone Valerate, Calcipotriene/Betamethasone, Clobetasol Propionate, Fluocinolone Acetonide, Fluocinonide, or Triamcinolone Acetonide in the past 365 days
Diabetes		
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.		

Drug	Status	Notes
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 EA per 1 day)
Antihyperglyl,Incretin Mimetic(Glp-1 Recep.Agonist)		

Drug	Status	Notes
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 ML per 7 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 EA per 7 days)

Drug	Status	Notes
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1.2 ML per 30 days)

Drug	Status	Notes
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (3 ML per 28 days)

Drug	Status	Notes
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (2 ML per 28 days)
Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib		

Drug	Status	Notes
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 2	ST: Prior prescription for Metformin, a Sulfonylurea, or Metformin/Sulfonylurea combination in the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	Tier 1	
miglitol oral tablet 100 mg, 25 mg, 50 mg (Glyset)	Tier 1	
Antihyperglycemic, Amylin Analog-Type		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 2	
Antihyperglycemic, Dpp-4 Inhibitors		

Drug	Status	Notes
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic, Insulin-Release Stimulant Type		
glimepiride oral tablet 1 mg, 2 mg, 4 mg (Amaryl)	Tier 1	
glipizide oral tablet 10 mg, 5 mg (Glucotrol)	Tier 1	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg (Glucotrol XL)	Tier 1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg (Glynase)	Tier 1	

Drug	Status	Notes
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>nateglinide oral tablet 120 mg, 60 mg (Starlix)</i>	Tier 1	
<i>repaglinide oral tablet 0.5 mg</i>	Tier 1	
<i>repaglinide oral tablet 1 mg, 2 mg (Prandin)</i>	Tier 1	
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
AVANDIA ORAL TABLET 2 MG, 4 MG	Tier 3	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)</i>	Tier 1	
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.		

Drug	Status	Notes
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 EA per 1 day)
QTERN ORAL TABLET 10-5 MG	Tier 3	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
QTERN ORAL TABLET 5-5 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic, Biguanide Type(Non-Sulfonylurea)		
metformin oral tablet 1,000 mg, 500 mg, 850 mg (Glucophage)		
metformin oral tablet extended release 24 hr 500 mg, 750 mg (Glucophage XR)	Tier 1	
Antihyperglycemic, Insulin & Glp-1 Receptor Agonist		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (30 ML per 28 days)

Drug	Status	Notes
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (15 ML per 28 days)
Antihyperglycemic,Insulin-Rel Stim.& Biguanide Cmb		
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	
repaglinide-metformin oral tablet 1-500 mg, 2-500 mg	Tier 1	
Antihyperglycemic,Insulin-Response & Release Comb.		
pioglitazone-glimepiride oral tablet 30-2 (DUETACT) mg, 30-4 mg	Tier 1	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days

Drug	Status	Notes
Antihyperglycemic-Glucocorticoid Receptor Blocker		
KORLYM ORAL TABLET 300 MG	Tier 3	PA; SP
Antihyperglycemic-Sglt2 Inhibitor & Biguanide Comb		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (2 EA per 1 day)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (2 EA per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; 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	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; 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	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (2 EA per 1 day)
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb		

Drug	Status	Notes
<i>pioglitazone-metformin oral tablet 15-500 (Actoplus MET) mg, 15-850 mg</i>	Tier 1	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days
Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (2 EA per 1 day)
Blood Sugar Diagnostics		
BLOOD GLUCOSE TEST STRIP	Tier 1	
CONTOUR NEXT TEST STRIPS STRIP	Tier 3	PA
CONTOUR TEST STRIPS STRIP	Tier 3	PA
FREESTYLE INSULINX STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP	Tier 2	
FREESTYLE TEST STRIP	Tier 2	QL (200 EA per 30 days)
HEALTHPRO TEST STRIPS STRIP	Tier 1	QL (200 EA per 30 days)
ONETOUCH ULTRA BLUE TEST STRIP STRIP	Tier 2	
ONETOUCH VERIO TEST STRIPS STRIP	Tier 2	
PRECISION XTRA TEST STRIP	Tier 2	QL (200 EA per 30 days)
Diabetic Supplies		
ACCU-CHEK COMBO SYSTEM KIT	Tier 3	
AUTOSOFT 30 INFUSION SET	Tier 3	
AUTOSOFT 90 INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 23" INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 32" INFUSION SET	Tier 3	

Drug	Status	Notes
AUTOSOFT XC INFUSION SET 43" INFUSION SET	Tier 3	
CEQUR SIMPLICITY DEVICE 2 UNIT	Tier 3	
CEQUR SIMPLICITY INSERTER	Tier 3	
CLEO 90 INFUSION SET 24" INFUSION SET	Tier 3	
CLEO 90 INFUSION SET 31" INFUSION SET	Tier 3	
COMFORT INFUSION SET 23" INFUSION SET	Tier 3	
COMFORT INFUSION SET 43" INFUSION SET	Tier 3	
CONTACT DETACH INFUS SET 23" INFUSION SET	Tier 3	
CONTACT DETACH INFUS SET 32" INFUSION SET	Tier 3	
CONTACT DETACH INFUS SET 43" INFUSION SET	Tier 3	
DEXCOM G4 RECEIVER	Tier 2	PA
DEXCOM G4 RECEIVER PEDIATRIC	Tier 2	PA
DEXCOM G4 RECEIVER-SHARE (PED)	Tier 2	PA
DEXCOM G4 RECEIVER-SHARE KIT	Tier 2	PA
DEXCOM G4 TRANSMITTER DEVICE	Tier 2	PA
DEXCOM G5 RECEIVER	Tier 2	PA
DEXCOM G5 TRANSMITTER DEVICE	Tier 2	PA
DEXCOM G5-G4 SENSOR DEVICE	Tier 2	PA
DEXCOM G6 RECEIVER	Tier 2	PA
DEXCOM G6 SENSOR DEVICE	Tier 2	PA
DEXCOM G6 TRANSMITTER DEVICE	Tier 2	PA
DEXCOM RECEIVER	Tier 2	PA
EVERSENSE SENSOR-HOLDER SUBCUTANEOUS DEVICE	Tier 3	
EVERSENSE SMART TRANSMITTER DEVICE	Tier 3	
FREESTYLE CONTROL SOLUTION	Tier 2	QL (200 EA per 30 days)
FREESTYLE FLASH SYSTEM KIT	Tier 2	
FREESTYLE FREEDOM KIT	Tier 2	
FREESTYLE FREEDOM LITE KIT	Tier 2	
FREESTYLE INSULINX	Tier 2	
FREESTYLE LIBRE 14 DAY READER	Tier 2	PA

Drug	Status	Notes
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 2	PA
FREESTYLE LIBRE 2 READER	Tier 3	
FREESTYLE LIBRE 2 SENSOR KIT	Tier 3	
FREESTYLE LITE METER KIT	Tier 2	
FREESTYLE PRECISION NEO METER	Tier 2	
FREESTYLE SIDEKICK II KIT	Tier 2	
FREESTYLE SYSTEM KIT KIT	Tier 2	
GLUCOCOM AUTOLINK	Tier 3	
GUARDIAN CONNECT TRANSMITTER DEVICE	Tier 3	
GUARDIAN LINK 3 TRANSMITTER DEVICE	Tier 3	
GUARDIAN SENSOR 3 DEVICE	Tier 3	
INPEN (FOR HUMALOG) SUBCUTANEOUS INSULIN PEN	Tier 3	
INPEN (FOR NOVOLOG OR FIASP) SUBCUTANEOUS INSULIN PEN	Tier 3	
INSET 30 INFUSION SET 23" INFUSION SET	Tier 3	
INSET INFUSION SET 23" INFUSION SET	Tier 3	
<i>lancing device</i> (Adjustable Lancing Device)	Tier 2	
<i>lancing device with lancets kit</i> (OneTouch Delica Lanc Device)	Tier 1	
MINIMED 630G INSULIN PUMP	Tier 3	
MINIMED 670G INSULIN PUMP	Tier 3	
MINIMED MIO 18" INFUSION SET	Tier 3	
MINIMED MIO 23" INFUSION SET	Tier 3	
MINIMED MIO 32" INFUSION SET	Tier 3	
MINIMED QUICK SET 18" INFUSION SET	Tier 3	
MINIMED QUICK SET 23" INFUSION SET	Tier 3	
MINIMED QUICK SET 32" INFUSION SET	Tier 3	
MINIMED QUICK SET 43" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 18" INFUSION SET	Tier 3	

Drug	Status	Notes
MINIMED SILHOUETTE 23" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 32" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 43" INFUSION SET	Tier 3	
MINIMED SURE T 18" INFUSION SET	Tier 3	
MINIMED SURE T 23" INFUSION SET	Tier 3	
MINIMED SURE T 32" INFUSION SET	Tier 3	
MIO INFUSION SET INFUSION SET	Tier 3	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	Tier 3	
OMNIPOD DASH 5 PACK POD SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD DASH PDM KIT	Tier 3	
OMNIPOD INSULIN MANAGEMENT	Tier 3	
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE	Tier 3	
ONETOUCH DELICA LANC DEVICE KIT	Tier 2	
ONETOUCH DELICA PLUS LANC DEV KIT	Tier 2	
ONETOUCH PING INSULIN PUMP	Tier 3	
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE	Tier 2	
ONETOUCH ULTRA CONTROL SOLUTION	Tier 2	
ONETOUCH ULTRA2 METER	Tier 2	
ONETOUCH ULTRA2 METER KIT	Tier 2	
ONETOUCH ULTRAMINI KIT	Tier 2	
ONETOUCH VERIO FLEX METER	Tier 2	
ONETOUCH VERIO FLEX START KIT	Tier 2	
ONETOUCH VERIO HIGH CONTROL SOLUTION	Tier 2	
ONETOUCH VERIO IQ METER	Tier 2	
ONETOUCH VERIO IQ METER KIT	Tier 2	
ONETOUCH VERIO METER	Tier 2	
ONETOUCH VERIO MID CONTROL SOLUTION	Tier 2	
PRECISION XTRA MONITOR	Tier 2	
PREMIUM BLOOD GLUCOSE MONITOR	Tier 1	

Drug	Status	Notes
QUICK-SET PARADIGM 43" INFUSION SET	Tier 3	
REVEL PEDIATRIC PROGRAM PUMP	Tier 3	
REVEL PROGRAMMABLE PUMP	Tier 3	
T:FLEX SUBCUTANEOUS CARTRIDGE	Tier 3	
T:SLIM SUBCUTANEOUS CARTRIDGE	Tier 3	
T:SLIM X2 BASAL-IQ INSULIN PMP	Tier 3	
T:SLIM X2 CONTROL-IQ	Tier 3	
T:SLIM X2 INSULIN PUMP	Tier 3	
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	Tier 3	
TRUSTEEL INFUSION SET 23" INFUSION SET	Tier 3	
TRUSTEEL INFUSION SET 32" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 23" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 32" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 43" INFUSION SET	Tier 3	
V-GO 20 DEVICE	Tier 3	
V-GO 30 DEVICE	Tier 3	
V-GO 40 DEVICE	Tier 3	
WAVESENSE PRESTO KIT	Tier 1	
Diabetic Ulcer Preparations,Topical		
REGRANEX TOPICAL GEL 0.01 %	Tier 2	
Hyperglycemics		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	Tier 2	
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	Tier 1	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	Tier 2	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	Tier 1	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2	
<i>glucose oral tablet,chewable 4 gram</i> (Dex4 Glucose)	Tier 1	
GVOKE HYPOOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Tier 2	

Drug	Status	Notes
GVOKE HYPOOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Tier 2	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	Tier 2	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	Tier 2	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	Tier 3	
Insulins		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	QL (30 ML per 28 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Tier 3	PA
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60)	Tier 3	PA; QL (180 EA per 28 days)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	ST: Prior prescription for Lantus Solostar, Lantus, Levemir Flextouch, Levemir, Semglee, Solostar, Tresiba Flextouch U-100, Tresiba Flextouch U-200, or Tresiba in the past 365 days; QL (30 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 2	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)

Drug	Status	Notes	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	Tier 2	QL (30 ML per 28 days)	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 2	QL (40 ML per 28 days)	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	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)	
<i>insulin lispro protamin-lispro</i> <i>subcutaneous insulin pen 100 unit/ml</i> <i>(75-25)</i>	(Humalog Mix 75-25 KwikPen)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen</i> <i>100 unit/ml</i>	(Humalog KwikPen Insulin)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen,</i> <i>half-unit 100 unit/ml</i>	(Humalog Junior KwikPen U-100)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous solution 100</i> <i>unit/ml</i>	(Humalog U-100 Insulin)	Tier 1	QL (40 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)	

Drug	Status	Notes
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
LEVEMIR FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML)	Tier 3	
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)
Ear - General Disorders		
Ear Preparations Anti-Inflammatory		
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	Tier 1
Ear Preparations, Misc. Anti-Infectives		
acetic acid otic (ear) solution 2 %		Tier 1
hydrocortisone-acetic acid otic (ear) drops 1-2 %		Tier 1
Ear Preparations, Antibiotics		
ciprofloxacin hcl otic (ear) dropperette 0.2 %	(Cetraxal)	Tier 1
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml- unit/ml-%		Tier 1
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		Tier 1
ofloxacin otic (ear) drops 0.3 %		Tier 1

Drug	Status	Notes
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (6 MG/0.1 ML)	Tier 3	
Otic Preparations,Anti-Inflammatory-Antibiotics		
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	Tier 3	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	Tier 1	
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)	Tier 1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	Tier 3	
Electrolyte Regulation		
Arginine Vasopressin (Avp) Receptor Antagonists		
JYNARQUE ORAL TABLET 15 MG	Tier 3	PA; SP; QL (30 EA per 365 days)
JYNARQUE ORAL TABLET 30 MG	Tier 3	PA; SP; QL (60 EA per 365 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	Tier 3	PA; SP
SAMSCA ORAL TABLET 15 MG	Tier 3	PA; SP; QL (30 EA per 365 days)
SAMSCA ORAL TABLET 30 MG	Tier 3	PA; SP; QL (60 EA per 365 days)
tolvaptan oral tablet 30 mg (Jynarque)	Tier 1	PA; SP; QL (60 EA per 365 days)
Bicarbonate Producing/Containing Agents		
sodium acetate intravenous solution 4 meq/ml	Tier 1	
sodium bicarbonate in d5w intravenous solution 150 meq/1,000 ml, 150 meq/1,150 ml	Tier 1	
sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %)	Tier 1	
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	
Drugs Used To Treat Acidosis		
tromethamine in sterile water intravenous syringe 1.8 gram/50 ml (0.3 molar)	Tier 1	

Drug	Status	Notes
Electrolyte Depleters		
AURYXIA ORAL TABLET 210 MG IRON	Tier 3	QL (12 EA per 1 day)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	
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 (Fosrenol)</i>	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 2	PA
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	Tier 2	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram (Renvela)</i>	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg (Renvela)</i>	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 2	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Tier 2	
Phosphate Replacement		
GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOL/ML	Tier 1	
<i>sodium phosphate in 0.9 % nacl intravenous solution 30 mmol/250 ml</i>	Tier 1	
<i>sodium phosphate in d5w intravenous solution 15 mmol/250 ml</i>	Tier 1	
Potassium Replacement		
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	Tier 1	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	Tier 1	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	Tier 1	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	Tier 1	

Drug	Status	Notes
<i>potassium acetate intravenous solution 2 meq/ml</i>	Tier 1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	Tier 1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	Tier 1	
<i>potassium chloride in 0.9%nacl intravenous syringe 20 meq/20 ml (1 meq/ml)</i>	Tier 1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	Tier 1	
<i>potassium chloride in water intravenous syringe 10 meq/5 ml (2 meq/ml)</i>	Tier 1	
<i>potassium chloride intravenous solution 2 meq/ml</i>	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 (Klor-Con)</i>	Tier 1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	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
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	Tier 1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	Tier 1	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	Tier 1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	Tier 1	
<i>potassium cl-lido-0.9 % sodchl intravenous piggyback 10 meq-10 mg /100 ml</i>	Tier 1	
<i>potassium gluconate oral tablet 595 mg (99 mg)</i>	Tier 1	
Endocrine Disorder - Fertility		

Drug	Status	Notes
Drugs To Treat Impotency		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 3	ST: Prior prescription for Sildenafil Citrate or Tadalafil in the past 120 days; QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	Tier 2	ST: Prior prescription for Sildenafil Citrate or Tadalafil in the past 120 days; QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	Tier 2	ST: Prior prescription for Sildenafil Citrate or Tadalafil in the past 120 days; QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 3	QL: 6 INJECTIONS IN 30 DAYS; ST: Prior prescription for Caverject, Muse, Sildenafil Citrate, or Tadalafil in the past 120 days
EDEX INTRACAVERNOSAL KIT 40 MCG	Tier 3	QL: 6 INJECTIONS IN 30 DAYS; ST: Prior prescription for Caverject or Muse in the past 120 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 2	QL (1 EA per 5 days)
sildenafil oral tablet 100 mg, 25 mg, 50 mg (Viagra)	Tier 1	QL (1 EA per 5 days)
tadalafil oral tablet 10 mg, 20 mg (Cialis)	Tier 1	QL (1 EA per 5 days)
tadalafil oral tablet 2.5 mg, 5 mg (Cialis)	Tier 1	ST: Prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Tamsulosin HCL, or Terazosin HCL in the past 120 days; QL (1 EA per 1 day)
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG	Tier 3	
Fertility Stimulating Preparations, Non-Fsh		
clomiphene citrate oral tablet 50 mg (Serophene)	Tier 1	

Drug	Status	Notes
SEROPHENE ORAL TABLET 50 MG	Tier 2	
Follicle Stim./Luteinizing Hormones		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 2	SP
Follicle-Stimulating Hormone (Fsh)		
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
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	Tier 2	SP
Human Chorionic Gonadotropin (Hcg)		
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT	Tier 2	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	Tier 2	
Pregnancy Facilitating/Maintaining Agent,Hormonal		
CRINONE VAGINAL GEL 8 %	Tier 2	
Pregnancy Maintaining Agent,Hormonal		
hydroxyprogesterone cap(pres) <i>intramuscular oil 250 mg/ml (1 ml)</i> (Makena)	Tier 1	PA; SP
hydroxyprogesterone cap(ppres) <i>intramuscular oil 250 mg/ml</i> (Makena)	Tier 1	PA; SP
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML	Tier 2	PA; SP
MAKENA INTRAMUSCULAR OIL 250 MG/ML, 250 MG/ML (1 ML)	Tier 3	PA; SP
Endocrine Disorder - Other		
Adrenal Steroid Inhibitors		
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	Tier 3	PA; SP
Antidiuretic And Vasopressor Hormones		
desmopressin injection solution 4 mcg/ml (DDAVP)	Tier 1	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	Tier 1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	Tier 1	
desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)	Tier 1	

Drug	Status	Notes
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Tier 3	ST: Prior prescription for Desmopressin Acetate in the past 120 days; QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Tier 3	ST: Prior prescription for Desmopressin Acetate in the past 120 days; QL (1 EA per 1 day)
<i>vasopressin in 0.9 % sod chlor intravenous solution 100 unit/100 ml (1 unit/ml), 100 unit/250 ml (0.4 unit/ml), 20 unit/100 ml (0.2 unit/ml), 40 unit/100 ml (0.4 unit/ml), 50 unit/250 ml (0.2 unit/ml), 60 unit/100 ml (0.6 unit/ml)</i>	Tier 1	
<i>vasopressin in dextrose 5 % intravenous solution 100 unit/100 ml (1 unit/ml), 25 unit/250 ml (0.1 unit/ml), 60 unit/100 ml (0.6 unit/ml)</i>	Tier 1	
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML	Tier 3	
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
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
<i>leuprolide subcutaneous solution 1 mg/0.2 ml</i>	Tier 1	PA; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	Tier 3	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	Tier 3	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	Tier 3	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	Tier 3	PA; SP

Drug	Status	Notes
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	Tier 3	PA; SP
VANTAS IMPLANT KIT 50 MG (50 MCG/DAY)	Tier 2	PA; SP
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	Tier 2	PA; SP
Bone Formation Stim. Agents - Parathyroid Hormone		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	Tier 2	SP
Bone Formation Stimulating Agts - Pth Rel Peptides		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 2	PA; SP
Bone Resorption Inhibitor & Vitamin D Combinations		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 3	
Bone Resorption Inhibitors		
alendronate oral solution 70 mg/75 ml	Tier 1	QL (75 ML per 7 days)
alendronate oral tablet 10 mg, 35 mg, 5 mg	Tier 1	
alendronate oral tablet 70 mg (Fosamax)	Tier 1	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	Tier 1	
etidronate disodium oral tablet 200 mg	Tier 1	
EVISTA ORAL TABLET 60 MG	Tier 3	QL (1 EA per 1 day)
ibandronate intravenous solution 3 mg/3 ml	Tier 1	
ibandronate intravenous syringe 3 mg/3 ml (Boniva)	Tier 1	
ibandronate oral tablet 150 mg (Boniva)	Tier 1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	Tier 2	
pamidronate intravenous recon soln 30 mg, 90 mg	Tier 1	
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	Tier 1	
raloxifene oral tablet 60 mg (Evista)	Tier 0	QL (1 EA per 1 day)

Drug		Status	Notes
risedronate oral tablet 150 mg	(Actonel)	Tier 1	ST: At least 2 prior prescriptions for Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium in the past 365 days; QL (1 EA per 30 days)
risedronate oral tablet 30 mg		Tier 1	ST: At least 2 prior prescriptions for Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium in the past 365 days; QL (1 EA per 1 day)
risedronate oral tablet 35 mg	(Actonel)	Tier 1	ST: At least 2 prior prescriptions for Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium in the past 365 days; QL (1 EA per 7 days)
risedronate oral tablet 5 mg	(Actonel)	Tier 1	ST: At least 2 prior prescriptions for Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium in the past 365 days; QL (1 EA per 1 day)
risedronate oral tablet, delayed release (dr/ec) 35 mg	(Atelvia)	Tier 1	ST: At least 2 prior prescriptions for Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium in the past 365 days; QL (1 EA per 7 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		Tier 2	PA; SP
zoledronic acid intravenous recon soln 4 mg		Tier 1	SP
zoledronic acid intravenous solution 4 mg/5 ml		Tier 1	SP
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml		Tier 1	PA; SP
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	(Reclast)	Tier 1	SP
zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml		Tier 1	SP

Drug	Status	Notes
Calcimimetic, Parathyroid Calcium Enhancer		
cinacalcet oral tablet 30 mg, 60 mg, 90 mg (Sensipar)	Tier 1	PA; SP
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML	Tier 3	PA; SP
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	Tier 2	PA; SP
Growth Hormone Receptor Antagonists		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 2	SP
Growth Hormone Releasing Hormone (Ghrh) & Analogs		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 2	PA; SP
Growth Hormones		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	Tier 2	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Tier 2	PA; SP
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 2	PA; SP
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	Tier 3	PA; SP
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 1	
paricalcitol oral capsule 1 mcg, 2 mcg (Zemplar)	Tier 1	
paricalcitol oral capsule 4 mcg	Tier 1	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	Tier 3	
Insulin-Like Growth Factor-1 (Igf-1) Hormones		

Drug	Status	Notes
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 2	PA; SP
Leptin Hormone Analogs		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 2	SP; QL (1 EA per 1 day)
Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb		
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 3	PA
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	Tier 2	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	Tier 2	PA; SP
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	Tier 2	PA; SP
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	Tier 2	SP
ORILISSA ORAL TABLET 150 MG	Tier 2	PA; QL (1 EA per 1 day)
ORILISSA ORAL TABLET 200 MG	Tier 2	PA; QL (2 EA per 1 day)
Lhrh(Gnrh)Agnst Pit.Sup-Central Precocious Puberty		
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	Tier 3	PA; SP
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	Tier 2	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	Tier 2	PA; SP
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	Tier 3	PA; SP; QL (1 EA per 180 days)
Menopausal Sympt Supp-Sel Estrogen Recep Modulator		
OSPHENA ORAL TABLET 60 MG	Tier 3	QL (1 EA per 1 day)
Parathyroid Hormones		

Drug	Status	Notes
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	Tier 2	PA; SP
Pituitary Suppressive Agents		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
<i>methimazole oral tablet 10 mg, 5 mg (Tapazole)</i>	Tier 1	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
TAPAZOLE ORAL TABLET 10 MG, 5 MG	Tier 3	
Insulin-Like Growth Factor Receptor (Igf-R) Inhib		
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	Tier 3	PA; SP
Iodine Containing Agents		
IODOPEN INTRAVENOUS SOLUTION 100 MCG/ML	Tier 1	
LUGOLS ORAL SOLUTION 5 %	Tier 3	
STRONG IODINE ORAL SOLUTION 5 %	Tier 1	
Thyroid Hormones		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Tier 2	
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, 50 MCG, 75 MCG, 88 MCG	Tier 2	
LEVO-T ORAL TABLET 300 MCG	Tier 3	
<i>levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg</i>	Tier 1	
<i>levothyroxine intravenous solution 100 mcg/ml, 20 mcg/ml, 40 mcg/ml</i>	Tier 1	

Drug	Status	Notes
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	Tier 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 intravenous solution 10 mcg/ml</i> (Triostat)	Tier 1	
<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, 50 MCG, 75 MCG, 88 MCG	Tier 2	
SYNTHROID ORAL TABLET 300 MCG	Tier 3	
<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	ST: Prior prescription for Levothyroxine Sodium in the past 120 days
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG	Tier 3	ST: Prior prescription for Levothyroxine Sodium in the past 120 days
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG	Tier 3	ST: Prior prescription for Levothyroxine Sodium in the past 120 days
THYROLAR-2 ORAL TABLET 25-100 MCG	Tier 3	ST: Prior prescription for Levothyroxine Sodium in the past 120 days
THYROLAR-3 ORAL TABLET 37.5-150 MCG	Tier 3	ST: Prior prescription for Levothyroxine Sodium in the past 120 days
UNITHROID 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	

Drug	Status	Notes
UNITHROID ORAL TABLET 300 MCG	Tier 3	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 1	
Eye - General Disorders		
Eye Antibiotic, Glucocorticoid And Nsaid Comb.		
<i>prednisol ace-gatiflox-bromfen ophthalmic (eye) drops,suspension 1- 0.5-0.075 %</i>	Tier 1	
<i>prednisol sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1- 0.5-0.1 %</i>	Tier 1	
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1- 0.5-0.075 %</i>	Tier 1	
Eye Antibiotic-Corticoid Combinations		
<i>neomycin-bacitracin-poly-hc ophthalmic (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>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g- 10,000 unit/g-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg- unit-mg/ml</i>	Tier 1	
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG- UNIT/G-1%	Tier 1	
<i>prednisolone acet-gatifloacin 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-moxifloacin 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 2	

Drug	Status	Notes
<i>tobramycin-dexamethasone ophthalmic (TobraDex) (eye) drops,suspension 0.3-0.1 %</i>	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 2	
Eye Antihistamines		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	Tier 2	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 2	
LASTACRAFT OPHTHALMIC (EYE) DROPS 0.25 %	Tier 3	ST: Prior prescription for Alrex, Azelastine HCL, Bepreve, Olopatadine HCL, or Pazeo in the past 120 days
<i>olopatadine ophthalmic (eye) drops 0.1 % (Pataday)</i>	Tier 2	
<i>olopatadine ophthalmic (eye) drops 0.2 % (Pataday)</i>	Tier 2	QL (2.5 ML per 30 days)
PAZEO OPHTHALMIC (EYE) DROPS 0.7 %	Tier 2	ST: Prior prescription for Olopatadine HCL in the past 120 days; QL (2.5 ML per 25 days)
Eye Antiinflammatory Agents		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	Tier 3	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	Tier 3	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	Tier 2	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	Tier 3	ST: Prior prescription for Bromfenac Sodium, Diclofenac Sodium, or Ketorolac Tromethamine in the past 120 days
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	Tier 3	
<i>fluorometholone ophthalmic (eye) (FML Liquifilm) drops,suspension 0.1 %</i>	Tier 1	

Drug	Status	Notes
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	
<i>ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %</i>	Tier 2	
<i>INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %</i>	Tier 2	ST: Prior prescription for Prednisolone Sodium Phosphate in the past 120 days; QL (5.6 ML per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.4 % (Acular LS)</i>	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.5 % (Acular)</i>	Tier 1	
<i>LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %</i>	Tier 2	
<i>LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %</i>	Tier 3	
<i>LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %</i>	Tier 2	
<i>LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %</i>	Tier 2	
<i>loteprednol etabonate ophthalmic (eye) (Lotemax) drops,suspension 0.5 %</i>	Tier 1	
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	
<i>prednisolone acetate ophthalmic (eye) (Pred Forte) drops,suspension 1 %</i>	Tier 1	
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %</i>	Tier 2	ST: Prior prescription for Bromfenac Sodium in the past 120 days
Eye Antivirals		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %</i>	Tier 3	
Eye Local Anesthetics		
<i>AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %</i>	Tier 3	
<i>ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 %</i>	Tier 1	
<i>ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %</i>	Tier 1	

Drug	Status	Notes
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 1	
<i>proparacaine ophthalmic (eye) drops 0.5 (Alcaine) %</i>	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 (Altacaine) %</i>	Tier 1	
Eye Sulfonamides		
<i>sulacetamide sodium ophthalmic (eye) (Bleph-10) drops 10 %</i>	Tier 1	
<i>sulacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1	
<i>sulacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
Eye Vasconstrictors (Rx Only)		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
Ophthalmic Antibiotics		
<i>AK-POLY-BAC OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM</i>	Tier 1	
<i>AZASITE OPHTHALMIC (EYE) DROPS 1 %</i>	Tier 2	
<i>BACIGUENT OPHTHALMIC (EYE) OINTMENT 500 UNIT/GRAM</i>	Tier 3	
<i>bacitracin ophthalmic (eye) ointment 500 (Baciguent) unit/gram</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic (eye) (AK-Poly-Bac) ointment 500-10,000 unit/gram</i>	Tier 1	
<i>BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %</i>	Tier 3	ST: At least 2 prior prescriptions for Ciprofloxacin HCL, Gatifloxacin, Levofloxacin, Moxifloxacin HCL, or Ofloxacin in the past 120 days
<i>ciprofloxacin hcl ophthalmic (eye) drops (Ciloxan) 0.3 %</i>	Tier 1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 (Zymaxid) %</i>	Tier 1	
<i>GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)</i>	Tier 1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	

Drug	Status	Notes
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOSUS 0.5 %	Tier 3	
<i>moxifloxacin ophthalmic (eye) drops 0.5 % (Vigamox)</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops, (Moxeza) viscous 0.5 %</i>	Tier 1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	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 % (Ocuflox)</i>	Tier 1	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (Polytrim) (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 1	
<i>tobramycin ophthalmic (eye) drops 0.3 % (Tobrex)</i>	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 3	
ZYMAXID OPHTHALMIC (EYE) DROPS 0.5 %	Tier 3	
Ophthalmic Anti-Inflammatory Immunomodulator-Type		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Tier 3	PA
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	PA
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	Tier 2	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 2	PA
Ophthalmic Human Nerve Growth Factor (Hngf)		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 3	PA; SP

Drug	Status	Notes
Ophthalmic Mast Cell Stabilizers		
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %	Tier 3	ST: Prior prescription for Cromolyn Sodium in the past 120 days
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 3	ST: Prior prescription for Cromolyn Sodium in the past 120 days
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	Tier 1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
Miotics/Other Intraoc. Pressure Reducers		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	ST: Prior prescription for Brimonidine Tartrate in the past 120 days
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	Tier 3	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 3	ST: Prior prescription for Alphagan P, Betaxolol HCL, Brimonidine Tartrate, Combigan, Dorzolamide HCL, Dorzolamide HCL/timolol Maleate, or Latanoprost in the past 365 days
<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	ST: Prior prescription for generic Betaxolol in the past 120 days
<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	

Drug	Status	Notes
brimonidine ophthalmic (eye) drops 0.2 %	Tier 1	
brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %	Tier 1	
carteolol ophthalmic (eye) drops 1 %	Tier 1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	Tier 2	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	Tier 3	ST: Prior prescription for Dorzolamide HCL/timolol Maleate in the past 120 days; QL (2 EA per 1 day)
dorzolamide (pf) ophthalmic (eye) drops 2 %	Tier 1	
dorzolamide ophthalmic (eye) drops 2 % (Trusopt)	Tier 1	
dorzolamide-timolol (pf) ophthalmic (eye) (Cosopt (PF)) dropperette 2-0.5 %	Tier 1	ST: Prior prescription for Dorzolamide HCL/timolol Maleate in the past 120 days; QL (2 EA per 1 day)
dorzolamide-timolol (pf) ophthalmic (eye) drops 2-0.5 %	Tier 1	ST: Prior prescription for Dorzolamide HCL/timolol Maleate in the past 120 days
dorzolamide-timolol ophthalmic (eye) (Cosopt) drops 22.3-6.8 mg/ml	Tier 1	
latanoprost (pf) ophthalmic (eye) drops 0.005 %	Tier 1	
latanoprost ophthalmic (eye) drops 0.005 (Xalatan) %	Tier 1	
levobunolol ophthalmic (eye) drops 0.5 %	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 2	ST: Prior prescription for generic Bimatoprost or Latanoprost in the past 120 days; QL (1 ML per 12 days)
metipranolol ophthalmic (eye) drops 0.3 %	Tier 1	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 2	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 1	

Drug	Status	Notes
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 2	ST: Prior prescription for Alphagan P, Betaxolol HCL, Brimonidine Tartrate, Combigan, Dorzolamide HCL, Dorzolamide HCL/timolol Maleate, or Latanoprost in the past 365 days; QL (2.5 ML per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 3	ST: Prior prescription for Alphagan P, Betaxolol HCL, Brimonidine Tartrate, Combigan, Dorzolamide HCL, Dorzolamide HCL/timolol Maleate, Latanoprost, Rhopressa, or Rocklatan in the past 365 days; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 3	ST: Prior prescription for Alphagan P, Brimonidine Tartrate, Combigan, or Dorzolamide HCL/timolol Maleate in the past 365 days
<i>timol-brimon-dorzo-latanop(pf) ophthalmic (eye) drops 0.5 %-0.15 %-2 %-0.005 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) drops (Timoptic) 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) drops, (Istalol) once daily 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>	Tier 1	
<i>timolol-dorzolamid-latanop(pf) ophthalmic (eye) drops 0.5-2-0.005 %</i>	Tier 1	
<i>timolol-latanoprost(pf) ophthalmic (eye) drops 0.5-0.005 %</i>	Tier 1	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	Tier 2	ST: Prior prescription for generic Bimatoprost or Latanoprost in the past 120 days; QL (1 ML per 12 days)
TRUSOPT OPHTHALMIC (EYE) DROPS 2 %	Tier 3	

Drug	Status	Notes
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 3	ST: Prior prescription for generic Bimatoprost or Latanoprost in the past 120 days; QL (2.5 ML per 25 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	Tier 2	ST: Prior prescription for generic Bimatoprost or Latanoprost in the past 120 days; QL (1 EA per 1 day)
Mydriatics		
atropine ophthalmic (eye) drops 1 % (Isopto Atropine)	Tier 1	
atropine ophthalmic (eye) drops, emulsion 0.01 %	Tier 1	
atropine ophthalmic (eye) ointment 1 %	Tier 1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	Tier 3	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	
cyclopentolate ophthalmic (eye) drops (Cyclogyl) 0.5 %, 1 %, 2 %	Tier 1	
cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 %	Tier 1	
PAREMYD OPHTHALMIC (EYE) DROPS 1-0.25 %	Tier 3	
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %	Tier 1	
tropicamide ophthalmic (eye) drops 0.5 %	Tier 1	
tropicamide ophthalmic (eye) drops 1 % (Mydriacyl)	Tier 1	
Ophthalmic Antifibrotic Agents		
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 3	
Eye - Miscellaneous		
Eye Preparations, Miscellaneous (Otc)		
CLEANSING EYELID MOIST PADS TOPICAL PADS, MEDICATED	Tier 1	
CLEANSING EYELID WIPES EXT STR TOPICAL PADS, MEDICATED	Tier 1	
Ocular Photoactivated Vessel-Occluding Agents		
VISUDYNE INTRAVENOUS RECON SOLN 15 MG	Tier 2	SP

Drug	Status	Notes
Ophthalmic Cystine Depleting Agents		
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 2	PA; SP
Fluid Replacement		
Nucleic Acid/Nucleotide Supplements		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 2	PA; SP
Gout And Related Diseases		
Colchicine		
colchicine oral capsule 0.6 mg (Mitigare)	Tier 1	QL (2 EA per 1 day)
colchicine oral tablet 0.6 mg (Colcrys)	Tier 1	QL (4 EA per 1 day)
COLCRY'S ORAL TABLET 0.6 MG	Tier 2	QL (4 EA per 1 day)
MITIGARE ORAL CAPSULE 0.6 MG	Tier 2	QL (2 EA per 1 day)
Hyperuricemia Tx - Purine Inhibitors		
allopurinol oral tablet 100 mg, 300 mg (Zyloprim)	Tier 1	
allopurinol sodium intravenous recon soln 500 mg (Aloprim)	Tier 1	
ALOPRIM INTRAVENOUS RECON SOLN 500 MG	Tier 2	
febuxostat oral tablet 40 mg, 80 mg (Uloric)	Tier 1	ST: Prior prescription for Allopurinol in the past 120 days; QL (30 EA per 30 days)
ULORIC ORAL TABLET 40 MG, 80 MG	Tier 3	ST: Prior prescription for Allopurinol in the past 120 days; QL (30 EA per 30 days)
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	Tier 3	
Hyperuricemia Tx - Urate-Oxidase Enzyme-Type		
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	Tier 2	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	Tier 2	PA; SP
Uricosuric Agents		
probencid oral tablet 500 mg	Tier 1	
probencid-colchicine oral tablet 500-0.5 mg	Tier 1	
Hematological Disorders		
Agents To Tx Thrombotic Thrombocytopenic Purpura		
CABLIVI INJECTION KIT 11 MG	Tier 3	PA; SP

Drug	Status	Notes
CABLIVI INJECTION RECON SOLN 11 MG	Tier 3	PA; SP
Anticoagulant Reversal Agent For Factor Xa Inhib.		
ANDEXXA INTRAVENOUS RECON SOLN 100 MG, 200 MG	Tier 3	PA; SP
Anticoagulant Reversal Agents		
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	Tier 3	SP
Anticoagulants, Coumarin Type		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	Tier 1	
Antifibrinolytic Agents		
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	Tier 3	
AMICAR ORAL TABLET 1,000 MG, 500 MG	Tier 2	
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	Tier 1	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	Tier 1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> (Amicar)	Tier 1	
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG)	Tier 3	
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	Tier 2	
<i>tranexamic acid in nacl, iso-os intravenous piggyback 1,000 mg/100 ml (10 mg/ml)</i>	Tier 1	
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>	Tier 1	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	Tier 1	
Antihemophilic Factors		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP

Drug	Status	Notes
ADYNNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Tier 2	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 2	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 2	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 2	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 2	SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 2	SP
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Tier 2	SP
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Tier 2	SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501- 2,000 UNIT	Tier 2	SP
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	Tier 2	SP
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP

Drug	Status	Notes
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	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 2	SP
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 2	SP
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 2	SP
Antiporphyrin Factors		
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG	Tier 3	SP
Blood Factors, Miscellaneous		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-)) UNIT RANGE	Tier 2	SP
Citrates As Anticoagulants		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML	Tier 3	
ACD-A SOLUTION	Tier 2	
ACD-A SOLUTION 2.45-2.2 GRAM- 730 MG/100 ML	Tier 3	
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 1	
<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)</i>	Tier 1	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 1	
TRICITRASOL INJECTION CONCENTRATE 46.7 %	Tier 2	
Coagulants		
<i>protamine intravenous solution 10 mg/ml</i>	Tier 1	

Drug	Status	Notes
Direct Factor Xa Inhibitors		
BEVYXXA ORAL CAPSULE 40 MG, 80 MG	Tier 3	ST: Prior prescription for Eliquis or Xarelto in the past 120 days; 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)
Drugs To Treat Acute Hepatic Porphyria (Ahp)		
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	Tier 3	PA; SP
Erythroid Maturation Agents		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	Tier 3	PA; SP
Factor IX Complex (Pcc) Preparations		
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT)	Tier 3	SP
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
Factor IX Preparations		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 2	SP
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 2	SP
IDELVION INTRAVENOUS RECON SOLN 3,500 (+/-) UNIT	Tier 3	SP

Drug	Status	Notes
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 2	SP
MONONINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	Tier 2	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
Factor X Preparations		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 2	SP
Factor XIII Preparations		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 2	SP
TRETTON INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 2	SP
Hematinics, Other		
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 2	PA; SP
Hemophilia Treatment Agents, Non- Factor Replacement		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	Tier 3	PA; SP
Hemorrhologic Agents		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
Heparin And Related Preparations		
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML	Tier 3	SP; QL (8 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	Tier 3	SP; QL (5 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 5 MG/0.4 ML	Tier 3	SP; QL (4 ML per 30 days)

Drug	Status	Notes
ARIIXTRA SUBCUTANEOUS SYRINGE 7.5 MG/0.6 ML	Tier 3	SP; QL (6 ML per 30 days)
enoxaparin subcutaneous solution 300 mg/3 ml (Lovenox)	Tier 1	SP; QL (30 ML per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml (Lovenox)	Tier 1	SP; QL (30 ML per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml (Lovenox)	Tier 1	SP; QL (24 ML per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml (Lovenox)	Tier 1	SP; QL (9 ML per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml (Lovenox)	Tier 1	SP; QL (12 ML per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml (Lovenox)	Tier 1	SP; QL (18 ML per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml (Arixtra)	Tier 1	SP; QL (8 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml (Arixtra)	Tier 1	SP; QL (5 ML per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml (Arixtra)	Tier 1	SP; QL (4 ML per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml (Arixtra)	Tier 1	SP; QL (6 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 (10 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 2	SP; QL (5 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 2	SP; QL (6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 2	SP; QL (7.2 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 (2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 2	SP; QL (3 ML per 30 days)
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	Tier 1	
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/250 ml (10 unit/ml), 2,500 unit/500 ml (5 unit/ml), 30,000 unit/1,000 ml, 4000 unit/1000 ml (4 unit/ml), 5,000 unit/1,000 ml, 5,000 unit/500 ml (10 unit/ml)	Tier 1	

Drug	Status	Notes
heparin (porcine) in 0.9% nacl intravenous syringe 2,500 unit/5 ml(500 unit/ml), 6,000 unit/3ml (2,000 unit/ml)	Tier 1	
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	Tier 1	
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml	Tier 1	
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	Tier 1	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	Tier 1	
heparin (porcine) injection syringe 5,000 unit/ml	Tier 1	
heparin flush(porcine)-0.9nacl intravenous kit 100 unit/ml	Tier 1	
heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml	Tier 1	
heparin lock flush (porcine) intravenous syringe 10 unit/ml, 100 unit/ml	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	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 12,500 unit/250 ml	Tier 3	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	Tier 1	
heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml	Tier 1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml	Tier 1	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	Tier 1	
heparin, porcine (pf) intravenous syringe 1 unit/ml	Tier 1	
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	(Heparin LockFlush(Porcine)(PF))	Tier 1

Drug	Status	Notes
heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml	Tier 1	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	Tier 3	QL (30 ML per 30 days)
Human Monoclonal Antibody Complement(C5) Inhibitor		
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	Tier 2	PA; SP
ULTOMIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (10 MG/ML)	Tier 3	PA; SP
Leukocyte (Wbc) Stimulants		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 3	PA; SP
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 2	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 3	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 3	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 2	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 2	PA; SP
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 2	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 2	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 3	PA; SP
Platelet Aggregation Inhibitors		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 0	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 0	
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML	Tier 3	SP
AGGRASTAT IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML)	Tier 3	SP

Drug	Status	Notes
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	Tier 0	
ASPIRIN LOW DOSE ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 0	
<i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)	Tier 0	
<i>aspirin oral tablet,delayed release (dr/ec)</i> (Adult Aspirin Regimen) 81 mg	Tier 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)
CILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	Tier 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	
<i>eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml</i> (Integrilin)	Tier 1	SP
KENGREAL INTRAVENOUS RECON SOLN 50 MG	Tier 3	
LO-DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 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	Tier 0	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 0	
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3	QL (1 EA per 1 day)
Platelet Reducing Agents		
AGRYLIN ORAL CAPSULE 0.5 MG	Tier 3	SP
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	Tier 1	
<i>anagrelide oral capsule 1 mg</i>	Tier 1	
Protein C Preparations		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	Tier 2	SP
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	Tier 2	SP

Drug	Status	Notes
Sickle Cell Anemia Agents		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	Tier 3	PA; SP
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 2	ST: Prior prescription for Hydroxyurea in the past 120 days
ENDARI ORAL POWDER IN PACKET 5 GRAM	Tier 3	PA; SP
OXBRYTA ORAL TABLET 500 MG	Tier 3	PA; SP
Spleen Tyrosine Kinase Inhibitors		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 3	PA; SP
Vitamin K Preparations		
AQUA-K CONCENTRATE ORAL DROPS 200 MCG-2 MG /0.2 ML	Tier 3	
MEPHYTON ORAL TABLET 5 MG	Tier 3	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	Tier 1	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i> (Mephyton)	Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML	Tier 1	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML	Tier 1	
Hormonal Deficiency		
Androgenic Agents		
ANADROL-50 ORAL TABLET 50 MG	Tier 3	PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	Tier 2	PA
<i>methyltestosterone oral capsule 10 mg</i> (Android)	Tier 1	ST: At least 2 prior prescriptions for Methyltestosterone, Testosterone Cypionate, Testosterone Enanthate, or Testosterone in the past 365 days
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	Tier 1	PA
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML	Tier 3	PA
TESTOPEL IMPLANT PELLET 75 MG	Tier 3	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	Tier 1	PA

Drug	Status	Notes
testosterone enanthate intramuscular oil 200 mg/ml	Tier 1	PA
testosterone transdermal gel 50 mg/5 gram (1 %) (Testim)	Tier 2	PA
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (Vogelxo)	Tier 2	PA
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (AndroGel)	Tier 1	PA
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram) (AndroGel)	Tier 2	PA
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram) (AndroGel)	Tier 1	PA
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	Tier 2	PA
Estrogen & Progestin With Antimineralocorticoid Cb		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	
Estrogen & Selective Estrogen Recept Mod(Serm)Comb		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	
Estrogen And Progestin Combinations		
BIJUVA ORAL CAPSULE 1-100 MG	Tier 3	ST: At least 2 prior prescriptions for Alora, Angeliq, Climara Pro, Combipatch, Crinone, Delestrogen, Depo-estradiol, Divigel, Duavee, Elestrin, Endometrin, Enjuvia, Estradiol Valerate, Estradiol, Estradiol/norethindrone Acet, Estring, Estrogel, Evamist, Femring, Imvexxy, Menest, Menostar, Prefest, Premarin, Premphase, Prempro, or Progesterone Micronized in the past 365 days
Estrogen/Androgen Combinations		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG	Tier 1	

Drug	Status	Notes
EEMT HS ORAL TABLET 0.625-1.25 MG	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG	Tier 1	
<i>estrogens-methyltestosterone oral tablet</i> (Covaryx H.S.) 0.625-1.25 mg	Tier 1	
<i>estrogens-methyltestosterone oral tablet</i> (Covaryx) 1.25-2.5 mg	Tier 1	
Estrogenic Agents		
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	Tier 1	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 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)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 2	
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)
<i>estradiol oral tablet</i> 0.5 mg, 1 mg, 2 mg (Estrace)	Tier 1	
<i>estradiol transdermal patch semiweekly</i> (Dotti) 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)
<i>estradiol transdermal patch weekly</i> 0.025 (Climara) 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	Tier 1	QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil</i> 20 mg/ml, 40 mg/ml	Tier 1	
<i>estradiol-norethindrone acet oral tablet</i> (Amabelz) 0.5-0.1 mg, 1-0.5 mg	Tier 1	
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 3	
MIMVEY ORAL TABLET 1-0.5 MG	Tier 1	

Drug	Status	Notes
<i>norethindrone ac-eth estradiol oral tablet (Fyavolv) 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	
PREMARIN INJECTION RECON SOLN 25 MG	Tier 2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	
Lhrh (GnRH) Agonist Analog And Progestin Comb		
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90)	Tier 2	PA; SP
Progestational Agents		
AYGESTIN ORAL TABLET 5 MG	Tier 3	
CRINONE VAGINAL GEL 4 %	Tier 2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	Tier 2	
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	Tier 1	SP
<i>medroxyprogesterone oral tablet 10 mg, (Provera) 2.5 mg, 5 mg</i>	Tier 1	
<i>norethindrone acetate oral tablet 5 mg (Aygestin)</i>	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	
<i>progesterone micronized oral capsule (Prometrium) 100 mg, 200 mg</i>	Tier 1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	Tier 3	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	
Immunization		
Antisera		
BABYBIG INTRAVENOUS RECON SOLN 100 MG	Tier 3	
BIVIGAM INTRAVENOUS SOLUTION 10 %	Tier 2	SP
<i>botulism antitoxin heptavalent intravenous solution 4,500-3,300 unit</i>	Tier 1	
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	Tier 3	PA; SP

Drug	Status	Notes
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
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	Tier 2	SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 %	Tier 3	PA; SP
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	Tier 2	SP
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	Tier 2	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 2	PA; SP
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	Tier 2	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 2	PA; SP
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	Tier 3	PA; SP
GAMMAPLEX INTRAVENOUS SOLUTION 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 %), 5 GRAM/50 ML (10 %)	Tier 2	PA; SP
GAMUNEX-C INJECTION SOLUTION 40 GRAM/400 ML (10 %)	Tier 2	SP
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATR THAN 312 UNIT/ML (5 ML)	Tier 2	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 2	PA; SP
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 2	PA; SP
HYPERRHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	Tier 2	

Drug	Status	Notes
HYPERHEP B S/D INTRAMUSCULAR SYRINGE 220 UNIT/ML	Tier 2	
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	Tier 2	
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	Tier 3	
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	Tier 2	
HYPERRHO S/D INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG), 250 UNIT (50 MCG)	Tier 2	
HYPERTET S/D (PF) INTRAMUSCULAR SYRINGE 250 UNIT	Tier 2	
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
IMOGLAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	Tier 2	
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	Tier 2	
PANZYGA INTRAVENOUS SOLUTION 10 %	Tier 3	PA; SP
PRIVIGEN INTRAVENOUS SOLUTION 10 %	Tier 2	PA; SP
RHOPHYLAC INJECTION SYRINGE 1,500 UNIT (300 MCG)/2 ML	Tier 3	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	Tier 2	
WINRHO SDF INJECTION SOLUTION 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML	Tier 3	SP

Drug	Status	Notes
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
Enteric Virus Vaccines		
IPOL INJECTION SUSPENSION 40-8- 32 UNIT/0.5 ML	Tier 2	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 2	
Gram (-) Bacilli (Non-Enteric) Vaccines		
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	Tier 0	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	Tier 0	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Tier 0	
Gram Negative Coccii Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	Tier 0	QL (1 ML per 365 days); Age (Min 10 Years and Max 25 Years)
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	Tier 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	Tier 0	QL (1 EA per 365 days); Age (Min 11 Years and Max 23 Years)
MENVEO MENA COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG /0.5 ML (FINAL)	Tier 3	
MENVEO MENCYW-135 COMPNT (PF) INTRAMUSCULAR RECON SOLN 5 MCG X 3/ 0.5 ML (FINAL)	Tier 3	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	Tier 0	QL (1.5 ML per 365 days); Age (Min 10 Years and Max 25 Years)
Gram Positive Coccii Vaccines		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	Tier 0	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	Tier 0	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 0	
Influenza Virus Vaccines		

Drug	Status	Notes
AFLURIA QD 2020-21(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 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	Tier 0	QL (0.25 ML per 180 days)
AFLURIA QUAD 2020-2021(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 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	Tier 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	Tier 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	Tier 0	QL (0.5 ML per 180 days)
FLUBLOK QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	Tier 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	Tier 0	QL (0.5 ML per 180 days)
FLUCELVAX QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 0	QL (0.5 ML per 180 days)
FLULALVAL QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 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	Tier 0	QL (1 EA per 180 days)
FLUZONE HIGHDOSE QUAD 20-21 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	Tier 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	Tier 0	QL (0.5 ML per 180 days)
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 0	QL (0.5 ML per 180 days)
FLUZONE QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 0	QL (0.5 ML per 180 days)
Neurotoxic Virus Vaccines		

Drug	Status	Notes
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	Tier 0	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	Tier 0	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	Tier 0	
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	Tier 0	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	Tier 0	
Toxin-Producing Bacilli Vaccines/Toxoids		
bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg	Tier 2	
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	Tier 2	
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 0	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 0	
Vaccine/Toxoid Preparations, Combinations		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 2	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Tier 0	QL (0.5 ML per 365 days)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5- 5-3-5 MCG)-5LF/0.5 ML	Tier 0	QL (0.5 ML per 365 days)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG- LF/0.5ML	Tier 0	QL (0.5 ML per 365 days)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	Tier 0	QL (0.5 ML per 365 days)
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15- 10-5 LF-MCG-LF/0.5ML	Tier 2	

Drug	Status	Notes
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	Tier 2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	Tier 2	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	Tier 0	QL (2 EA per 365 days)
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	Tier 2	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML	Tier 2	
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 2	
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 62 DU/0.5 ML	Tier 2	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	Tier 0	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	Tier 2	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	Tier 0	QL (0.5 ML per 365 days)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	Tier 0	QL (0.5 ML per 365 days)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	Tier 0	QL (0.5 ML per 365 days)
<i>tetanus,diphtheria tox ped(pf) intramuscular suspension 5-25 lf unit/0.5 ml</i>	Tier 2	
Viral/Tumorigenic Vaccines		
adenovirus vac live type-4, 7 oral tablet,delayed release (dr/ec)	Tier 3	
adenovirus vaccine live type-4 oral tablet,delayed release (dr/ec)	Tier 3	
adenovirus vaccine live type-7 oral tablet,delayed release (dr/ec)	Tier 3	

Drug	Status	Notes
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	Tier 0	QL (3 ML per 365 days); Age (Min 18 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	Tier 0	QL (3 ML per 365 days); Age (Min 18 Years)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	Tier 0	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	Tier 0	QL (1.5 ML per 365 days); Age (Min 9 Years and Max 44 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 0	QL (1.5 ML per 365 days); Age (Min 9 Years and Max 44 Years)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	Tier 0	QL (2 ML per 365 days); Age (Min 18 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	Tier 0	QL (2 ML per 365 days); Age (Min 18 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	Tier 0	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	Tier 0	QL (1 ML per 365 days); Age (Min 18 Years)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	Tier 2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	Tier 0	QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	Tier 0	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	Tier 0	QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	Tier 0	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	Tier 0	QL (2 EA per 365 days); Age (Min 50 Years)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	Tier 0	QL (2 EA per 365 days); Age (Min 50 Years)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	Tier 0	QL (4 ML per 365 days)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	Tier 0	

Drug	Status	Notes
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	Tier 0	QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	Tier 0	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	Tier 0	QL (2 ML per 365 days); Age (Min 18 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	Tier 0	QL (2 EA per 365 days)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	Tier 0	QL (1 EA per 365 days); Age (Min 60 Years)
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 2	SP
ALDARA TOPICAL CREAM IN PACKET 5 %	Tier 3	QL (24 EA per 30 days)
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 2	SP
<i>imiquimod topical cream in packet 5 % (Aldara)</i>	Tier 1	QL (24 EA per 30 days)
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	Tier 2	PA; SP
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	Tier 2	PA; SP
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	Tier 2	SP
Immunosupp - Monoclonal Ab Inhibiting T Lymph Fxn		
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	Tier 2	SP
Immunosuppressant-Interferon Gamma Inhibitor, Mab		
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	Tier 3	PA; SP
Immunosuppressives		
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Tier 3	SP
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	Tier 2	SP
<i>azathioprine oral tablet 50 mg (Imuran)</i>	Tier 1	
<i>azathioprine sodium injection recon soln 100 mg</i>	Tier 1	

Drug	Status	Notes
cyclosporine intravenous solution 250 mg/5 ml (Sandimmune)	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
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 3	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
IMURAN ORAL TABLET 50 MG	Tier 3	
mycophenolate mofetil (hcl) intravenous recon soln 500 mg (CellCept Intravenous)	Tier 1	SP
mycophenolate mofetil oral capsule 250 mg (CellCept)	Tier 1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml (CellCept)	Tier 1	
mycophenolate mofetil oral tablet 500 mg (CellCept)	Tier 1	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg (Myfortic)	Tier 1	
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG	Tier 3	SP
NEORAL ORAL CAPSULE 100 MG, 25 MG	Tier 3	SP
NEORAL ORAL SOLUTION 100 MG/ML	Tier 3	SP
NULOJIX INTRAVENOUS RECON SOLN 250 MG	Tier 2	SP
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	Tier 3	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 3	SP
RAPAMUNE ORAL SOLUTION 1 MG/ML	Tier 3	

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
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	Tier 2	SP
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	Tier 3	SP
ZORTRESS ORAL TABLET 1 MG	Tier 2	SP
Infectious Disease - Bacterial		
Absorbable Sulfonamides		
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	Tier 1	
Betalactams		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	Tier 1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 2	PA; SP
Carbapenems (Thienamycins)		
<i>ertapenem injection recon soln 1 gram</i> (Invanz)	Tier 1	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	Tier 1	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	Tier 1	
INVANZ INJECTION RECON SOLN 1 GRAM	Tier 2	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i> (Merrem)	Tier 1	
<i>meropenem-0.9% sodium chloride intravenous piggyback 1 gram/50 ml, 500 mg/50 ml</i>	Tier 1	
RECARBRIIO INTRAVENOUS RECON SOLN 1.25 GRAM	Tier 3	

Drug	Status	Notes
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM	Tier 3	
Cephalosporin Antibiotics - Siderophore		
FETROJA INTRAVENOUS RECON SOLN 1 GRAM	Tier 3	
Cephalosporins - Extended Spectrum, Anti-Mrsa		
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	Tier 2	
Cephalosporins - 1St Generation		
cefadroxil oral capsule 500 mg	Tier 1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	Tier 1	
cefadroxil oral tablet 1 gram	Tier 1	
cefazolin in 0.9% sod chloride intravenous piggyback 3 gram/100 ml	Tier 1	
cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml	Tier 1	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml	Tier 1	
cefazolin in dextrose 5 % intravenous solution 2 gram/100 ml	Tier 1	
cefazolin in sterile water intravenous syringe 1 gram/10 ml, 2 gram/20 ml	Tier 1	
cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 20 gram, 300 g, 500 mg	Tier 1	
cefazolin intravenous recon soln 1 gram	Tier 1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg (Keflex)	Tier 1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cephalexin oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporins - 2Nd Generation		
cefaclor oral capsule 250 mg, 500 mg	Tier 1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	Tier 1	
cefaclor oral tablet extended release 12 hr 500 mg	Tier 1	
CEFOTAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	Tier 3	

Drug	Status	Notes
<i>cefotetan in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 1	
<i>cefotetan injection recon soln 1 gram, 2 gram (Cefotan)</i>	Tier 1	
<i>cefotetan intravenous recon soln 10 gram</i>	Tier 1	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 1	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	Tier 1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	Tier 1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	Tier 1	
Cephalosporins - 3Rd Generation		
<i>AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM</i>	Tier 2	
<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 (Spectracef)</i>	Tier 1	
<i>cefixime oral capsule 400 mg (Suprax)</i>	Tier 1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Suprax)</i>	Tier 1	
<i>cefotaxime injection recon soln 1 gram</i>	Tier 1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 1	
<i>ceftazidime in d5w intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 2	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram (Tazicef)</i>	Tier 1	
<i>ceftriaxone in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 1	

Drug	Status	Notes
ceftriaxone injection recon soln 1 gram, 10 gram, 100 gram, 2 gram, 250 mg, 500 mg	Tier 1	
ceftriaxone intravenous recon soln 1 gram, 2 gram	Tier 1	
TAZICEF INJECTION RECON SOLN 1 GRAM, 2 GRAM	Tier 1	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	Tier 2	
Cephalosporins - 4Th Generation		
cefepime in dextrose 5 % intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	Tier 3	
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	Tier 2	
cefepime injection recon soln 1 gram, 2 gram	Tier 1	
cefepime intravenous recon soln 100 gram	Tier 1	
Chemotherapeutics, Antibacterial, Misc.		
HYOPHEN ORAL TABLET 81.6-0.12- 10.8 MG	Tier 1	
methenamine hippurate oral tablet 1 (Hiprex) gram	Tier 1	
methenamine mandelate oral tablet 0.5 g, 1 gram	Tier 1	
methen-sod phos-meth blue-hyos oral (Urogesic-Blue) tablet 81.6-40.8-0.12 mg	Tier 1	
MONUROL ORAL PACKET 3 GRAM	Tier 2	QL (1 EA per 1 FILL)
PHOSPHASAL ORAL TABLET 81.6- 10.8-40.8 MG	Tier 2	
trimethoprim oral tablet 100 mg	Tier 1	
URETRON D-S ORAL TABLET 81.6- 10.8-40.8 MG	Tier 2	
URIMAR-T ORAL TABLET 120-0.12- 10.8 MG	Tier 1	
URIN DS ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
URO-458 ORAL TABLET 81-10.8-40.8 MG	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6- 40.8-0.12 MG	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8- 36 MG	Tier 1	

Drug	Status	Notes
URYL ORAL TABLET 81.6-40.8-0.12 MG	Tier 2	
USTELL ORAL CAPSULE 120-0.12 MG	Tier 1	
UTIRA-C ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
VILAMIT MB ORAL CAPSULE 118-10-40.8-36 MG	Tier 1	
Cyclic Lipopeptides		
daptomycin intravenous recon soln 350 mg	Tier 1	
Macrolides		
azithromycin intravenous recon soln 500 mg (Zithromax)	Tier 1	
azithromycin oral packet 1 gram (Zithromax)	Tier 1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Zithromax)	Tier 1	
azithromycin oral tablet 250 mg, 500 mg (Zithromax)	Tier 1	
azithromycin oral tablet 600 mg	Tier 1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
clarithromycin oral tablet 250 mg, 500 mg	Tier 1	
clarithromycin oral tablet extended release 24 hr 500 mg	Tier 1	
DIFICID ORAL TABLET 200 MG	Tier 3	ST: Prior prescription for Metronidazole and Vancomycin HCL in the past 365 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	Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	Tier 1	
ERYTHROCIN INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	Tier 2	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml (E.E.S. Granules)	Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml (EryPed 400)	Tier 1	
erythromycin ethylsuccinate oral tablet 400 mg (E.E.S. 400)	Tier 1	

Drug	Status	Notes
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	Tier 1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>erythromycin oral tablet, delayed release (Ery-Tab) (dr/ec) 250 mg</i>	Tier 1	
Nitrofuran Derivatives		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> (Macrodantin)	Tier 1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	Tier 1	
Oxazolidinones		
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	Tier 1	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	Tier 1	
<i>linezolid oral tablet 600 mg</i> (Zyvox)	Tier 1	
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	Tier 1	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	Tier 3	
SIVEXTRO ORAL TABLET 200 MG	Tier 3	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	Tier 1	

Drug	Status	Notes
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg (Augmentin)	Tier 1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg (Augmentin XR)	Tier 1	
amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg	Tier 1	
ampicillin oral capsule 250 mg, 500 mg	Tier 1	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg	Tier 1	
ampicillin sodium intravenous recon soln 1 gram, 2 gram	Tier 1	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram (Unasyn)	Tier 1	
ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram	Tier 1	
AUGMENTIN ORAL TABLET 875-125 MG	Tier 3	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	Tier 2	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	Tier 2	
dicloxacillin oral capsule 250 mg, 500 mg	Tier 1	
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	Tier 1	
nafcillin injection recon soln 1 gram, 10 gram, 2 gram	Tier 1	
nafcillin intravenous recon soln 1 gram, 2 gram	Tier 1	
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	Tier 1	
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	Tier 1	
oxacillin intravenous recon soln 1 gram, 2 gram	Tier 1	
penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml	Tier 1	
penicillin g potassium injection recon soln 20 million unit, 5 million unit (Pfizerpen-G)	Tier 1	

Drug	Status	Notes
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	Tier 1	
<i>penicillin g sodium injection recon soln 5 million unit</i>	Tier 1	
<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	
PFIZERPEN-G INJECTION RECON SOLN 20 MILLION UNIT, 5 MILLION UNIT	Tier 1	
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	Tier 1	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	Tier 2	
Pleuromutulin Derivatives		
XENLETA INTRAVENOUS SOLUTION 150 MG/15 ML	Tier 3	PA
XENLETA ORAL TABLET 600 MG	Tier 3	PA
Quinolones		
AVELOX IN NACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML	Tier 2	
BAXDELA INTRAVENOUS RECON SOLN 300 MG	Tier 2	PA
BAXDELA ORAL TABLET 450 MG	Tier 2	PA
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)</i>	Tier 1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	Tier 1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml (Cipro)</i>	Tier 1	
FACTIVE ORAL TABLET 320 MG	Tier 3	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Tier 1	

Drug	Status	Notes
<i>levofloxacin intravenous solution 25 mg/ml</i>	Tier 1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 1	
<i>moxifloxacin-sod.ace.sul-water intravenous piggyback 400 mg/250 ml</i>	Tier 1	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic))	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
Streptogramins		
SYNERCID INTRAVENOUS RECON SOLN 500 MG	Tier 2	
Tetracyclines		
AVIDOXY ORAL TABLET 100 MG	Tier 2	QL (2 EA per 1 day)
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1	
DOXY-100 INTRAVENOUS RECON SOLN 100 MG	Tier 1	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxycycline Hydrate 100mg)	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: Prior prescription for generic Doxycycline Monohydrate 150mg tablets in the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	Tier 1	ST: Prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets in the past 120 days
<i>doxycycline hyclate oral tablet 75 mg</i> (Acticlate)	Tier 1	ST: Prior prescription for generic Doxycycline Monohydrate 75mg tablets in the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
<i>doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg</i>	Tier 2	ST: Prior prescription for Doxycycline Monohydrate or Hyclate or Doxycycline 100mg capsules or tablets in the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet,delayed release (dr/ec) 150 mg</i>	Tier 2	ST: Prior prescription for generic Doxycycline Monohydrate 150mg tablets in the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet,delayed release (dr/ec) 200 mg (Doryx)</i>	Tier 2	ST: Prior prescription for Doxycycline Monohydrate or Hyclate or Doxycycline 100mg capsules or tablets in the past 120 days
<i>doxycycline hyclate oral tablet,delayed release (dr/ec) 50 mg (Doryx)</i>	Tier 2	ST: Prior prescription for Doxycycline Monohydrate 50mg capsules or tablets in the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet,delayed release (dr/ec) 75 mg</i>	Tier 2	ST: Prior prescription for generic Doxycycline Monohydrate 75mg tablets in the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg (Mondoxyne NL)</i>	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 (Monodox)</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 75 mg (Mondoxyne NL)</i>	Tier 1	ST: Prior prescription for generic Doxycycline Monohydrate 75mg tablets in the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg (Oracea)</i>	Tier 1	ST: Prior prescription for Doxycycline Monohydrate 50mg capsules in the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml (Vibramycin)</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg (Avidoxy)</i>	Tier 1	QL (2 EA per 1 day)

Drug	Status	Notes
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
MINOCIN INTRAVENOUS RECON SOLN 100 MG	Tier 2	
<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 2	
MONDOXYNE NL ORAL CAPSULE 100 MG	Tier 1	QL (2 EA per 1 day)
MONDOXYNE NL ORAL CAPSULE 75 MG	Tier 1	ST: Prior prescription for generic Doxycycline Monohydrate 75mg tablets in the past 120 days; QL (2 EA per 1 day)
NUZYRA INTRAVENOUS RECON SOLN 100 MG	Tier 3	
NUZYRA ORAL TABLET 150 MG	Tier 3	PA
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	Tier 2	ST: Prior prescription for Doxycycline Monohydrate 50mg capsules in the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION 25 MG/5 ML	Tier 3	
XERAVA INTRAVENOUS RECON SOLN 50 MG	Tier 3	
Infectious Disease - Fungal		
Antifungal Agents		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	Tier 2	
CRESEMBA ORAL CAPSULE 186 MG	Tier 2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	Tier 1	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	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	
NOXAFL INTRAVENOUS SOLUTION 300 MG/16.7 ML	Tier 2	
NOXAFL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	Tier 2	
NOXAFL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	Tier 3	
<i>posaconazole oral tablet,delayed release (Noxafil) (dr/ec) 100 mg</i>	Tier 1	
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
<i>triacetin liquid 100 %</i>	Tier 3	
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	Tier 3	
VFEND ORAL TABLET 200 MG, 50 MG	Tier 3	
<i>voriconazole intravenous recon soln 200 (Vfend IV) mg</i>	Tier 1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 1	
<i>voriconazole oral tablet 200 mg, 50 mg (Vfend)</i>	Tier 2	
Antifungal Antibiotics		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	Tier 2	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	Tier 2	
<i>amphotericin b injection recon soln 50 mg</i>	Tier 1	
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	Tier 2	
<i>caspofungin intravenous recon soln 50 (Cancidas) mg, 70 mg</i>	Tier 1	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	Tier 2	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 2	
<i>micafungin intravenous recon soln 100 (Mycamine) mg, 50 mg</i>	Tier 1	

Drug	Status	Notes
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	Tier 3	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
Infectious Disease - Miscellaneous		
Aminoglycoside-Anticoagulant Combinations		
<i>gentamicin-sodium citrate intra-catheter solution 320 mcg/ml-4 %</i>	Tier 1	
Aminoglycosides		
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	Tier 1	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 2	PA; SP
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	Tier 2	PA; SP
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	Tier 1	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	Tier 1	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	Tier 1	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i>	Tier 1	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	Tier 2	PA; SP
<i>neomycin oral tablet 500 mg</i>	Tier 1	
<i>streptomycin intramuscular recon soln 1 gram</i>	Tier 1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 2	PA; SP
<i>tobramycin in 0.225 % nacl inhalation (Tobi) solution for nebulization 300 mg/5 ml</i>	Tier 1	PA; SP
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	Tier 1	
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	Tier 1	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	Tier 1	

Drug	Status	Notes
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak)	Tier 1	PA; SP
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	Tier 3	
Antibacterial Agents,Miscellaneous		
GLYCINE UROLOGIC IRRIGATION SOLUTION 1.5 %	Tier 2	
<i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)	Tier 1	
Antileprotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
Anti-Mycobacterium Agents		
<i>ethambutol oral tablet 100 mg</i>	Tier 1	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	Tier 1	
<i>isoniazid injection solution 100 mg/ml</i>	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	
TRECATOR ORAL TABLET 250 MG	Tier 3	
Antitubercular Antibiotics		
CAPASTAT INJECTION RECON SOLN 1 GRAM	Tier 2	
<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 2	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	Tier 1	
<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 2	PA; SP
Lincosamides		
CLEOCIN INJECTION SOLUTION 150 MG/ML	Tier 3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	Tier 1	

Drug	Status	Notes
<i>clindamycin in 0.9 % sod chlor intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	Tier 3	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	Tier 1	
<i>clindamycin palmitate hcl oral recon soln (Clindamycin Pediatric) 75 mg/5 ml</i>	Tier 1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	Tier 1	
<i>clindamycin phosphate injection solution (Cleocin) 150 mg/ml</i>	Tier 1	
<i>lincomycin injection solution 300 mg/ml (Lincocin)</i>	Tier 1	
Lipoglycopeptide Antibiotic		
DALVANCE INTRAVENOUS SOLUTION 500 MG	Tier 2	
ORBACTIV INTRAVENOUS RECON SOLN 400 MG	Tier 2	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	Tier 2	
Polymyxin And Derivatives		
<i>colistin (colistimethate na) injection (Coly-Mycin M Parenteral) recon soln 150 mg</i>	Tier 1	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	Tier 1	
Rifamycins And Related Derivative Antibiotics		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG	Tier 3	PA
Vancomycin And Derivatives		
FIRVANQ ORAL RECON SOLN 25 MG/ML	Tier 3	
FIRVANQ ORAL RECON SOLN 50 MG/ML	Tier 3	QL (600 ML per 1 FILL)
VANCOCIN ORAL CAPSULE 125 MG	Tier 3	QL (40 EA per 30 days)
VANCOCIN ORAL CAPSULE 250 MG	Tier 3	QL (80 EA per 30 days)
<i>vancomycin hcl in water intravenous solution 100 mg/ml</i>	Tier 1	
<i>vancomycin in 0.9 % sodium chl intravenous piggyback 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Tier 1	

Drug	Status	Notes
<i>vancomycin in 0.9 % sodium chl intravenous solution 1 gram/250 ml, 1.25 gram/250 ml, 1.5 gram/250 ml, 1.5 gram/300 ml, 1.5 gram/500 ml, 1.75 gram/250 ml, 1.75 gram/500 ml, 2 gram/500 ml, 750 mg/150 ml, 750 mg/250 ml</i>	Tier 1	
<i>vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Tier 1	
<i>vancomycin in dextrose 5 % intravenous solution 1 gram/100 ml, 1.25 gram/250 ml, 1.5 gram/250 ml, 1.5 gram/500 ml, 1.75 gram/500 ml</i>	Tier 1	
<i>vancomycin in dextrose 5 % intravenous solution 1 gram/250 ml</i>	Tier 2	
<i>vancomycin injection recon soln 100 gram</i>	Tier 1	
<i>vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg</i>	Tier 1	
<i>vancomycin intravenous recon soln 1.5 gram</i>	Tier 3	
<i>vancomycin oral capsule 125 mg (Vancocin)</i>	Tier 1	QL (40 EA per 30 days)
<i>vancomycin oral capsule 250 mg (Vancocin)</i>	Tier 1	QL (80 EA per 30 days)
<i>vancomycin oral recon soln 50 mg/ml (Firvanq)</i>	Tier 1	QL (600 ML per 1 FILL)
<i>vancomycin-water inject (peg) intravenous piggyback 1.25 gram/250 ml, 1.75 gram/350 ml, 2 gram/400 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Tier 1	
Infectious Disease - Parasitic		
2Nd Gen. Anaerobic Antiprotozoal- Antibacterial		
<i>SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM</i>	Tier 3	ST: At least 2 prior prescriptions for Cleocin Phosphate, Cleocin, Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Clindesse, Metronidazole, Noritate, Nuvessa, Tinidazole, or Vandazole in the past 365 days; QL (1 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	

Drug	Status	Notes
Amebacides		
<i>paromomycin oral capsule 250 mg</i>	Tier 1	
Anaerobic Antiprotozoal-Antibacterial Agents		
METRO I.V. INTRAVENOUS PIGGYBACK 500 MG/100 ML	Tier 2	
<i>metronidazole in nacl (iso-os)</i> (Metro I.V.) <i>intravenous piggyback 500 mg/100 ml</i>	Tier 1	
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i> (Flagyl)	Tier 1	
Anthelmintics		
<i>albendazole oral tablet 200 mg</i> (Albenza)	Tier 1	
ALBENZA ORAL TABLET 200 MG	Tier 2	
BILTRICIDE ORAL TABLET 600 MG	Tier 3	
EGATEN ORAL TABLET 250 MG	Tier 2	
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	
Antimalarial Drugs		
ARAKODA ORAL TABLET 100 MG	Tier 3	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	Tier 1	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	Tier 1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Tier 1	
COARTEM ORAL TABLET 20-120 MG	Tier 2	
DARAPRIM ORAL TABLET 25 MG	Tier 3	PA; SP
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	Tier 1	
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	
Antiparasitics		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 2	
ALINIA ORAL TABLET 500 MG	Tier 2	
Antiprotozoal Drugs,Miscellaneous		

Drug	Status	Notes
atovaquone oral suspension 750 mg/5 ml (Mepron)	Tier 1	
benznidazole oral tablet 100 mg, 12.5 mg	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 2	
NEBUPENT INHALATION RECON SOLN 300 MG	Tier 3	
PENTAM INJECTION RECON SOLN 300 MG	Tier 3	
pentamidine inhalation recon soln 300 mg (Nebupent)	Tier 1	
pentamidine injection recon soln 300 mg (Pentam)	Tier 1	
Infectious Disease - Viral		
Antiretroviral - Anti-Cd4 Domain 2 Monoclonal Ab		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	Tier 3	
Antiretroviral-Integrase Inhibitor And Nnrti Comb.		
JULUCA ORAL TABLET 50-25 MG	Tier 3	
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
DOVATO ORAL TABLET 50-300 MG	Tier 2	QL (1 EA per 1 day)
Antiretroviral- Nucleoside,Nucleotide,Protease Inh.		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 3	QL (1 EA per 1 day)
Antiviral Monoclonal Antibodies		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	Tier 2	PA; SP
Antiviral Nucleotide Analogs		
VEKLURY (EUA) INTRAVENOUS RECON SOLN 100 MG	Tier 1	SP
VEKLURY (EUA) INTRAVENOUS SOLUTION 100 MG/20 ML (5 MG/ML)	Tier 1	SP
Antivirals, General		
acyclovir oral capsule 200 mg	Tier 1	
acyclovir oral suspension 200 mg/5 ml (Zovirax)	Tier 1	
acyclovir oral tablet 400 mg, 800 mg	Tier 1	
acyclovir sodium intravenous recon soln 1,000 mg, 500 mg	Tier 1	
acyclovir sodium intravenous solution 50 mg/ml	Tier 1	

Drug	Status	Notes
<i>cidofovir intravenous solution 75 mg/ml</i>	Tier 1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>foscarnet intravenous solution 24 mg/ml (Foscavir)</i>	Tier 1	
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	Tier 3	
<i>ganciclovir intravenous solution 500 mg/250 ml (2 mg/ml)</i>	Tier 3	
<i>ganciclovir sodium intravenous recon soln 500 mg</i> (Cytovene)	Tier 1	
<i>ganciclovir sodium intravenous solution 50 mg/ml</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 INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	Tier 3	
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 3	
RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	Tier 2	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 2	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	
TAMIFLU ORAL CAPSULE 30 MG	Tier 3	QL (40 EA per 180 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	Tier 3	QL (20 EA per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	Tier 3	QL (360 ML per 180 days)
<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 3	QL (4 EA per 180 days)
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib		
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	Tier 2	QL (380 ML per 30 days)
APTIVUS ORAL CAPSULE 250 MG	Tier 2	QL (4 EA per 1 day)

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

Drug	Status	Notes
Antivirals, Hiv-Specific, Fusion Inhibitors		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 2	ST: Prior prescription for Antiretrovirals in the past 120 days; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
EDURANT ORAL TABLET 25 MG	Tier 2	QL (1 EA per 1 day)
efavirenz oral capsule 200 mg, 50 mg (Sustiva)	Tier 1	
efavirenz oral tablet 600 mg (Sustiva)	Tier 1	
INTELENCE ORAL TABLET 100 MG, 25 MG	Tier 2	QL (4 EA per 1 day)
INTELENCE ORAL TABLET 200 MG	Tier 2	QL (2 EA per 1 day)
nevirapine oral suspension 50 mg/5 ml (Viramune)	Tier 1	QL (1200 ML per 30 days)
nevirapine oral tablet 200 mg (Viramune)	Tier 1	QL (2 EA per 1 day)
nevirapine oral tablet extended release 24 hr 100 mg	Tier 1	QL (3 EA per 1 day)
nevirapine oral tablet extended release 24 hr 400 mg (Viramune XR)	Tier 1	QL (1 EA per 1 day)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	Tier 3	
SUSTIVA ORAL TABLET 600 MG	Tier 3	
VIRAMUNE ORAL SUSPENSION 50 MG/5 ML	Tier 3	QL (1200 ML per 30 days)
VIRAMUNE ORAL TABLET 200 MG	Tier 3	QL (2 EA per 1 day)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	Tier 3	QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
abacavir oral solution 20 mg/ml (Ziagen)	Tier 1	QL (960 ML per 30 days)
abacavir oral tablet 300 mg (Ziagen)	Tier 1	QL (2 EA per 1 day)
didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg	Tier 1	QL (1 EA per 1 day)
emtricitabine oral capsule 200 mg (Emtriva)	Tier 1	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE 200 MG	Tier 2	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 2	QL (850 ML per 30 days)
EPIVIR ORAL SOLUTION 10 MG/ML	Tier 3	QL (960 ML per 30 days)
EPIVIR ORAL TABLET 150 MG	Tier 3	QL (2 EA per 1 day)

Drug	Status	Notes
EPIVIR ORAL TABLET 300 MG	Tier 3	QL (1 EA per 1 day)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	Tier 1	QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i> (Epivir)	Tier 1	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	Tier 1	QL (1 EA per 1 day)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	Tier 2	
RETROVIR ORAL CAPSULE 100 MG	Tier 3	QL (6 EA per 1 day)
RETROVIR ORAL SYRUP 10 MG/ML	Tier 3	QL (1920 ML per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
ZIAGEN ORAL SOLUTION 20 MG/ML	Tier 3	QL (960 ML per 30 days)
ZIAGEN ORAL TABLET 300 MG	Tier 3	QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	Tier 1	QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	Tier 1	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleotide Analog, Rti		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	Tier 1	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 3	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 3	QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitor Comb		
KALETRA ORAL TABLET 100-25 MG	Tier 2	QL (2 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG	Tier 2	QL (4 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	Tier 1	QL (480 ML per 30 days)
Antivirals, Hiv-Specific, Protease Inhibitors		
<i>atazanavir oral capsule 150 mg, 200 mg</i> (Reyataz)	Tier 1	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	Tier 1	QL (1 EA per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Tier 2	
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	Tier 1	QL (4 EA per 1 day)
INVIRASE ORAL TABLET 500 MG	Tier 2	QL (4 EA per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 3	QL (1800 ML per 30 days)
LEXIVA ORAL TABLET 700 MG	Tier 3	QL (4 EA per 1 day)

Drug	Status	Notes
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 3	QL (12 EA per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML	Tier 3	QL (480 ML per 30 days)
NORVIR ORAL TABLET 100 MG	Tier 3	QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 3	QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i> (Norvir)	Tier 1	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 2	
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr		
ISENTRESS HD ORAL TABLET 600 MG	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Tier 2	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 2	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 2	QL (6 EA per 1 day)
Arv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti		
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	QL (1 EA per 1 day)
SYMFI LO ORAL TABLET 400-300-300 MG	Tier 2	QL (1 EA per 1 day)
SYMFI ORAL TABLET 600-300-300 MG	Tier 2	QL (1 EA per 1 day)
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor		
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 2	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150- 200-10 MG	Tier 2	QL (1 EA per 1 day)
Arv Comb-Nrtis & Integrase Inhibitor		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	QL (1 EA per 1 day)
Cytochrome P450 Inhibitors		
TYBOST ORAL TABLET 150 MG	Tier 3	PA; QL (1 EA per 1 day)
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 3	PA; SP

Drug	Status	Notes
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.		
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 2	PA; SP
HARVONI ORAL TABLET 45-200 MG	Tier 2	PA; SP
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i> (Harvoni)	Tier 1	PA; SP
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> (Epclusa)	Tier 1	PA; SP
Hepatitis B Treatment Agents		
<i>adefovir oral tablet 10 mg</i> (Hepsera)	Tier 1	SP; QL (1 EA per 1 day)
BARACLUDE 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)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	Tier 2	QL (720 ML per 30 days)
EPIVIR HBV ORAL TABLET 100 MG	Tier 3	QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i> (Epivir HBV)	Tier 1	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	Tier 2	SP; QL (1 EA per 1 day)
Hepatitis C Treatment Agents		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 3	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 3	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	
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb		
MAVYRET ORAL TABLET 100-40 MG	Tier 2	PA; SP
Inflammatory Disease		
Anti-Arthritic And Chelating Agents		
DEPEN TITRATABS ORAL TABLET 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
Anti-Arthritic, Folate Antagonist Agents		

Drug	Status	Notes
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	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	Tier 2	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	Tier 2	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	Tier 2	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	Tier 2	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	Tier 2	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	Tier 2	QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	Tier 2	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	Tier 2	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	Tier 2	ST: Prior prescription for generic Methotrexate in the past 120 days; QL (0.6 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 3	SP
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 3	PA; SP
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		

Drug	Status	Notes
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 3	PA; SP; Tier 2 for diagnosis of nr-axSpA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 3	PA; SP; Tier 2 for diagnosis of nr-axSpA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 3	PA; SP; Tier 2 for diagnosis of nr-axSpA
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 SOLUTION 25 MG/0.5 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
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

Drug	Status	Notes
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	Tier 2	PA; SP
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 3	PA; SP
Anti-Inflammatory, Interleukin-1 Beta Blockers		
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	Tier 2	PA; SP
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
ARAVA ORAL TABLET 10 MG, 20 MG	Tier 3	
<i>leflunomide oral tablet 10 mg, 20 mg (Arava)</i>	Tier 1	
Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.		
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
Anti-Inflammatory/Antiarthritis Agents, Misc.		
AZALGIA ORAL CAPSULE 125 MG- 37.5 MG- 500 MCG-1.25MG	Tier 3	
COSAMIN AVOCA (WITH BOSWELLIA) ORAL TABLET 500-500-33.3-70 MG	Tier 3	
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML	Tier 3	PA
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)	Tier 2	PA
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML	Tier 3	PA
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML	Tier 3	
<i>glucosam-chondr-vit c-mn-boron oral tablet 750-600-30-1 mg</i>	Tier 1	
<i>glucosamine sulfate oral capsule 500 mg (Genicin)</i>	Tier 1	
<i>glucosamine-chondroitin oral capsule 500-400 mg</i>	Tier 1	
<i>glucosamine-msm-hyaluron acid oral tablet 500-500-1.1 mg</i>	Tier 1	

Drug	Status	Notes
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML	Tier 3	PA
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML	Tier 3	
INVIGOFLEX D ORAL POWDER IN PACKET 1,500 MG	Tier 3	
INVIGOFLEX D ORAL TABLET 750 MG	Tier 3	
INVIGOFLEX GS ORAL TABLET 750-50 MG	Tier 3	
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML	Tier 2	PA
MOVE FREE JOINT HEALTH ORAL TABLET 750 MG-100 MG- 1.65 MG-108 MG	Tier 3	
MOVE FREE PLUS MSM ORAL TABLET 500 MG-66.7 MG- 500 MG-1.1 MG	Tier 3	
MOVE FREE PLUS MSM-VIT D3 ORAL TABLET 750 MG-100 MG- 25 MCG	Tier 3	
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML	Tier 2	PA
<i>sodium hyaluronate (viscosup) intra-articular syringe 10 mg/ml</i>	(Supartz FX)	Tier 3 PA
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML	Tier 3	PA
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML	Tier 3	PA
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML	Tier 3	PA
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML	Tier 3	PA
Antinflammatory, Sel.Costim.Mod., T-Cell Inhibitor		
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	Tier 3	PA; SP
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
Bradykinin B2 Receptor Antagonists		
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Tier 3	PA; SP
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	(Firazyr)	Tier 1 PA; SP

Drug	Status	Notes
C1 Esterase Inhibitors		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 2	PA; SP
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 3	PA; SP
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Tier 2	PA; SP
Glucocorticoids		
A-HYDROCORT INJECTION RECON SOLN 100 MG	Tier 1	
BETA-1 INJECTION KIT 6 MG/ML	Tier 3	
BETALOAN SUIK KIT 6 MG/ML	Tier 3	
<i>betameth ac,sod phos(pf)-water injection suspension 6 mg/ml</i>	Tier 1	
<i>betamethasone ace,sod phos-wtr injection suspension 7 mg/ml</i>	Tier 1	
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan)	Tier 1	
<i>betamethasone sod phosph-water injection solution 6 mg/ml</i>	Tier 1	
<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: Prior prescription for Prednisone Intensol, Prednisone, or Rayos in 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	
<i>dexamethasone ac, sod ph-water injection suspension 8 mg- 4 mg/ml</i>	Tier 1	
<i>dexamethasone ace-nacl,iso-osm injection suspension 16 mg/ml, 8 mg/ml</i>	Tier 1	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 2	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i> (Decadron)	Tier 1	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>	Tier 1	
<i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>	Tier 1	

Drug	Status	Notes
dexamethasone-0.9 % sod. chlor intravenous piggyback 10 mg/50 ml, 20 mg/50 ml	Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Tier 3	
ENTOCORT EC ORAL CAPSULE,DELAYED,EXTEND.RELEAS E 3 MG	Tier 3	
HEMADY ORAL TABLET 20 MG	Tier 3	
hydrocortisone oral tablet 10 mg, 20 mg, (Cortef) 5 mg	Tier 1	
MEDROLOAN II SUIK KIT 40 MG/ML	Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML	Tier 3	
methylpred ac(pf)-nacl,iso-osm injection suspension 40 mg/ml, 80 mg/ml	Tier 1	
methylprednisol ac-bupivac-wat injection suspension 40-5 mg/ml, 80-5 mg/ml	Tier 1	
methylprednisolone acet-water injection suspension 100 mg/ml, 50 mg/ml	Tier 1	
methylprednisolone oral tablet 16 mg, 32 (Medrol) mg, 4 mg, 8 mg	Tier 1	
methylprednisolone oral tablets,dose (Medrol (Pak)) pack 4 mg	Tier 1	
MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS), 5 MG (48 TABS)	Tier 2	ST: Prior prescription for Prednisone Intensol, Prednisone, or Rayos in the past 120 days
MILLIPRED ORAL TABLET 5 MG	Tier 2	ST: Prior prescription for Prednisone Intensol, Prednisone, or Rayos in the past 120 days
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	Tier 3	
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 K80 INJECTION KIT 40 MG/ML	Tier 3	
P-CARE K80G KIT 40 MG/ML	Tier 3	
POD-CARE 100C INJECTION KIT 6 MG/ML	Tier 3	
POD-CARE 100CG KIT 6 MG/ML	Tier 3	
POD-CARE 100KG KIT 40 MG/ML	Tier 3	

Drug	Status	Notes
<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>	Tier 1	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	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	
PRO-C-DURE 5 INJECTION KIT 40 MG/ML	Tier 3	
PRO-C-DURE 6 INJECTION KIT 40 MG/ML	Tier 3	
READYSHARP BETAMETHASONE INJECTION KIT 6 MG/ML	Tier 1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	Tier 2	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Tier 2	
<i>triamcinol ac (pf) in 0.9%nacl injection suspension 40 mg/ml</i>	Tier 1	
<i>triamcinol ace-bupiv-0.9% nacl injection suspension 40-5 mg/ml</i>	Tier 1	
<i>triamcinolone aceton-0.9% nacl injection suspension 50 mg/ml</i>	Tier 1	
<i>triamcinolone acetonide injection (Kenalog) suspension 40 mg/ml</i>	Tier 1	
<i>triamcinolone dia(pf)-0.9%nacl injection suspension 40 mg/ml</i>	Tier 1	
<i>triamcinolone diacet-0.9% nacl injection suspension 40 mg/ml, 80 mg/ml</i>	Tier 1	
TRILOAN II SUIK KIT 40 MG/ML	Tier 3	
TRILOAN SUIK KIT 40 MG/ML	Tier 3	

Drug	Status	Notes
VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML)	Tier 2	
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS)	Tier 3	
ZILRETTA INTRA-ARTICULAR SUSPENSION,EXTENDED REL RECON 32 MG	Tier 3	
Gold Salts		
RIDAURA ORAL CAPSULE 3 MG	Tier 2	
Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	Tier 2	SP
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 3	PA; SP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 3	PA; SP
Interleukin-6 (IL-6) Receptor Inhibitors		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 2	PA; SP
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	Tier 2	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 2	PA; SP
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 3	
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 3	PA; SP
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 3	PA; SP
Janus Kinase (Jak) Inhibitors		
OLUMIANT ORAL TABLET 1 MG, 2 MG	Tier 3	PA; SP
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
Mineralocorticoids		
fludrocortisone oral tablet 0.1 mg	Tier 1	

Drug	Status	Notes
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 2	PA; SP
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
Nsaid & Topical Irritant Counter-Irritant Comb.		
COMFORT PAC-IBUPROFEN KIT 800 MG	Tier 3	
COMFORT PAC-MELOXICAM KIT 15 MG	Tier 3	
COMFORT PAC-NAPROXEN KIT 500 MG	Tier 3	
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb		
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg- mcg	(Arthrotec 50)	Tier 1
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg- mcg	(Arthrotec 75)	Tier 1
Nsaids, Cyclooxygenase 2 Inhibitor - Type		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	Tier 1
Nsaids, Cyclooxygenase Inhibitor-Type		
CALDOLOR INTRAVENOUS PIGGYBACK 800 MG/200 ML (4 MG/ML)	Tier 2	
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	Tier 2	
diclofenac potassium oral tablet 50 mg	Tier 1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	(Voltaren-XR)	Tier 1
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	Tier 1	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	Tier 1	
etodolac oral capsule 200 mg, 300 mg	Tier 1	
etodolac oral tablet 400 mg	(Lodine)	Tier 1
etodolac oral tablet 500 mg	Tier 1	

Drug	Status	Notes
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	Tier 1	
fenoprofen oral tablet 600 mg (Nalfon)	Tier 1	
flurbiprofen oral tablet 100 mg	Tier 1	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Tier 1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg (IBU)	Tier 1	
INDOCIN RECTAL SUPPOSITORY 50 MG	Tier 3	
indomethacin oral capsule 25 mg, 50 mg	Tier 1	
indomethacin oral capsule, extended release 75 mg	Tier 1	
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	Tier 1	
ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg	Tier 1	
ketorolac injection cartridge 15 mg/ml, 30 mg/ml	Tier 1	
ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)	Tier 1	
ketorolac injection syringe 15 mg/ml, 30 mg/ml	Tier 1	
ketorolac intramuscular cartridge 60 mg/2 ml	Tier 1	
ketorolac intramuscular solution 60 mg/2 ml	Tier 1	
ketorolac intramuscular syringe 60 mg/2 ml	Tier 1	
ketorolac oral tablet 10 mg	Tier 1	QL (20 EA per 5 days)
LODINE ORAL TABLET 400 MG	Tier 3	
meclofenamate oral capsule 100 mg, 50 mg	Tier 1	
mefenamic acid oral capsule 250 mg	Tier 1	
meloxicam oral tablet 15 mg, 7.5 mg (Mobic)	Tier 1	
nabumetone oral tablet 500 mg, 750 mg (Relafen)	Tier 1	
naproxen oral tablet 250 mg, 375 mg	Tier 1	
naproxen oral tablet 500 mg (Naprosyn)	Tier 1	
naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg (EC-Naproxen)	Tier 1	
naproxen sodium oral tablet 275 mg	Tier 1	
naproxen sodium oral tablet 550 mg (Anaprox DS)	Tier 1	

Drug	Status	Notes
oxaprozin oral tablet 600 mg (Daypro)	Tier 1	
piroxicam oral capsule 10 mg, 20 mg (Feldene)	Tier 1	
READYSHARP KETOROLAC INJECTION KIT 15 MG/ML	Tier 3	
RELAFEN ORAL TABLET 500 MG, 750 MG	Tier 3	
sulindac oral tablet 150 mg, 200 mg	Tier 1	
tolmetin oral capsule 400 mg	Tier 1	
tolmetin oral tablet 200 mg, 600 mg	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML	Tier 3	
TORONOVA SUIK KIT 30 MG/ML	Tier 3	
Plasma Kallikrein Inhibitors		
TAKHYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 3	PA; SP
Local Anesthesia		
Local Anesthetics		
BUFFERED LIDOCAINE INJECTION SYRINGE 0.9 % (1 ML), 0.9 % (3 ML), 0.9 % (5 ML)	Tier 3	
BUFFERED LIDOCAINE INJECTION SYRINGE 0.9 % (10 ML)	Tier 1	
bupivacaine in nacl(pf) injection prefilled pump reservoir 0.125 % (1,250 mcg/ml)	Tier 1	
bupivacaine in nacl(pf) injection syringe 150 mg/30 ml (5 mg/ml) 0.5 %, 50 mg/20 ml (2.5mg/ml)0.25%, 75 mg/30 ml (2.5mg/ml)0.25%	Tier 1	
bupivacaine in nacl(pf) local infiltration elastomeric pump,hi var rate 0.125 % 545 ml	Tier 1	
bupivacaine-dexameth in water injection syringe 112.5-3 mg/30 ml	Tier 1	
bupivacaine-ketorolac-ketamine injection syringe 150-60-60 mg/50 ml	Tier 1	
CARBOCAINE INJECTION CARTRIDGE 30 MG/ML (3 %)	Tier 1	
CARBOCAINE WITH NEO-COBEMERIN INJECTION CARTRIDGE 2 % -1:20,000	Tier 3	
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %	Tier 1	
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML	Tier 3	
lidocaine (pf) injection solution 10 mg/ml (Xylocaine-MPF) (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %)	Tier 1	

Drug	Status	Notes
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>	Tier 1	
<i>lidocaine (pf) injection syringe 10 mg/ml (1 %), 200 mg/10 ml (2 %), 400 mg/20 ml (2 %), 50 mg/5 ml (1 %), 60 mg/3 ml (2 %)</i>	Tier 1	
<i>lidocaine hcl injection syringe 10 mg/ml (1 %), 100 mg/10 ml (1 %), 100 mg/5 ml (2 %), 30 mg/3 ml (1%), 50 mg/5 ml (1 %)</i>	Tier 1	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 1	
<i>lidocaine hcl mucous membrane jelly in (Glydo) applicator 2 %</i>	Tier 1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	
<i>lidocaine hcl(pf) in 0.9% nacl injection syringe 10 mg/ml (1 %) (1 ml), 100 mg/10 ml (1 %)</i>	Tier 1	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	Tier 1	
<i>lidocaine-epinephrine bit injection (Xylocaine Dental-cartridge 2 %-1:100,000, 2 %-1:50,000 Epinephrine)</i>	Tier 1	
<i>mepivacaine injection cartridge 30 mg/ml (Carbocaine) (3 %)</i>	Tier 1	
POLOCAINE INJECTION CARTRIDGE 30 MG/ML (3 %)	Tier 1	
POLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %)	Tier 1	
<i>ropivacaine (pf) injection solution 5 mg/ml (0.5 %) (Naropin (PF))</i>	Tier 1	
<i>ropivacaine (pf) injection syringe 100 mg/20 ml (5 mg/ml) 0.5 %</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor injection solution 0.2 % (2 mg/ml)</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor injection syringe 120 mg/60 ml (2 mg/ml) 0.2 %, 150 mg/30 ml (5 mg/ml) 0.5 %, 40 mg/20 ml (2 mg/ml) 0.2 %</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor local infiltration elastomer pump,hi var rate,pca 0.2 % 545 ml</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor local infiltration elastomeric pump,hi var rate 0.2 % 545 ml, 0.2 % 745 ml</i>	Tier 1	

Drug	Status	Notes
<i>ropivacaine(pf)-0.9 % sodchlor local infiltration elastomeric pump,lo var rate 0.2 % 545 ml, 0.2 % 745 ml</i>	Tier 1	
<i>ropivacaine-clonidin-ketorolac periarticular syringe 123-0.04-15 mg/50 ml</i>	Tier 1	
<i>ropivacaine-epi-cloneid-ketorol periarticular syringe 2.46-0.005- 0.0008- 0.3mg/ml</i>	Tier 1	
<i>ropivacaine-ketorolac-ketamine injection syringe 100-15-30 mg/50 ml</i>	Tier 1	
SCANDONEST PLAIN INJECTION CARTRIDGE 30 MG/ML (3 %)	Tier 1	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75 %-1:200,000	Tier 1	
<i>tetracaine hcl (pf) injection solution 1 % (10 mg/ml)</i>	Tier 1	
XYLOCAINE DENTAL-EPINEPHRINE INJECTION CARTRIDGE 2 %-1:100,000	Tier 1	
XYLOCAINE DENTAL-EPINEPHRINE INJECTION CARTRIDGE 2 %-1:50,000	Tier 2	
XYLOCAINE-MPF INJECTION SOLUTION 20 MG/ML (2 %)	Tier 1	
Lower Gastrointestinal Disorders - Bowel Inflammation		
Bowel Antiinflammatory Agents		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
Chronic Inflam. Colon Dx, 5-A-Salicylat,Rectal Tx		
CANASA RECTAL SUPPOSITORY 1,000 MG	Tier 3	
<i>mesalamine rectal enema 4 gram/60 ml (Rowasa)</i>	Tier 1	
<i>mesalamine rectal suppository 1,000 mg (Canasa)</i>	Tier 1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	Tier 1	
Drug Tx-Chronic Inflam. Colon Dx,5-Aminosalicylat		
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	Tier 3	
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	Tier 3	
AZULFIDINE ORAL TABLET 500 MG	Tier 3	

Drug	Status	Notes
balsalazide oral capsule 750 mg (Colazal)	Tier 1	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	Tier 3	
DIPENTUM ORAL CAPSULE 250 MG	Tier 3	ST: At least 2 prior prescriptions for Balsalazide Disodium, Delzicol, Mesalamine, or Sulfasalazine in the past 120 days
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM	Tier 3	
mesalamine oral capsule (with del rel tablets) 400 mg (Delzicol)	Tier 1	
mesalamine oral tablet,delayed release (Lialda) (dr/ec) 1.2 gram	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	Tier 2	
sulfasalazine oral tablet 500 mg (Azulfidine)	Tier 1	
sulfasalazine oral tablet,delayed release (Azulfidine EN-tabs) (dr/ec) 500 mg	Tier 1	
Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth		
ANA-LEX KIT RECTAL KIT 2-2 %	Tier 1	
hydrocortisone-pramoxine rectal cream (Analpram-HC) 1-1 %, 2.5-1 %	Tier 1	
hydrocortisone-pramoxine rectal cream (Analpram-HC Singles) 2.5-1 % (4g)	Tier 1	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	Tier 1	
lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)	Tier 1	
lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)	Tier 1	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	Tier 1	
lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)	Tier 1	
ZYPRAM RECTAL KIT,CREAM AND TOWELETTE 2.35-1 %	Tier 3	
Ibs Agents,Mixed Opioid Recep Agonists/Antagonists		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 3	PA

Drug	Status	Notes
Integrin Receptor Antagonist, Monoclonal Antibody		
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	Tier 2	PA; SP
Irritable Bowel Agents, Guanylate Cylase-C Agonist		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	
TRULANCE ORAL TABLET 3 MG	Tier 2	QL (1 EA per 1 day)
Local Anorectal Nitrate Preparations		
RECTIV RECTAL OINTMENT 0.4 % (W/W)	Tier 2	
Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	Tier 1	
<i>hydrocortisone acetate rectal suppository 30 mg</i>	Tier 1	
Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr.)		
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	Tier 1	
UCERIS RECTAL FOAM 2 MG/ACTUATION	Tier 2	
Lower Gastrointestinal Disorders - Other		
Antidiarrheal - Tryptophan Hydroxylase Inhibitor		
XERMELO ORAL TABLET 250 MG	Tier 2	PA; SP
Antidiarrheals		
<i>diphenoxylate-atropine oral liquid 2.5- 0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5- 0.025 mg</i>	Tier 1	
<i>loperamide oral capsule 2 mg</i>	Tier 1	
<i>(Anti-Diarrheal (loperamide))</i>		
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4)	Tier 3	SP
Bile Salts		
ACTIGALL ORAL CAPSULE 300 MG	Tier 3	

Drug	Status	Notes
CHENODAL ORAL TABLET 250 MG	Tier 2	PA; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 2	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	
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog		
OCALIVA ORAL TABLET 10 MG, 5 MG	Tier 2	PA; SP
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	Tier 1	
Laxatives And Cathartics		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	Tier 3	QL (2 EA per 1 day)
CLEAR FIBER ORAL POWDER 3 GRAM/4 GRAM	Tier 1	
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	Tier 3	\$0 COPAY IF AGE 50-75 YEARS
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 1	
DAILY FIBER (PSYLLIUM-SUCROSE) ORAL POWDER 3 GRAM/7 GRAM	Tier 1	
DAILY FIBER ORAL CAPSULE 0.4 GRAM	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 3	\$0 COPAY IF AGE 50-75 YEARS
GOLYTELY ORAL RECON SOLN 236- 22.74-6.74 -5.86 GRAM	Tier 3	
<i>lactulose oral packet 10 gram</i> (Kristalose)	Tier 1	
<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	
NULYTLY LEMON-LIME ORAL RECON SOLN 420 GRAM	Tier 3	

Drug	Status	Notes
NULYTELY WITH FLAVOR PACKS ORAL RECON SOLN 420 GRAM	Tier 3	
OSMOPREP ORAL TABLET 1.5 GRAM	Tier 3	\$0 COPAY IF AGE 50-75 YEARS
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram (GaviLyte-G)	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram (MoviPrep)	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
peg-electrolyte soln oral recon soln 420 gram (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
PLENU 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
REGULOID (ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM	Tier 1	
REGULOID (PSYLLIUM HUSK) ORAL CAPSULE 0.4 GRAM	Tier 1	
REGULOID (PSYLLIUM HUSK) ORAL POWDER 3 GRAM/5.4 GRAM	Tier 1	
REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3 GRAM/12 GRAM	Tier 3	
REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3 GRAM/7 GRAM	Tier 1	
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
Narcotic Antagonists, Peripherally-Acting		
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 2	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 2	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	Tier 2	PA
SYMPROIC ORAL TABLET 0.2 MG	Tier 2	QL (1 EA per 1 day)
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 3	PA; SP

Drug	Status	Notes
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 3	PA; SP
Medical Supplies		
Catheters And Related Devices		
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8-14 FR-"	Tier 3	
DOVER COATED LATEX FOLEY COMBO PACK	Tier 3	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 14 FR- 16"	Tier 3	
Durable Medical Equipment,Misc		
ARGYLE TRACHEOSTOMY CARE TRAY	Tier 3	
CEFALY COMBO PACK	Tier 3	
PRO COMFORT TENS ELECTRODE PAD	Tier 3	
PRO COMFORT TENS UNIT COMBO PACK	Tier 3	
PRO-CEPTION VAGINAL	Tier 3	
RECONSTITUBE KIT	Tier 3	
Durable Medical Equipment,Misc(Group 1)		
FREESTYLE LANCETS 28 GAUGE	Tier 2	
FREESTYLE UNISTIK 2	Tier 2	
<i>lancets</i> (Lancets, Super Thin)	Tier 1	
LANCETS, SUPER THIN	Tier 1	
MICRO THIN LANCETS 33 GAUGE	Tier 1	
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE	Tier 2	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	Tier 2	
ONETOUCH SURESOFT LANCING DEV 28 GAUGE	Tier 2	
ONETOUCH ULTRASOFT LANCETS	Tier 2	
UNIVERSAL 1 LANCETS 26 GAUGE	Tier 1	
Incontinence Supplies		
BOYS TRAINING PANTS 4T-5T	Tier 3	
DIAPERS, UNISEX SIZE 6	Tier 3	
FLEXI-SEAL SIGNAL FMS RECTAL	Tier 3	
GIRLS TRAINING PANTS 4T-5T	Tier 3	
NIGHTTIME UNDERPANTS L-XL	Tier 3	

Drug	Status	Notes
Syringes And Accessories		
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 3	
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 SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 28 GAUGE X 1/2"	Tier 2	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"	Tier 2	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"	Tier 2	
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16"	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", 1/2 ML 31 GAUGE X 15/64"	Tier 2	
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2"	Tier 2	
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 2	
insulin syringe-needle u-100 syringe 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 31 gauge x 5/16", 1 ml 29 gauge x 1/2", 1 ml 31 gauge x 5/16	Tier 2	
insulin syringe-needle u-100 syringe 0.5 ml 30 gauge x 1/2", 1 ml 30 gauge x 1/2"	(BD Insulin Syringe Ultra-Fine)	Tier 3

Drug	Status	Notes
insulin syringe-needle u-100 syringe 0.5 ml 30 gauge x 5/16", 1 ml 30 gauge x 5/16	Tier 3	
insulin syringe-needle u-100 syringe 1 ml 28 gauge x 1/2"	Tier 2	
INTERLINK LEVER LOCK CANNULA	Tier 3	
KENDALL DISINFECTANT CAP	Tier 3	
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 3	
MINIMED SYRINGE RESERVOIR 1.8 ML, 3 ML	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML, 3 ML, 35 ML, 6 ML, 60 ML	Tier 3	
MONOJECT ENFIT SYRINGE CAP	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 12 ML	Tier 3	
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16"	Tier 3	
MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 28 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	Tier 3	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	Tier 3	
PARADIGM RESERVOIR 1.8 ML, 3 ML	Tier 3	
PISTON SYRINGE WITH ENFIT SYRINGE 60 ML	Tier 3	
Q-CLIQ PEN (FOR NATPARA) SUBCUTANEOUS PEN INJECTOR 71.4 MICROL	Tier 3	
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 2	
TRUEPLUS INSULIN SYRINGE 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 1	
ULTRA CMFT INS SYR HALF UNIT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	Tier 2	

Drug	Status	Notes
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16	Tier 2	
Miscellaneous Agents		
Amyloidosis Agents-Transthyretin (Ttr) Suppression		
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	Tier 3	PA; SP
Anaphylaxis Therapy Agents		
ADYPHREN AMP II INJECTION KIT 1 MG/ML	Tier 3	
ADYPHREN II INJECTION KIT 1 MG/ML	Tier 3	
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	Tier 2	Age (Max 1 Years)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	Tier 1	QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (EpiPen)	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 3	QL (4 EA per 1 FILL)
Fibroblast Growth Factor 23 (Fgf23) Inhibitors,Mab		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	Tier 3	PA; SP
Gene Therapy Agents - Smn Protein Deficiency		
ZOLGENSMA INTRAVENOUS KIT 2 X 10EXP13 VG/ML	Tier 3	PA; SP
Genetic D/O Tx-Exon Inclusion Antisense Oligonucle		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 3	PA; SP
Genetic D/O Tx-Exon Skipping Antisense Oligonucleo		
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML	Tier 3	

Drug	Status	Notes
Metabolic Dx Enzyme Replacement,Lyo.Acid Lip.Def.		
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	Tier 2	PA; SP
Parasympathetic Agents		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
cevimeline oral capsule 30 mg (Evoxac)	Tier 1	
EVOXAC ORAL CAPSULE 30 MG	Tier 3	
guanidine oral tablet 125 mg	Tier 1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg (Salagen (pilocarpine))	Tier 1	
Pharmacological Chaperone-Alpha-Galactosid.A Stabz		
GALAFOLD ORAL CAPSULE 123 MG	Tier 3	PA; SP
Pku Treatment Agents - Phenylalanine Ammonia Lyase		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 3	PA; SP
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	Tier 2	PA; SP
KUVAN ORAL TABLET,SOLUBLE 100 MG	Tier 2	PA; SP
Systemic Enzyme Inhibitors		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	Tier 2	SP
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	Tier 2	SP
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	Tier 2	SP
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	Tier 2	SP
Thrombolytic - Nucleotide Type		
DEFITELIO INTRAVENOUS SOLUTION 80 MG/ML	Tier 3	
Topical Anticholinergic Hyperhidrosis Tx Agents		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 2	PA
Neoplastic Disease		
Alkylating Agents		

Drug	Status	Notes
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN 50 MG	Tier 3	SP
ALKERAN ORAL TABLET 2 MG	Tier 3	
BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML	Tier 2	SP
<i>bendamustine intravenous solution 25 mg/ml</i> (Belrapzo)	Tier 2	SP
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	Tier 2	SP
BICNU INTRAVENOUS RECON SOLN 100 MG	Tier 3	SP
<i>busulfan intravenous solution 60 mg/10 ml</i> (Busulfex)	Tier 1	SP
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	Tier 2	SP
<i>carboplatin intravenous recon soln 150 mg</i>	Tier 1	SP
<i>carboplatin intravenous solution 10 mg/ml</i> (Paraplatin)	Tier 1	SP
<i>carmustine intravenous recon soln 100 mg</i> (BiCNU)	Tier 1	SP
<i>cisplatin intravenous recon soln 50 mg</i>	Tier 1	SP
<i>cisplatin intravenous solution 1 mg/ml</i>	Tier 1	SP
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	Tier 1	SP
<i>cyclophosphamide intravenous solution 200 mg/ml</i>	Tier 1	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 2	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 2	SP
GLIADEL WAFER IMPLANT WAFER 7.7 MG	Tier 3	SP
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Tier 1	
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	Tier 1	SP
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	Tier 1	SP
LEUKERAN ORAL TABLET 2 MG	Tier 2	SP
<i>melphalan hcl intravenous recon soln 50 mg</i> (Alkeran (as HCl))	Tier 1	SP
<i>melphalan oral tablet 2 mg</i> (Alkeran)	Tier 1	
MYLERAN ORAL TABLET 2 MG	Tier 2	SP

Drug	Status	Notes
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	Tier 1	SP
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	Tier 1	SP
PARAPLATIN INTRAVENOUS SOLUTION 10 MG/ML	Tier 3	
TEMODAR INTRAVENOUS RECON SOLN 100 MG	Tier 2	PA; SP
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG	Tier 3	PA; SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i> (Temodar)	Tier 1	PA; SP
TEPADINA INJECTION RECON SOLN 100 MG, 15 MG	Tier 3	PA; SP
<i>thiotepa injection recon soln 100 mg, 15 mg</i> (Tepadina)	Tier 1	PA; SP
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	Tier 2	SP
YONDELIS INTRAVENOUS RECON SOLN 1 MG	Tier 2	PA; SP
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	Tier 3	PA; SP
Antiandrogenic Agents		
<i>abiraterone oral tablet 250 mg</i> (Zytiga)	Tier 1	SP; QL (4 EA per 1 day)
<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; QL (4 EA per 1 day)
YONSA ORAL TABLET 125 MG	Tier 2	PA; SP
Antibiotic Antineoplastics		
ADRIAMYCIN INTRAVENOUS RECON SOLN 10 MG, 50 MG	Tier 1	
ADRIAMYCIN INTRAVENOUS SOLUTION 10 MG/5 ML, 2 MG/ML, 20 MG/10 ML, 50 MG/25 ML	Tier 1	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	Tier 1	SP
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG	Tier 3	SP

Drug	Status	Notes
<i>dactinomycin intravenous recon soln 0.5 mg (Cosmegen)</i>	Tier 1	SP
<i>daunorubicin intravenous recon soln 20 mg</i>	Tier 1	SP
<i>daunorubicin intravenous solution 5 mg/ml</i>	Tier 1	SP
<i>doxorubicin intravenous recon soln 50 mg (Adriamycin)</i>	Tier 1	
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	Tier 1	
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	Tier 1	SP
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML	Tier 3	SP
<i>epirubicin intravenous recon soln 200 mg, 50 mg</i>	Tier 1	SP
<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml (Ellence)</i>	Tier 1	SP
<i>idarubicin intravenous solution 1 mg/ml (Idamycin PFS)</i>	Tier 1	SP
JELMYTO INTRA-PYELOCALYCEAL RECON SOLN 40 MG	Tier 3	SP
<i>mitomycin intravenous recon soln 20 mg, (Mutamycin) 40 mg, 5 mg</i>	Tier 1	SP
MUTAMYCIN INTRAVENOUS RECON SOLN 20 MG, 40 MG, 5 MG	Tier 1	SP
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	Tier 2	SP
Anti-Cd20 (B Lymphocyte) Monoclonal Antibody		
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML	Tier 2	PA; SP
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	Tier 2	PA; SP
RUXIENCE INTRAVENOUS CONCENTRATE 10 MG/ML	Tier 2	PA; SP
TRUXIMA INTRAVENOUS CONCENTRATE 10 MG/ML	Tier 3	PA; SP
Antimetabolites		
ADRUCIL INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	Tier 1	
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	Tier 2	PA; SP
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	Tier 2	SP
<i>azacitidine injection recon soln 100 mg (Vidaza)</i>	Tier 1	SP

Drug	Status	Notes
capecitabine oral tablet 150 mg (Xeloda)	Tier 1	PA; SP; QL (28 EA per 21 days)
capecitabine oral tablet 500 mg (Xeloda)	Tier 1	PA; SP; QL (112 EA per 21 days)
cladribine intravenous solution 10 mg/10 ml	Tier 1	SP
clofarabine intravenous solution 20 mg/20 ml (Clolar)	Tier 1	SP
CLOLAR INTRAVENOUS SOLUTION 20 MG/20 ML	Tier 2	SP
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml	Tier 1	SP
cytarabine injection solution 20 mg/ml	Tier 1	SP
decitabine intravenous recon soln 50 mg (Dacogen)	Tier 1	SP
floxuridine injection recon soln 0.5 gram	Tier 1	SP
fludarabine intravenous recon soln 50 mg	Tier 1	SP
fludarabine intravenous solution 50 mg/2 ml	Tier 1	SP
fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml	Tier 1	
fluorouracil intravenous solution 2.5 gram/50 ml (Adrucil)	Tier 1	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	Tier 2	SP
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg	Tier 1	SP
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	Tier 1	SP
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML)	Tier 3	PA; SP
INQOVI ORAL TABLET 35-100 MG	Tier 2	PA; SP

Drug	Status	Notes
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	
NIPENT INTRAVENOUS RECON SOLN 10 MG	Tier 3	SP
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 3	
PURIXAN ORAL SUSPENSION 20 MG/ML	Tier 2	SP; ST: Prior prescription for Mercaptopurine in the past 120 days
TABLOID ORAL TABLET 40 MG	Tier 2	SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 3	
Antineoplast Egf Receptor Blocker Rcmb Mc Antibody		
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	Tier 2	PA; SP
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG- 10,000 UNIT/5 ML	Tier 2	PA; SP
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	Tier 3	PA; SP
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 3	PA; SP
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 2	PA; SP
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 3	PA; SP
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 3	PA; SP
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	Tier 2	PA; SP
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	Tier 3	PA; SP
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	Tier 3	PA; SP

Drug	Status	Notes
TRAZIMERA INTRAVENOUS RECON SOLN 420 MG	Tier 2	PA; SP
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	Tier 2	PA; SP
Antineoplast Hum Vegf Inhibitor Recomb Mc Antibody		
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	Tier 2	PA; SP
MVASI INTRAVENOUS SOLUTION 25 MG/ML	Tier 2	PA; SP
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	Tier 2	PA; SP
Antineoplastic - Antibiotic And Antimetabolite		
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	Tier 3	PA; SP
Antineoplastic - Anti-Cd38 Monoclonal Antibody		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	Tier 2	PA; SP
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	Tier 2	PA; SP
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	Tier 3	PA; SP
Antineoplastic - Anti-Slamf7 Monoclonal Antibody		
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	Tier 3	PA; SP
Antineoplastic Aromatase Inhibitors		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	Tier 1	\$0 COPAY IF 40 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	Tier 1	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>letrozole oral tablet 2.5 mg</i> (Femara)	Tier 1	
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI ORAL CAPSULE 50 MG	Tier 3	PA; SP; QL (4 EA per 1 day)
BRAFTOVI ORAL CAPSULE 75 MG	Tier 3	PA; SP; QL (6 EA per 1 day)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 2	PA; SP

Drug	Status	Notes
ZELBORAF ORAL TABLET 240 MG	Tier 2	PA; SP; QL (8 EA per 1 day)
Antineoplastic - Epothilones And Analogs		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	Tier 2	PA; SP
Antineoplastic - Halichondrin B Analogs		
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	Tier 2	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 3	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
ODOMZO ORAL CAPSULE 200 MG	Tier 3	PA; SP
Antineoplastic - Immunotherapy, Therapeutic Vac		
PROVENGE INTRAVENOUS SUSPENSION 50 MILLION CELL/250 ML	Tier 2	SP
Antineoplastic - Immunotherapy, Virus-Based Agents		
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML	Tier 3	PA; SP
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
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
MEKTOVI ORAL TABLET 15 MG	Tier 3	PA; SP; QL (6 EA per 1 day)
Antineoplastic - Mtor Kinase Inhibitors		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	Tier 2	PA; SP
AFINITOR ORAL TABLET 10 MG	Tier 2	PA; SP; QL (2 EA per 1 day)

Drug	Status	Notes
AFINITOR ORAL TABLET 2.5 MG, 5 MG	Tier 3	PA; SP; QL (1 EA per 1 day)
AFINITOR ORAL TABLET 7.5 MG	Tier 3	PA; SP; QL (2 EA per 1 day)
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg (Afinitor)	Tier 1	PA; SP; QL (1 EA per 1 day)
everolimus (antineoplastic) oral tablet 7.5 mg (Afinitor)	Tier 1	PA; SP; QL (2 EA per 1 day)
temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)	Tier 1	PA; SP
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	Tier 2	PA; SP
Antineoplastic - Protein Methyltransferase Inhibit		
TAZVERIK ORAL TABLET 200 MG	Tier 2	PA; SP
Antineoplastic - Topoisomerase I Inhibitors		
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 40 MG/2 ML	Tier 3	PA; SP
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 2	SP
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml (Camptosar)	Tier 1	PA; SP
irinotecan intravenous solution 500 mg/25 ml	Tier 1	PA; SP
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	Tier 2	PA; SP
topotecan intravenous recon soln 4 mg (Hycamtin)	Tier 1	SP
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	Tier 1	SP
Antineoplastic - Vegf-A,B & P1gf Inhibitor		
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	Tier 2	PA; SP
Antineoplastic - Vegfr Antagonist		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	Tier 2	PA; SP
Antineoplastic- Cd22 Antibody- Cytotoxic Antibiotic		
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	Tier 3	PA; SP
Antineoplastic- Cd33 Antibody- Cytotoxic Antibiotic		

Drug	Status	Notes
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	Tier 3	PA; SP
Antineoplastic Comb - Kinase And Aromatase Inhibit		
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	Tier 3	PA; SP
Antineoplastic Immunomodulator Agents		
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; QL (1 EA per 1 day)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	Tier 2	PA; SP
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 2	SP; QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 2	SP; QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Tier 2	SP; QL (2 EA per 365 days)
Antineoplastic Systemic Enzyme Inhibitors		
ALECensa ORAL CAPSULE 150 MG	Tier 2	PA; SP; QL (240 EA per 30 days)
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	Tier 3	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 90 MG	Tier 3	PA; SP; QL (1 EA per 1 day)
ALUNBRIG ORAL TABLET 30 MG	Tier 3	PA; SP
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 3	PA; SP; QL (1 EA per 1 day)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 2	PA; SP
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 3	PA; SP
<i>bortezomib intravenous recon soln 3.5 mg</i>	Tier 2	PA; SP
BOSULIF ORAL TABLET 100 MG	Tier 2	PA; SP; QL (4 EA per 1 day)

Drug	Status	Notes
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 3	PA; SP
CAPRELSA ORAL TABLET 100 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG	Tier 2	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</i> (Tarceva)	Tier 1	PA
<i>erlotinib oral tablet 150 mg, 25 mg</i> (Tarceva)	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)
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	Tier 2	PA; SP; QL (6 EA per 1 day)
INLYTA ORAL TABLET 5 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
INREBIC ORAL CAPSULE 100 MG	Tier 3	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

Drug	Status	Notes
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	Tier 2	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 X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Tier 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; QL (4 EA per 1 day)
NERLYNX ORAL TABLET 40 MG	Tier 3	PA; SP; QL (6 EA per 1 day)
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 3	PA; SP
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Tier 3	PA; SP
QINLOCK ORAL TABLET 50 MG	Tier 3	PA; SP
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Tier 3	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 2	PA; SP
RUBRACA ORAL TABLET 200 MG, 300 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
RUBRACA ORAL TABLET 250 MG	Tier 3	SP; QL (4 EA per 1 day)
RYDAPT ORAL CAPSULE 25 MG	Tier 3	PA; SP
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
SPRYCEL ORAL TABLET 20 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
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 3	PA; SP

Drug	Status	Notes
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 2	PA; SP
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	Tier 2	PA; SP
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	Tier 3	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 3	PA; SP
TURALIO ORAL CAPSULE 200 MG	Tier 3	PA; SP
TYKERB ORAL TABLET 250 MG	Tier 2	PA; SP
VELCADE INJECTION RECON SOLN 3.5 MG	Tier 2	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 3	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 3	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; QL (2 EA per 1 day)
XOSPATA ORAL TABLET 40 MG	Tier 3	PA; SP
ZEJULA ORAL CAPSULE 100 MG	Tier 3	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
ZYKADIA ORAL TABLET 150 MG	Tier 2	PA; SP
Antineoplastic,Anti-Programmed Death-1 (Pd-1) Mab		
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	Tier 2	PA; SP
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	Tier 2	PA; SP
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	Tier 3	PA; SP
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 3	PA; SP

Drug	Status	Notes
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	Tier 2	PA; SP
<i>romidepsin intravenous solution 5 mg/ml</i>	Tier 1	PA; SP
ZOLINZA ORAL CAPSULE 100 MG	Tier 2	SP
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
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
Antineoplastic-Cd19 Dir. Car-T Cell Immunotherapy		
KYMRIAH INTRAVENOUS SUSPENSION 0.2X10EXP6 TO 2.5X10EXP8 CELL, 0.6 TO 6 X 10EXP8 CELL	Tier 2	PA; SP
TECARTUS INTRAVENOUS SUSPENSION 2X10EXP6 TO 2X10EXP8 CELL	Tier 3	PA; SP
YESCARTA INTRAVENOUS SUSPENSION	Tier 3	PA; SP
Antineoplastic-Cd22 Direct Antibody/Cytotoxin Conj		
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	Tier 3	PA; SP
Antineoplastic-Interleukin-6(IL-6)Inhib,Antibody		
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	Tier 2	PA; SP
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 3	PA; SP; QL (1 EA per 1 day)
TIBSOVO ORAL TABLET 250 MG	Tier 3	PA; SP
Antineoplastics Antibody/Antibody- Drug Complexes		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	Tier 2	PA; SP
BLENREP INTRAVENOUS RECON SOLN 100 MG	Tier 3	PA; SP
BLINCYTO INTRAVENOUS KIT 35 MCG	Tier 2	PA; SP
BLINCYTO INTRAVENOUS RECON SOLN 35 MCG	Tier 3	PA; SP

Drug	Status	Notes
CAMPATH INTRAVENOUS SOLUTION 30 MG/ML	Tier 3	
ENHERTU INTRAVENOUS RECON SOLN 100 MG	Tier 3	PA; SP
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	Tier 2	PA; SP
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	Tier 3	PA; SP
POLIVY INTRAVENOUS RECON SOLN 140 MG	Tier 3	PA; SP
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	Tier 3	SP
TRODELVY INTRAVENOUS RECON SOLN 180 MG	Tier 3	PA; SP
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	Tier 2	PA; SP
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML	Tier 2	SP
Antineoplastics,Miscellaneous		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	Tier 2	PA; SP
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	Tier 1	PA
<i>arsenic trioxide intravenous solution 2 (Trisenox) mg/ml</i>	Tier 1	PA; SP
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	Tier 3	PA; SP
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	Tier 1	
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG, 80 MG	Tier 2	SP
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	Tier 1	SP
<i>docetaxel intravenous solution 20 mg/ml (Taxotere) (1 ml), 80 mg/4 ml (20 mg/ml)</i>	Tier 1	SP
ERWINAZE INJECTION RECON SOLN 10,000 UNIT	Tier 3	PA; SP
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	Tier 2	
<i>etoposide intravenous solution 20 mg/ml (Toposar)</i>	Tier 1	
<i>etoposide oral capsule 50 mg</i>	Tier 1	

Drug	Status	Notes
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	Tier 2	SP
LYSODREN ORAL TABLET 500 MG	Tier 2	SP
MATULANE ORAL CAPSULE 50 MG	Tier 2	SP
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	Tier 1	PA; SP
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	Tier 2	PA; SP
ONXOL INTRAVENOUS CONCENTRATE 6 MG/ML	Tier 1	SP
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	Tier 1	SP
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	Tier 2	PA; SP
<i>teniposide intravenous solution 50 mg/5 ml</i>	Tier 1	SP
TOPOSAR INTRAVENOUS SOLUTION 20 MG/ML	Tier 1	
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 1	SP
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	Tier 3	PA; SP
Anti-Programmed Cell Death-Ligand 1 (Pd-L1) Mab		
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	Tier 3	PA; SP
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	Tier 3	PA; SP
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	Tier 2	PA; SP
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14 ML (60 MG/ML)	Tier 3	PA; SP
Chemotherapy Rescue/Antidote Agents		
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	Tier 1	
ETHYOL INTRAVENOUS RECON SOLN 500 MG	Tier 3	
KHAPZORY INTRAVENOUS RECON SOLN 175 MG, 300 MG	Tier 3	SP
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	Tier 1	
<i>leucovorin calcium injection solution 10 mg/ml</i>	Tier 1	

Drug	Status	Notes
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	Tier 1	SP
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	Tier 1	SP
<i>mesna intravenous solution 100 mg/ml (Mesnex)</i>	Tier 1	
MESNEX ORAL TABLET 400 MG	Tier 2	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Tier 2	SP; QL (24 EA per 14 days)
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT	Tier 2	SP
Cytotoxic T-Lymphocyte Antigen(Ctla-4)Rmc Antibody		
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	Tier 2	PA; SP
Intrapleural Sclerosing Agents, Antineoplast. Adj.		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 3	
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 1	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Tier 3	
Photoactivated, Antineoplastic Agents (Systemic)		
PHOTOFIRIN INTRAVENOUS RECON SOLN 75 MG	Tier 2	PA; SP
UVADEX INJECTION SOLUTION 20 MCG/ML	Tier 2	
Photoactivated, Antineopls. & Premalignant Lesions		
AMELUZ TOPICAL GEL 10 %	Tier 3	
LEVULAN TOPICAL SOLUTION 20 %	Tier 3	
Selective Estrogen Receptor Modulators (Serm)		
FARESTON ORAL TABLET 60 MG	Tier 3	PA; SP
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	Tier 3	PA; SP

Drug	Status	Notes
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	Tier 1	PA; SP
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 0	
<i>toremifene oral tablet 60 mg</i> (Fareston)	Tier 1	PA; SP
Selective Retinoid X Receptor Agonists (Rxr)		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Tier 1	PA; SP
TARGETIN ORAL CAPSULE 75 MG	Tier 3	PA; SP
Steroid Antineoplastics		
EMCYT ORAL CAPSULE 140 MG	Tier 2	SP
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	
Tissue Protective Tx Of Chemotherapy Ext		
TOTECT INTRAVENOUS RECON SOLN 500 MG	Tier 3	
Vinca Alkaloids		
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	Tier 2	PA; SP
<i>vinblastine intravenous solution 1 mg/ml</i>	Tier 1	SP
VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ML, 2 MG/2 ML	Tier 1	
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i> (Vincasar PFS)	Tier 1	
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine)	Tier 1	SP
Neurological Disease - Miscellaneous		
Agents To Treat Multiple Sclerosis		
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
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i> (Tecfidera)	Tier 1	PA
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

Drug	Status	Notes
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
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	Tier 2	PA; SP
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; SP
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG	Tier 2	PA; SP
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 2	PA; SP
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	Tier 3	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

Drug	Status	Notes
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 3	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
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
dalfampridine oral tablet extended release 12 hr 10 mg (Ampyra)	Tier 1	PA; SP
FIRDAPSE ORAL TABLET 10 MG	Tier 3	PA; SP
RUZURGI ORAL TABLET 10 MG	Tier 3	PA; SP
Amyotrophic Lateral Sclerosis Agents		
RADICAVA INTRAVENOUS PIGGYBACK 30 MG/100 ML	Tier 2	SP
RILUTEK ORAL TABLET 50 MG	Tier 3	
riluzole oral tablet 50 mg (Rilutek)	Tier 1	
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 3	SP
Antineoplastic - Cd19 (B Lymphocyte Mc Antibody		
MONJUVI INTRAVENOUS RECON SOLN 200 MG	Tier 3	PA; SP
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	Tier 3	PA; SP
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 2	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 2	
Leukocyte Adhesion Inhib,Alpha4-Mediat Igg4k Mc Ab		
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	Tier 3	PA; SP
Metabolic Disease Enzyme Replacement, Batten Disea		

Drug	Status	Notes
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2)	Tier 3	SP
BRINEURA INTRAVENTRICULAR SOLUTION 150 MG/ 5 ML	Tier 3	SP
Movement Disorders(Drug Therapy)		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 2	PA; SP
<i>tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)</i>	Tier 1	PA; SP
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists		
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 2	PA
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	Tier 1	
ORALONE DENTAL PASTE 0.1 %	Tier 1	
PAROEX ORAL RINSE MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 1	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 1	
Q-CARE RX Q2 KIT 0.12 %	Tier 3	
Q-CARE RX Q4 KIT 0.12 %	Tier 3	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	Tier 1	
Keratinocyte Growth Factor (Kgf)		
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	Tier 2	SP
Nose Preparations, Miscellaneous (Rx)		
<i>cocaine nasal solution 4 %</i> (Numbrino)	Tier 1	
GOPRELTO NASAL SOLUTION 4 %	Tier 3	
<i>ipratropium bromide nasal spray,non- aerosol 0.03 %, 42 mcg (0.06 %)</i>	Tier 1	
NUMBRINO NASAL SOLUTION 4 %	Tier 1	
Periodontal Collagenase Inhibitors		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
Other Drugs		
Abortifacient,Progesterone Receptor Antagonist-Typ		
MIFEPREX ORAL TABLET 200 MG	Tier 3	
<i>mifepristone oral tablet 200 mg</i> (Mifeprex)	Tier 1	
Acid And Alkali Poison Antidotes		

Drug	Status	Notes
PROVAYBLUE INTRAVENOUS SOLUTION 5 MG/ML (0.5 %)	Tier 1	
Antidiarrheal Microorganisms Agents		
ADVANCED PROBIOTIC (6 STRAINS) ORAL CAPSULE 142 MG (10 BILLION CELL)	Tier 1	
AZO COMPLETE FEMININE BALANCE ORAL CAPSULE 5 BILLION CELL	Tier 3	
BACICAP ORAL CAPSULE 20 BILLION CELL	Tier 3	
CHILDREN'S PROBIOTIC ORAL TABLET,CHEWABLE 5 BILLION CELL	Tier 1	
CULTURELLE GUMMY ORAL TABLET,CHEWABLE 1.5 BILLION CELL-1 GRAM	Tier 3	
CULTURELLE KIDS GUMMY ORAL TABLET,CHEWABLE 1.5 BILLION CELL-1 GRAM	Tier 3	
DIGEST ADV PROBIO PLUS GAS ORAL CAPSULE 2 BILLION CELL	Tier 3	
DIGESTIVE ADV MULTISTRAIN GM MY ORAL TABLET,CHEWABLE 1 BILLION CELL	Tier 3	
DIGESTIVE ADVANTAGE ADVANCED ORAL CAPSULE 10 BILLION CELL	Tier 3	
DIGESTIVE ADVANTAGE IMMUNE ORAL TABLET,CHEWABLE 250 MILLION CELL	Tier 3	
DIGESTIVE ADVANTAGE INTENS BOW ORAL CAPSULE 1 BILLION CELL- 30,000 UNIT	Tier 3	
DIGESTIVE ADVANTAGE PROBIO- PRE ORAL TABLET 800 MILLION CELL	Tier 3	
DIGESTIVE ADVANTAGE PROBIOTIC ORAL CAPSULE 2 BILLION CELL- 140 MG	Tier 3	
DIGESTIVE PROBIOTIC ORAL CAPSULE, SPRINKLE 2 BILLION CELL	Tier 1	
FOLIKA PROBIOTIC ORAL CAPSULE 31 BILLION CELL	Tier 3	
GERBER GOOD START GROW KIDS ORAL TABLET,CHEWABLE 100 MILLION CELL	Tier 1	
GERBER GOOD START GROW TODDLER ORAL POWDER IN PACKET 100 MILLION CELL	Tier 3	

Drug	Status	Notes
<i>lactobacillus acidophilus oral tablet 1 billion cell</i>	Tier 1	
<i>lactobacillus acidoph-l.bulgar oral tablet (Floranex) 1 million cell</i>	Tier 1	
PROBICHEW ORAL TABLET,CHEWABLE 21 BILLION CELL - 1 GRAM	Tier 3	
PROBIOTIC (WITH VITAMIN D3) ORAL TABLET,CHEWABLE 2 BILLION CELL- 5 MCG	Tier 1	
PROBIOTIC FORMULA (INULIN) ORAL CAPSULE 1 BILLION-250 CELL-MG	Tier 1	
PROMELLA ORAL CAPSULE 32 BILLION CELL	Tier 3	
QUAD-PROBIOTIC ORAL CAPSULE 8 BILLION CELL	Tier 3	
ULTIMATE FLORA BABY PROBIOTIC ORAL POWDER 4 BILLION CELL /GRAM	Tier 3	
UP4 PROBIOTICS ADULT 50 PLUS ORAL CAPSULE 25 BILLION CELL	Tier 3	
UP4 PROBIOTICS ADULT ORAL CAPSULE 15 BILLION CELL	Tier 3	
UP4 PROBIOTICS KIDS CUBES ORAL TABLET,CHEWABLE 1 BILLION CELL- 20 MCG	Tier 3	
UP4 PROBIOTICS PLUS PREBIOTIC ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG	Tier 3	
UP4 PROBIOTICS ULTRA ORAL CAPSULE 50 BILLION CELL	Tier 3	
UP4 PROBIOTICS WOMEN'S ORAL CAPSULE 5 BILLION CELL- 250 MG	Tier 3	
UP4 PROBIOTICS-PREBIOTICS KIDS ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG	Tier 3	
Antidotes,Miscellaneous		
ACETADOTE INTRAVENOUS SOLUTION 200 MG/ML (20 %)	Tier 3	
<i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i>	Tier 1	
CYANOKIT INTRAVENOUS RECON SOLN 5 GRAM	Tier 1	
Antioxidant Agents		
<i>alpha lipoic acid oral capsule 100 mg</i>	Tier 3	

Drug	Status	Notes
<i>alpha lipoic acid oral tablet 600 mg</i>	Tier 1	
Appetite Stim. For Anorexia,Cachexia,Wasting Synd.		
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	Tier 1	
Blood Testing Preparations,In-Vitro		
COAGUCHEK XS	Tier 3	
PRECISION XTRA B-KETONE STRIP	Tier 2	QL (200 EA per 30 days)
Cholinesterase Reactivat.&Muscarinic Antg.Antidote		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 3	
Cholinesterase Reactivating,Organophos. Antidotes		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 3	
Condoms		
FC2 FEMALE CONDOM	Tier 0	QL (30 EA per 30 days)
Dietary Supplement, Miscellaneous		
AIRBORNE (ASCORBIC ACID) ORAL POWDER EFFERVESCENT IN PACKET 1,000-350 MG	Tier 3	
AIRBORNE (ASCORBIC ACID) ORAL TABLET,CHEWABLE 250-8.875 MG, 250-87.5 MG	Tier 3	
AIRBORNE (ELDERBERRY) ORAL TABLET,CHEWABLE 100-50 MG	Tier 3	
AIRBORNE (LYSINE HCL) ORAL TABLET, EFFERVESCENT 1,000-50 MG	Tier 1	
AIRBORNE ELDERBERRY ORAL TABLET, EFFERVESCENT 1,000 MG-50 MG-35.5 MG	Tier 3	
AIRBORNE EVERYDAY STRESS AWAY ORAL POWDER IN PACKET 1,000 MG-200 MG-360 MG	Tier 3	
AIRBORNE GUMMY ORAL TABLET,CHEWABLE 250-11.66 MG	Tier 3	
AIRBORNE KIDS ORAL TABLET,CHEWABLE 250-11.66 MG, 250-8.875 MG	Tier 3	
AIRBORNE NATURAL ENERGY ORAL LIQUID IN PACKET 500-175 MG/30 ML	Tier 3	

Drug	Status	Notes
AIRBORNE PLUS GOOD REST ORAL TABLET,CHEWABLE 250 MG-66.6 MG-15 MG	Tier 3	
AIRBORNE PLUS PROBIOTIC ORAL TABLET,CHEWABLE 250 MG-166.67 MILLION CELL	Tier 3	
AIRBORNE VITS ZINC ELDERBERRY ORAL TABLET,CHEWABLE 65 MG-3.15 MCG- 3.35 MG-1 MG	Tier 3	
AIRSHIELD IMMUNE ORAL TABLET, EFFERVESCENT 1,000-50 MG	Tier 1	
<i>ascorbic acid-elderberry fruit oral tablet, chewable 100-50 mg</i> (Airborne (elderberry))	Tier 1	
BOOST SOOTHE ORAL LIQUID 0.04 GRAM- 1.27 KCAL/ML	Tier 3	PA
CO Q-10 ORAL CAPSULE 100 MG	Tier 1	
<i>coenzyme q10 oral capsule 100 mg, 200 mg, 30 mg, 50 mg</i> (Co Q-10)	Tier 1	
<i>coenzyme q10-black pepper ext oral capsule 400 mg- 400 mcg</i>	Tier 1	
ENFAGROW TODLR NXT STP NON-GMO ORAL POWDER 6 GRAM-160 KCAL/36 GRAM	Tier 3	PA
ENSURE ORIGINAL ORAL LIQUID 0.04-1.05 GRAM-KCAL/ML	Tier 3	PA
ENSURE PUDDING ORAL PUDDING	Tier 2	PA
ESTROVEN WEIGHT MANAGEMENT ORAL CAPSULE 56-40-300 MG	Tier 3	
GERBER GOOD START A2 TODDLER ORAL POWDER 4 GRAM-130 KCAL /28 GRAM	Tier 3	
GLUCOSA FACTOR ORAL CAPSULE 150 MG	Tier 3	
KETO FORMULA ORAL LIQUID	Tier 3	PA
LIQUID HOPE PEPTIDE FORMULA ORAL LIQUID	Tier 3	PA
LIVETROL ORAL CAPSULE 15 MG	Tier 3	
MEGARED ADVANCED 4-IN-1 GUMMY ORAL TABLET,CHEWABLE 35 MG	Tier 3	
MEGARED ADVANCED OMEGA-3 ALGAE ORAL CAPSULE 330-300-600 MG	Tier 3	
MEGARED JOINT CARE ORAL CAPSULE 353 MG	Tier 3	

Drug	Status	Notes
MEGARED KIDS ORAL TABLET,CHEWABLE 35 MG	Tier 3	
MONOGEN ORAL POWDER	Tier 1	
MOVE FREE ULTRA OMEGA JOINT PL ORAL CAPSULE 353 MG	Tier 3	
MOVE FREE ULTRA TRIPLE ACTION ORAL TABLET 40-5-3.3 MG	Tier 3	
MOVE FREE ULTRA-BORATE-K2-D3 ORAL TABLET 20 MCG-180 MCG- 216 MG	Tier 3	
NAN PRO TODDLER DRINK ORAL POWDER 4 GRAM-170 KCAL /33 GRAM	Tier 3	
NOURISH PEPTIDE FORMULA ORAL LIQUID	Tier 3	PA
NUMAQUA OMEGA-3 ORAL CAPSULE 700 MG-8.3 MCG- 3.3 MG- 0.7 MG	Tier 3	
OVEEZA ORAL CAPSULE 500 MCG- 250 MCG-50 MG-50 MG	Tier 3	
PEDIASURE GROW-GAIN ORAL LIQUID 0.03-1 GRAM-KCAL/ML	Tier 3	
PEDIASURE GROW-GAIN ORGANIC ORAL LIQUID 0.03-1 GRAM-KCAL/ML	Tier 3	
PEDIASURE REDUCED CALORIE ORAL LIQUID 0.03-0.6 GRAM-KCAL/ML	Tier 3	PA
PREDIA ORAL TABLET 56.3 MG-0.04 MG-500 MG	Tier 3	
Q-GEL MEGA ORAL CAPSULE 100- 150 MG-UNIT	Tier 1	
XYZMUNE ORAL CAPSULE 500 MG-15 MCG- 1,000 MCG-16 MG	Tier 3	
Drugs To Treat Hereditary Tyrosinemia		
<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
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing		
CERDELGA ORAL CAPSULE 84 MG	Tier 2	PA; SP
<i>miglustat oral capsule 100 mg</i> (Zavesca)	Tier 1	PA; SP

Drug	Status	Notes
ZAVESCA ORAL CAPSULE 100 MG	Tier 3	PA; SP
General Inhalation Agents		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 3	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>	Tier 1	
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	Tier 1	
<i>sodium chloride inhalation solution for nebulization 7 %</i> (Hyper-Sal)	Tier 1	
Herbal Drugs		
<i>ashwagandha root extract oral capsule 300 mg</i>	Tier 3	
ESTROVEN CMPLT MENOPAUSE RLF ORAL TABLET 4 MG	Tier 3	
<i>ginkgo biloba leaf extract oral capsule 120 mg</i>	Tier 3	
MOVE FREE ULTRA TURMERIC-TAMAR ORAL TABLET 250 MG	Tier 3	
<i>peppermint oil oil</i>	Tier 1	
<i>red yeast rice oral capsule 600 mg</i>	Tier 3	
Hymenoptera-Derived Agents		
<i>aller ex-venom-mix vespид prot subcutaneous recon soln 3,900 mcg</i>	Tier 1	
<i>aller ex-venom-wht hornet prot injection recon soln 550 mcg</i>	Tier 1	
Hypnotics, Melatonin And Herbal Combinations		
SOPORDREN ORAL CAPSULE 1-50-25-200 MG	Tier 3	
Infant Formulas		
ENFAGROW GENTLEASE FORMULA ORAL POWDER 2.6-5.3 GRAM/100 KCAL	Tier 3	PA; SP
ENFAGROW TODLR TRANSITN NONGMO ORAL POWDER 2.6-5.3 GRAM/100 KCAL	Tier 3	PA; SP
ENFAMIL NEURO SENSITIVE NONGMO ORAL POWDER 2.2-5.3-10.9 GRAM/100 KCAL	Tier 3	PA; SP

Drug	Status	Notes
ENFAMIL PROSOBEE ORAL LIQUID 2.5-5.3 GRAM/100 KCAL	Tier 3	PA; SP
ENFAMIL REGULINE ORAL POWDER 2.3-5.3 GRAM/100 KCAL	Tier 3	PA; SP
GERBER GOOD START A2 ORAL POWDER 2.1-5.1-11.4 GRAM/100 KCAL	Tier 3	SP
GLUTAREX-1 ORAL POWDER 15-480 G-KCAL/100 G	Tier 3	SP
NAN PRO-1 INFANT ORAL POWDER 2.1-5.1-11.5 GRAM/100 KCAL	Tier 3	PA; SP
NUTRAMIGEN TODDLER ENFLORA- LGG ORAL POWDER 2.5-4.3 GRAM/100 KCAL	Tier 3	PA; SP
SIMILAC PRO-SENSITIVE NON-GMO ORAL LIQUID 2.1-5.4-10.9 GRAM/100 KCAL	Tier 3	PA; SP
SIMILAC SPECIAL CARE 24 ORAL LIQUID 3-5.43 GRAM/100 KCAL	Tier 3	PA; SP
SIMILAC TOTAL COMFORT ORAL LIQUID 2.32-5.4 GRAM/100 KCAL	Tier 2	PA
Intra-Uterine Devices (Iud's)		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	Tier 0	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/24 HRS (6 YRS) 52 MG	Tier 0	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (5 YRS) 52 MG	Tier 0	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	Tier 0	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	Tier 0	
Iv Fat Emulsions		
CLINOLIPID INTRAVENOUS EMULSION 20 %	Tier 3	
Metabolic Deficiency Agents		
CARNITOR ORAL SOLUTION 100 MG/ML	Tier 3	
CARNITOR ORAL TABLET 330 MG	Tier 3	

Drug	Status	Notes
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	Tier 2	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	
Metabolic Disease Enzyme Replace, Hypophosphatasia		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Tier 2	PA; SP
Metabolic Disease Enzyme Replacement, Fabry's Dx		
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	Tier 2	SP
Metabolic Disease Enzyme Replacement, Gaucher's Dx		
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	Tier 2	PA; SP
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	Tier 3	PA; SP
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	Tier 3	PA; SP
Metabolic Disease Enzyme Replacement, Pompe Disease		
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	Tier 2	PA; SP
Metabolic Dx Enzyme Replace, Mucopolysaccharidosis		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	Tier 2	SP
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	Tier 2	SP
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	Tier 3	SP
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	Tier 2	SP
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	Tier 2	PA; SP
Metabolic Dx Enzyme Replacem,Sev.Comb.Immune Def.		
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 3	PA; SP
Metallic Poison,Agents To Treat		
BAL IN OIL INTRAMUSCULAR SOLUTION 100 MG/ML	Tier 2	

Drug	Status	Notes
CHEMET ORAL CAPSULE 100 MG	Tier 2	
CLOVIQUE ORAL CAPSULE 250 MG	Tier 1	SP
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg (Jadenu Sprinkle)	Tier 1	PA; SP
deferasirox oral tablet 180 mg, 360 mg, 90 mg (Jadenu)	Tier 1	PA; SP
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg (Exjade)	Tier 1	PA; SP
deferoxamine injection recon soln 2 gram, 500 mg (Desferal)	Tier 1	PA
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	Tier 3	PA; SP
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG	Tier 2	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 2	PA; SP
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	Tier 2	PA; SP
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 3	
NITHIODOTE INTRAVENOUS SOLUTION 300 MG/10 ML- 12.5 GRAM/50 ML	Tier 3	
pentetate calcium trisodium intravenous solution 200 mg/ml	Tier 1	
pentetate zinc trisodium intravenous solution 200 mg/ml	Tier 1	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 3	
sodium thiosulfate in water intravenous solution 12.5 gram/50 ml (250 mg/ml)	Tier 1	
sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)	Tier 1	
treintine oral capsule 250 mg (Clovique)	Tier 1	SP
Multiple Herbal Ingr Combinations		
GLUCOSA IMMUNE BOOSTER ORAL CAPSULE	Tier 3	
Muscarinic Receptor Antagonists		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 3	
Nasal Washes		
ALKALOL NASAL WASH NASAL SOLUTION	Tier 3	
Needles/Needleless Devices		

Drug	Status	Notes
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 "	Tier 3	
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	
<i>blunt needle, disposable needle 18 x 1 1/2 "</i>	Tier 3	
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 X 5/8 ", 27 GAUGE X 1/2"	Tier 3	
<i>filter needles needle 19 x 1 "</i>	Tier 3	
<i>filter needles needle 19 x 1 1/2 " (BD Filter Needle-5 Micron)</i>	Tier 3	
MAGELLAN SAFETY NEEDLE NEEDLE 23 GAUGE X 5/8"	Tier 3	
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1"	Tier 3	
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 30 GAUGE X 5/16", 31 GAUGE X 3/16"	Tier 3	
PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	
<i>pen needle, diabetic needle 31 gauge x 1/4" (Clickfine Pen Needle)</i>	Tier 2	
<i>pen needle, diabetic needle 31 gauge x 5/16" (BD Ultra-Fine Short Pen Needle)</i>	Tier 2	
<i>pen needle, diabetic needle 32 gauge x 5/32" (BD Ultra-Fine Nano Pen Needle)</i>	Tier 1	

Drug	Status	Notes
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM	Tier 3	
safety needles needle 18 gauge x 1 1/2" (SurGuard2 Safety)	Tier 3	
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 X 5/8 ", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2"	Tier 3	
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	
Neuromuscular Blocking Agents		
ANECTINE INJECTION SOLUTION 20 MG/ML	Tier 3	
atracurium intravenous solution 10 mg/ml	Tier 1	
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	Tier 2	PA; SP
cisatracurium intravenous solution 10 mg/ml conc. (icu use only), 2 mg/ml	Tier 1	
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	Tier 3	PA; SP
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	Tier 2	PA; SP
NIMBEX INTRAVENOUS SOLUTION 10 MG/ML CONC. (ICU USE ONLY), 2 MG/ML	Tier 3	
pancuronium intravenous solution 1 mg/ml, 2 mg/ml	Tier 1	
QUELICIN INJECTION SOLUTION 20 MG/ML	Tier 3	
rocuronium intravenous syringe 100 mg/10 ml (10 mg/ml), 75 mg/7.5 ml (10 mg/ml)	Tier 1	
succinylcholine chloride injection solution (Anectine) 20 mg/ml	Tier 1	
succinylcholine chloride intravenous syringe 140 mg/7 ml (20 mg/ml), 50 mg/2.5 ml (20 mg/ml)	Tier 1	

Drug	Status	Notes
<i>succinylcholine-0.9% nacl (pf) intravenous syringe 200 mg/10 ml (20 mg/ml)</i>	Tier 1	
<i>succinylcholine-sod cl,iso(pf) intravenous syringe 100 mg/5 ml (20 mg/ml), 140 mg/7 ml (20 mg/ml), 200 mg/10 ml (20 mg/ml)</i>	Tier 1	
<i>vecuronium bromide intravenous recon soln 10 mg, 20 mg</i>	Tier 1	
Nut.Tx Phenylketonuria (Pku) Formulations		
GLYTACTIN BURST 10-10 ORAL POWDER IN PACKET 63 GRAM-314 KCAL/100 GRAM	Tier 3	
GLYTACTIN BURST 20-20 ORAL POWDER IN PACKET 61 GRAM-304 KCAL/100 GRAM	Tier 3	
PHENEX-2 ORAL POWDER 30-410 GRAM-KCAL/100 G	Tier 3	
PHENYLADE GMP ULTRA ORAL POWDER IN PACKET 60 GRAM-295 KCAL/100 GRAM, 60 GRAM-321 KCAL/100 GRAM	Tier 3	
PKU EXPLORE10 ORAL POWDER IN PACKET 40 GRAM-330 KCAL/100 GRAM	Tier 3	
PKU EXPLORE5 ORAL POWDER IN PACKET 40 GRAM-342 KCAL/100 GRAM	Tier 3	
PKU SPHERE15 ORAL POWDER IN PACKET 56 GRAM-337 KCAL/100 GRAM	Tier 3	
PKU SPHERE20 ORAL LIQUID 20 GRAM-120 KCAL/237 ML	Tier 1	
PKU SPHERE20 ORAL POWDER IN PACKET 56 GRAM-337 KCAL/100 GRAM	Tier 3	
Nutritional Therapy, Med Cond Special Formulation		
BOOST GLUCOSE CONTROL ORAL LIQUID 0.07-0.8 GRAM-KCAL/ML	Tier 3	
CYCLINEX-2 ORAL POWDER 15 GRAM-440 KCAL/100 GRAM	Tier 3	
ENSURE CLEAR THERAPEUTIC ORAL LIQUID 0.035-1 GRAM-KCAL/ML	Tier 3	

Drug	Status	Notes
EQUACARE JR ORAL POWDER 14.3 GRAM-469 KCAL/100 GRAM	Tier 3	
ESSENTIAL CARE JR ORAL POWDER 19 GRAM-476 KCAL/100 GRAM	Tier 3	
GLUCERNA 1.2 CAL ORAL LIQUID 0.06-1.2 GRAM-KCAL/ML	Tier 3	
GLUCERNA SNACK BAR ORAL BAR 11 GRAM-160 KCAL/40 GRAM	Tier 3	
GLUTAREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM	Tier 3	
GLYCOSADE ORAL POWDER IN PACKET 212 KCAL/60 GRAM	Tier 1	
HOMINEX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM	Tier 3	
I-VALEX-2 ORAL POWDER 30-410 GRAM-KCAL	Tier 3	
KETONEX-2 ORAL POWDER 30-410 GRAM-KCAL	Tier 3	
MODULEN ORAL POWDER 8 GRAM-240 KCAL/50 GRAM	Tier 3	
PROPIMEX-2 ORAL POWDER 30-410 GRAM-KCAL	Tier 3	
SUPLENA CARB STEADY ORAL LIQUID 0.04 GRAM-1.8 KCAL/ML	Tier 3	
TYR SPHERE20 ORAL POWDER IN PACKET 56 GRAM-337 KCAL/100 GRAM	Tier 3	
TYREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM	Tier 3	
VITAL AF 1.2 CAL ORAL LIQUID 0.08 GRAM- 1.2 KCAL/ML	Tier 3	
Ointment/Cream Bases		
petrolatum, yellow (bulk) gel 100 %	Tier 3	
WHITE WAX (BEESWAX) WAX 100 %	Tier 3	
Oral Lipid Supplements		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 3	PA; SP
MCT OIL ORAL OIL 14 GRAM-120 KCAL/15 ML	Tier 3	
Patent Ductus Arteriosus Treat. Agents, Nsaid-Type		
indomethacin sodium intravenous recon soln 1 mg	Tier 1	
Sexual Dysfunction Devices		
RAPPORT VACUUM THERAPY KIT	Tier 3	

Drug	Status	Notes
Somatostatic Agents		
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	PA; SP
<i>octreotide acetate injection solution 100 (Sandostatin) mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 1	PA; SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 1	PA; SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	Tier 3	PA; SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 2	PA; SP
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	Tier 2	SP
Surfactants		
glyceryl monostearate flakes	Tier 3	
IV SOL STABILIZER FOR BLINCYTO INTRAVENOUS SOLUTION	Tier 3	
LUMOXITI IV SOLN STABILIZER INTRAVENOUS SOLUTION	Tier 3	
polysorbate 80 solution	Tier 3	
Thickening Agents, Oral		
THICK AND EASY ORAL POWDER	Tier 3	
THICK AND EASY ORAL POWDER IN PACKET	Tier 3	
Vaccine Adjuvants		
SHINGRIX ADJUVANT COMPONENT- PF INTRAMUSCULAR SUSPENSION	Tier 0	QL (1 ML per 365 days); Age (Min 50 Years)
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
ESBRIET ORAL CAPSULE 267 MG	Tier 2	PA; SP
ESBRIET ORAL TABLET 267 MG, 801 MG	Tier 2	PA; SP
Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator		

Drug	Status	Notes
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	Tier 2	PA; SP
KALYDECO ORAL TABLET 150 MG	Tier 2	PA; SP
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
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 3	PA; SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	Tier 2	PA; SP
Lung Surfactants		
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	
Mucolytics		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 2	PA; SP
Pulmonary Fibrosis - Systemic Enzyme Inhibitors		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 2	PA; SP
Pain Management - Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		
ALLZITAL ORAL TABLET 25-325 MG	Tier 3	ST: Prior prescription for Butalbital/Acetaminophen in the past 120 days
butalbital-acetaminophen oral capsule 50-300 mg	Tier 1	ST: Prior prescription for Butalbital/Acetaminophen in the past 120 days; QL (6 EA per 1 day)

Drug	Status	Notes
butalbital-acetaminophen oral tablet 25- 325 mg (Allzital)	Tier 1	ST: Prior prescription for Butalbital/Acetaminophen in the past 120 days
butalbital-acetaminophen oral tablet 50- 300 mg (Bupap)	Tier 1	ST: Prior prescription for Butalbital/Acetaminophen in the past 120 days; QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 50- 325 mg (Tencon)	Tier 1	
TENCON ORAL TABLET 50-325 MG	Tier 1	
Analgesic, Salicylate, Barbiturate,& Xanthine Cmb		
butalbital-aspirin-caffeine oral capsule 50-325-40 mg (Fiorinal)	Tier 1	
butalbital-aspirin-caffeine oral tablet 50- 325-40 mg	Tier 1	
Analgesic,Non-Salicylate,Barbiturate,&Xanthine Cmb		
butalbital-acetaminophen-caff oral capsule 50-300-40 mg (Fioricet)	Tier 2	
butalbital-acetaminophen-caff oral capsule 50-325-40 mg (Zebutal)	Tier 1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg (Esgic)	Tier 1	
FIORICET ORAL CAPSULE 50-300-40 MG	Tier 2	
ZEBUTAL ORAL CAPSULE 50-325-40 MG	Tier 1	
Analgesic/Antipyretics, Salicylates		
aspirin oral tablet 325 mg (Lite Coat Aspirin)	Tier 0	
aspirin oral tablet,delayed release (dr/ec) 325 mg (Aspir-Trin)	Tier 0	
ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	Tier 0	
choline,magnesium salicylate oral liquid 500 mg/5 ml	Tier 1	
diflunisal oral tablet 500 mg	Tier 1	
DISALCID ORAL TABLET 500 MG, 750 MG	Tier 3	
E.C. PRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	Tier 0	
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	Tier 0	
LITE COAT ASPIRIN ORAL TABLET 325 MG	Tier 0	

Drug	Status	Notes
salsalate oral tablet 500 mg, 750 mg (Disalcid)	Tier 1	
Analgesics Narcotic, Anesthetic Adjunct Agents		
fentanyl citrate (pf) injection syringe 25 mcg/0.5 ml	Tier 1	
fentanyl citrate (pf) intravenous solution 50 mcg/ml	Tier 1	
Analgesics, Narcotic Agonist And Nsaid Combination		
hydrocodone-ibuprofen oral tablet 10-200 mg (Ibudone)	Tier 1	
hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg	Tier 1	
ibuprofen-oxycodone oral tablet 400-5 mg	Tier 1	
Analgesics,Narcotics		
ARYMO ER ORAL TABLET,ORAL ONLY,EXTND RELEASE 15 MG, 30 MG, 60 MG	Tier 2	QL (3 EA per 1 day)
BELBUCA Buccal Film 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Tier 2	
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	Tier 1	
buprenorphine hcl injection solution 0.3 mg/ml (Buprenex)	Tier 1	
buprenorphine hcl injection syringe 0.3 mg/ml	Tier 1	
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour (Butrans)	Tier 1	QL (1 EA per 7 days)
butorphanol injection solution 1 mg/ml, 2 mg/ml	Tier 1	
butorphanol nasal spray,non-aerosol 10 mg/ml	Tier 1	
codeine sulfate oral tablet 15 mg, 30 mg	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
codeine sulfate oral tablet 60 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML	Tier 1	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	Tier 3	
DISKETS ORAL TABLET,SOLUBLE 40 MG	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML	Tier 3	
fentanyl (pf)-bupivacaine-nacl injection prefilled pump reservoir 5-0.04 mcg/ml-%, 5-0.075 mcg/ml-%	Tier 1	
fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml- 0.0625 %, 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %, 5 mcg/ml- 0.125 %	Tier 1	
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)	Tier 1	
fentanyl citrate (pf) intravenous pt controlled analgesia syring 1,250 mcg/25 ml (50 mcg/ml), 1,500 mcg/30 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml), 400 mcg/8 ml (50 mcg/ml)	Tier 1	
fentanyl citrate (pf) intravenous syringe 250 mcg/5 ml (50 mcg/ml)	Tier 1	
fentanyl citrate (pf)-0.9%nacl injection patient control.analgesia soln 600 mcg/30 ml, 750 mcg/30 ml	Tier 1	
fentanyl citrate (pf)-0.9%nacl injection prefilled pump reservoir 10 mcg/ml	Tier 1	
fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syring 1,100 mcg/55 ml, 1,250 mcg/25 ml	Tier 1	
fentanyl citrate (pf)-0.9%nacl injection solution 25 mcg/ml	Tier 1	
fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,250 mcg/50 ml (25 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml), 500 mcg/50 ml (10 mcg/ml), 600 mcg/30 ml (20 mcg/ml)	Tier 1	
fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml, 100 mcg/10 ml (10 mcg/ml), 50 mcg/5 ml (10 mcg/ml)	Tier 1	
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg (Actiq)	Tier 1	PA
fentanyl citrate in d5w (pf) intravenous pt controlled analgesia syring 100 mcg/10 ml (10 mcg/ml), 300 mcg/30 ml (10 mcg/ml)	Tier 1	
fentanyl citrate in d5w (pf) intravenous solution 10 mcg/ml	Tier 1	

Drug	Status	Notes
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr (Duragesic)	Tier 1	PA; QL (1 EA per 3 days)
fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour	Tier 1	PA; QL (1 EA per 3 days)
fentanyl-ropivacaine-nacl (pf) injection prefilled pump reservoir 2 mcg/ml-0.1 %	Tier 1	
fentanyl-ropivacaine-nacl (pf) injection solution 2-0.2 mcg/ml-%	Tier 1	
hydromorphone (pf) in water injection syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml)	Tier 1	
hydromorphone (pf) in water intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)	Tier 1	
hydromorphone (pf) injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml	Tier 1	
hydromorphone (pf)-0.9 % nacl intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)	Tier 1	
hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml), 20 mg/100 ml (0.2 mg/ml), 50 mg/50 ml (1 mg/ml)	Tier 1	
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml), 25 mg/25 ml (1 mg/ml), 25 mg/50 ml (0.5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 55 mg/55 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)	Tier 1	
hydromorphone (pf)-0.9 % nacl intravenous solution 0.2 mg/ml, 0.5 mg/ml, 1 mg/ml	Tier 1	
hydromorphone (pf)-0.9 % nacl intravenous syringe 1 mg/5 ml (0.2 mg/ml), 1 mg/ml, 2 mg/ml	Tier 1	
hydromorphone in 0.9 % nacl injection prefilled pump reservoir 100 mg/100 ml (1 mg/ml)	Tier 1	
hydromorphone in 0.9 % nacl injection pt controlled analgesia syring 55 mg/55 ml (1 mg/ml)	Tier 1	
hydromorphone in 0.9 % nacl intravenous patient control.analgesia soln 15 mg/30 ml (0.5 mg/ml)	Tier 1	

Drug	Status	Notes
hydromorphone in 0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)	Tier 1	
hydromorphone in 0.9 % nacl intravenous pt controlled analgesia syring 15 mg/30 ml (0.5 mg/ml), 5 mg/25 ml (0.2 mg/ml), 6 mg/30 ml (0.2 mg/ml)	Tier 1	
hydromorphone in 0.9 % nacl intravenous solution 0.2 mg/ml, 0.5 mg/50 ml, 1 mg/50 ml, 2 mg/50 ml	Tier 1	
hydromorphone in 0.9 % nacl intravenous syringe 0.5 mg/ml, 1 mg/ml (1 ml), 2 mg/10 ml (0.2 mg/ml)	Tier 1	
hydromorphone in d5w (pf) intravenous pt controlled analgesia syring 3 mg/30 ml (0.1 mg/ml)	Tier 1	
hydromorphone in d5w (pf) intravenous syringe 0.5 mg/5 ml (0.1 mg/ml)	Tier 1	
hydromorphone injection solution 1 mg/ml, 2 mg/ml	Tier 1	
hydromorphone injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml, 4 mg/ml	Tier 1	
hydromorphone oral liquid 1 mg/ml (Dilaudid)	Tier 1	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg (Dilaudid)	Tier 1	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg	Tier 2	PA; QL (1 EA per 1 day)
hydromorphone oral tablet extended release 24 hr 32 mg	Tier 2	PA; QL (2 EA per 1 day)
hydromorphone rectal suppository 3 mg	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	QL (1 EA per 1 day)
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML	Tier 3	
levorphanol tartrate oral tablet 2 mg	Tier 1	
meperidine (pf) in 0.9 % nacl intravenous pt controlled analgesia syring 550 mg/55 ml (10 mg/ml)	Tier 1	
meperidine oral tablet 100 mg (Demerol)	Tier 1	QL (6 EA per 1 day)
meperidine oral tablet 50 mg	Tier 1	QL (6 EA per 1 day)
methadone injection syringe 5 mg/0.5 ml	Tier 1	
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 1	QL (4 ML per 1 day)

Drug	Status	Notes
<i>methadone intravenous syringe 10 mg/ml</i>	Tier 1	
<i>methadone oral concentrate 10 mg/ml (Methadone Intensol)</i>	Tier 1	QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg (Dolophine)</i>	Tier 1	QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg (Dolophine)</i>	Tier 1	QL (8 EA per 1 day)
<i>methadone oral tablet,soluble 40 mg (Methadose)</i>	Tier 1	QL (1 EA per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML	Tier 2	QL (4 ML per 1 day)
METHADOSE ORAL TABLET,SOLUBLE 40 MG	Tier 1	QL (1 EA per 1 day)
MITIGO (PF) INJECTION SOLUTION 10 MG/ML, 25 MG/ML	Tier 1	
<i>morphine (pf) in 0.9 % sod chl injection syringe 2 mg/2 ml (1 mg/ml)</i>	Tier 1	
<i>morphine (pf) in 0.9 % sod chl intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml)</i>	Tier 1	
<i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syring 150 mg/30 ml (5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 55 mg/55 ml (1 mg/ml)</i>	Tier 1	
<i>morphine (pf) in 0.9 % sod chl intravenous solution 1 mg/ml</i>	Tier 1	
<i>morphine (pf) in 0.9 % sod chl intravenous syringe 0.5 mg/ml, 1 mg/ml, 2 mg/2 ml (1 mg/ml), 2 mg/ml, 4 mg/ml, 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml (Duramorph (PF))</i>	Tier 1	
<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 injection pt controlled analgesia syring 125 mg/25 ml, 55 mg/55 ml (1 mg/ml)</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir 1,000 mg/ 100 ml, 100 mg/100 ml (1 mg/ml), 250 mg/50 ml (5 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	Tier 1	

Drug	Status	Notes
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 150 mg/30 ml (5 mg/ml), 275 mg/55 ml (5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 60 mg/30 ml (2 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, 1 mg/ml (1 ml), 3 mg/3 ml (1 mg/ml)</i>	Tier 1	
<i>morphine injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	Tier 1	
<i>morphine injection solution 2 mg/ml</i>	Tier 3	
<i>morphine injection syringe 10 mg/ml</i>	Tier 3	
<i>morphine injection syringe 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 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 intravenous solution 10 mg/ml, 100 mg/4 ml, 25 mg/ml, 250 mg/10 ml, 4 mg/ml, 50 mg/ml, 8 mg/ml</i>	Tier 1	
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	Tier 1	
<i>morphine oral capsule,extend.release (Kadian) pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>morphine oral capsule,extend.release (Kadian) pellets 40 mg</i>	Tier 1	
<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	QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG</i>	Tier 3	QL (3 EA per 1 day)
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 1	

Drug	Status	Notes
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 2	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 2	
oxycodone oral capsule 5 mg	Tier 1	
oxycodone oral concentrate 20 mg/ml	Tier 2	
oxycodone oral solution 5 mg/5 ml	Tier 1	
oxycodone oral tablet 10 mg, 20 mg	Tier 1	
oxycodone oral tablet 15 mg, 30 mg, 5 mg (Roxicodone)	Tier 1	
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg (OxyContin)	Tier 1	QL (2 EA per 1 day)
oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg (OxyContin)	Tier 1	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	QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	Tier 2	QL (4 EA per 1 day)
oxymorphone oral tablet 10 mg, 5 mg	Tier 1	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	QL (2 EA per 1 day)
oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg	Tier 1	QL (4 EA per 1 day)
pentazocine-naloxone oral tablet 50-0.5 mg	Tier 1	
tramadol oral tablet 50 mg (Ultram)	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 100 mg	Tier 1	QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg	Tier 1	QL (1 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 100 mg	Tier 1	QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg	Tier 1	QL (1 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	Tier 3	ST: Prior prescription for Hydrocodone Bitartrate, Xtampza ER, or Zohydro ER in the past 120 days; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	Tier 3	ST: Prior prescription for Hydrocodone Bitartrate, Xtampza ER, or Zohydro ER in the past 120 days; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	Tier 3	ST: Prior prescription for Hydrocodone Bitartrate, Xtampza ER, or Zohydro ER in the past 120 days; 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: Prior prescription for Hysingla ER, Morphine Sulfate, Nucynta ER, Oxycodone HCL, or Oxycontin within the past 120 days; QL (2 EA per 1 day)
Antimigraine Preparations		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 2	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 2	PA
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (8 EA per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i> (D.H.E.45)	Tier 1	QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	Tier 1	QL (8 ML per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (6 EA per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 2	PA

Drug	Status	Notes
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 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (12 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 (8 EA per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	Tier 3	PA
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 3	PA
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	Tier 1	QL (12 EA per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	Tier 1	QL (12 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg</i> (Maxalt-MLT)	Tier 1	QL (12 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 5 mg</i>	Tier 1	QL (12 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i> (Imitrex)	Tier 1	QL (6 EA per 15 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	Tier 1	QL (8 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	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 30 days)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i> (TrexiMet)	Tier 2	ST: Prior prescription for Onzetra Xsail, Sumatriptan Succinate, Sumatriptan, Sumavel Dosepro, Tosymra, Zecuity, or Zembrace Symtouch in the past 180 days; QL (1 EA per 3 days)

Drug	Status	Notes
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 3	PA
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	Tier 3	PA
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (8 EA per 30 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i> (Zomig ZMT)	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (8 EA per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (12 EA per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (6 EA per 15 days)
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 2	PA
Narc.& Non-Sal.Analgesic,Barbiturate &Xanthine Cmb		
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic & Salicylate Analgesics, Barb.& Xanthine		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-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)
Narcotic Analgesic & Non-Salicylate Analgesic Comb		

Drug	Status	Notes	
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)	
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml	Tier 1	Age (Min 12 Years)	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)	
acetaminophen-codeine oral tablet 300-60 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)	
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)	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	Tier 1	QL (184 ML per 1 day)	
hydrocodone-acetaminophen oral tablet (Vicodin HP) 10-300 mg	Tier 2	QL (13 EA per 1 day)	
hydrocodone-acetaminophen oral tablet (Lorcet HD) 10-325 mg	Tier 1	QL (12 EA per 1 day)	
hydrocodone-acetaminophen oral tablet 2.5-325 mg	Tier 1		
hydrocodone-acetaminophen oral tablet 5-300 mg, 7.5-300 mg	Tier 2	QL (13 EA per 1 day)	
hydrocodone-acetaminophen oral tablet (Lorcet (hydrocodone)) 5-325 mg	Tier 1	QL (12 EA per 1 day)	
hydrocodone-acetaminophen oral tablet (Norco) 7.5-325 mg	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)	
oxycodone-acetaminophen oral tablet (Endocet) 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)	
tramadol-acetaminophen oral tablet (Ultracet) 37.5-325 mg	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)	
VICODIN HP ORAL TABLET 10-300 MG	Tier 2	QL (13 EA per 1 day)	
Narcotic Analgesic, Non-Salicylate, Xanthine Comb			
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	(Trezix)	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Narcotic And Salicylate Analgesic Combination			
oxycodone-aspirin oral tablet 4.8355-325 mg	Tier 1		
Narcotic Withdrawal Therapy Agents			
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	Tier 3	QL (1 EA per 1 day)	

Drug	Status	Notes
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	Tier 3	QL (2 EA per 1 day)
buprenorphine hcl sublingual tablet 2 mg, 8 mg	Tier 1	QL (3 EA per 1 day)
buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg (Suboxone)	Tier 1	QL (2 EA per 1 day)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg (Suboxone)	Tier 1	QL (1 EA per 1 day)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	Tier 1	QL (3 EA per 1 day)
PROBUPHINE SUBDERMAL IMPLANT 74.2 MG	Tier 2	SP
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	Tier 2	SP; QL (1 ML per 7 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 8-2 MG	Tier 2	QL (2 EA per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	Tier 2	QL (2 EA per 1 day)
Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist		
LUCEMYRA ORAL TABLET 0.18 MG	Tier 2	
Parkinsons Disease		
Antiparkinsonism Drugs,Anticholinergic		
benztropine injection solution 1 mg/ml (Cogentin)	Tier 1	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
trihexyphenidyl oral elixir 0.4 mg/ml	Tier 1	
trihexyphenidyl oral tablet 2 mg, 5 mg	Tier 1	
Antiparkinsonism Drugs,Other		
amantadine hcl oral capsule 100 mg	Tier 1	
amantadine hcl oral solution 50 mg/5 ml	Tier 1	
amantadine hcl oral tablet 100 mg	Tier 1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	Tier 2	PA; SP
bromocriptine oral capsule 5 mg (Parlodel)	Tier 1	
bromocriptine oral tablet 2.5 mg (Parlodel)	Tier 1	

Drug	Status	Notes
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg (Sinemet)	Tier 1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	Tier 1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg (Stalevo 50)	Tier 1	
carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg (Stalevo 75)	Tier 1	
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg (Stalevo 100)	Tier 1	
carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg (Stalevo 125)	Tier 1	
carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg (Stalevo 150)	Tier 1	
carbidopa-levodopa-entacapone oral tablet 50-200-200 mg (Stalevo 200)	Tier 1	
COMTAN ORAL TABLET 200 MG	Tier 3	
ELDEPRYL ORAL CAPSULE 5 MG	Tier 3	
entacapone oral tablet 200 mg (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 3	ST: Prior prescription for immediate-release Pramipexole or immediate-release Ropinirole in the past 120 days; QL (1 EA per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG	Tier 3	PA
ONGENTYS ORAL CAPSULE 50 MG	Tier 3	
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg (Mirapex)	Tier 1	

Drug	Status	Notes
<i>pramipexole oral tablet extended release (Mirapex ER) 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	Tier 1	ST: Prior prescription for immediate-release Pramipexole or immediate-release Ropinirole in the past 120 days; QL (1 EA per 1 day)
<i>rasagiline oral tablet 0.5 mg, 1 mg (Azilect)</i>	Tier 1	QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 3 mg, 5 mg (Requip)</i>	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 (Requip XL)</i>	Tier 1	ST: Prior prescription for immediate-release Pramipexole or immediate-release Ropinirole in 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: Prior prescription for immediate-release Pramipexole or immediate-release Ropinirole in 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: Prior prescription for Carbidopa/levodopa in 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	
TASMAR ORAL TABLET 100 MG	Tier 3	ST: Prior prescription for Entacapone in the past 120 days; QL (3 EA per 1 day)
<i>tolcapone oral tablet 100 mg (Tasmar)</i>	Tier 1	ST: Prior prescription for Entacapone in the past 120 days; QL (3 EA per 1 day)
Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg (Lodosyn)</i>	Tier 1	
Seizure Disorder		
Anticonvulsant - Benzodiazepine Type		
<i>clobazam oral suspension 2.5 mg/ml (Onfi)</i>	Tier 1	ST: Prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 120 days; QL (480 ML per 30 days)

Drug	Status	Notes
clobazam oral tablet 10 mg, 20 mg (Onfi)	Tier 1	ST: Prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 120 days; QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg (Klonopin)	Tier 1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	Tier 3	QL (1 EA per 1 FILL)
DIASTAT RECTAL KIT 2.5 MG	Tier 3	QL (1 EA per 1 FILL)
diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg (Diastat AcuDial)	Tier 1	QL (1 EA per 1 FILL)
diazepam rectal kit 2.5 mg (Diastat)	Tier 1	QL (1 EA per 1 FILL)
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 3	QL (5 EA per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	Tier 3	ST: Prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 120 days; QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	Tier 3	ST: Prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 120 days; QL (2 EA per 1 day)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Tier 3	PA
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Tier 2	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 2	PA; SP
Anticonvulsants		

Drug	Status	Notes
APTIOM ORAL TABLET 200 MG, 400 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in the past 365 days; QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in the past 365 days; QL (2 EA per 1 day)
BANZEL ORAL SUSPENSION 40 MG/ML	Tier 2	ST: Prior prescription for Divalproex Sodium, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid in the past 120 days; QL (80 ML per 1 day)
BANZEL ORAL TABLET 200 MG	Tier 2	ST: Prior prescription for Divalproex Sodium, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid in the past 120 days; QL (16 EA per 1 day)

Drug	Status	Notes
BANZEL ORAL TABLET 400 MG	Tier 2	ST: Prior prescription for Divalproex Sodium, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid in the past 120 days; QL (8 EA per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 3	ST: Prior prescription for Levetiracetam in the past 120 days; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 3	ST: Prior prescription for Levetiracetam in the past 120 days; QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier 1	
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	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 3	
CELONTIN ORAL CAPSULE 300 MG	Tier 2	
CEREBYX INJECTION SOLUTION 100 MG PE/2 ML, 500 MG PE/10 ML	Tier 3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Tier 3	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Tier 3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	Tier 3	
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 3	

Drug	Status	Notes
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	Tier 3	
DILANTIN ORAL CAPSULE 30 MG	Tier 2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	Tier 3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	(Depakote Sprinkles)	Tier 1
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	(Depakote ER)	Tier 1
<i>divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	(Depakote)	Tier 1
EPITOL ORAL TABLET 200 MG	Tier 1	
<i>ethosuximide oral capsule 250 mg</i>	(Zarontin)	Tier 1
<i>ethosuximide oral solution 250 mg/5 ml</i>	(Zarontin)	Tier 1
<i>felbamate oral suspension 600 mg/5 ml</i>	(Felbatol)	Tier 1 ST: Prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 120 days; QL (30 ML per 1 day)
<i>felbamate oral tablet 400 mg</i>	(Felbatol)	Tier 1 ST: Prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 120 days; QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i>	(Felbatol)	Tier 1 ST: Prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 120 days; QL (6 EA per 1 day)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 3	PA; SP
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	(Cerebyx)	Tier 1

Drug	Status	Notes
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (120 EA per 30 days)

Drug	Status	Notes
FYCOMPA ORAL TABLET 4 MG, 6 MG	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	Tier 1	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	Tier 1	
KEPPRA INTRAVENOUS SOLUTION 500 MG/5 ML	Tier 3	
KEPPRA ORAL SOLUTION 100 MG/ML	Tier 3	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	Tier 3	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	Tier 3	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG	Tier 3	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days; QL (3 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 200 MG	Tier 3	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days; QL (2 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 25 MG, 50 MG	Tier 3	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days; QL (6 EA per 1 day)
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 3	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	Tier 3	

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

Drug	Status	Notes
<i>lamotrigine oral tablet extended release</i> (Lamictal XR) 24hr 25 mg, 50 mg	Tier 1	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablet, chewable dispersible</i> 25 mg, 5 mg	Tier 1	
<i>lamotrigine oral tablet,disintegrating</i> 100 mg	Tier 1	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days; QL (3 EA per 1 day)
<i>lamotrigine oral tablet,disintegrating</i> 200 mg	Tier 1	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days; QL (2 EA per 1 day)
<i>lamotrigine oral tablet,disintegrating</i> 25 mg, 50 mg	Tier 1	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablets,dose pack</i> 25 mg (35) (Subvenite Starter (Blue) Kit)	Tier 1	
<i>lamotrigine oral tablets,dose pack</i> 25 mg (42) -100 mg (7) (Subvenite Starter (Orange) Kit)	Tier 1	
<i>lamotrigine oral tablets,dose pack</i> 25 mg (84) -100 mg (14) (Subvenite Starter (Green) Kit)	Tier 1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback</i> 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	Tier 1	
<i>levetiracetam intravenous solution</i> 500 mg/5 ml	Tier 1	
<i>levetiracetam oral solution</i> 100 mg/ml	Tier 1	
<i>levetiracetam oral solution</i> 500 mg/5 ml (5 ml)	Tier 1	
<i>levetiracetam oral tablet</i> 1,000 mg, 250 mg, 500 mg, 750 mg	Tier 1	
<i>levetiracetam oral tablet extended release</i> 24 hr 500 mg, 750 mg	Tier 1	
<i>oxcarbazepine oral suspension</i> 300 mg/5 ml (60 mg/ml)	Tier 1	
<i>oxcarbazepine oral tablet</i> 150 mg, 300 mg, 600 mg	Tier 1	

Drug	Status	Notes
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (1 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (4 EA per 1 day)
PEGANONE ORAL TABLET 250 MG	Tier 2	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 3	
<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>phenytoin sodium intravenous solution 50 mg/ml</i>	Tier 1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	Tier 1	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	Tier 1	QL (4 EA per 1 day)
<i>pregabalin oral capsule 200 mg</i> (Lyrica)	Tier 1	QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	Tier 1	QL (2 EA per 1 day)

Drug	Status	Notes
pregabalin oral solution 20 mg/ml (Lyrica)	Tier 1	
primidone oral tablet 250 mg, 50 mg (Mysoline)	Tier 1	
ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG	Tier 3	
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	Tier 3	
SABRIL ORAL TABLET 500 MG	Tier 2	SP; ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (6 EA per 1 day)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	Tier 3	ST: Prior prescription for Levetiracetam in the past 120 days; QL (2 EA per 1 day)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	Tier 3	ST: Prior prescription for Levetiracetam in the past 120 days; QL (4 EA per 1 day)
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 1	
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	Tier 1	
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	Tier 1	
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	Tier 1	

Drug	Status	Notes
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i> (Gabitril)	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i> (Gabitril)	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (3 EA per 1 day)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	Tier 1	
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg</i> (Qudexy XR)	Tier 1	ST: Prior prescription for immediate-release Topiramate in the past 120 days; QL (1 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg</i> (Qudexy XR)	Tier 1	ST: Prior prescription for immediate-release Topiramate in the past 120 days; QL (2 EA per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	Tier 1	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	Tier 3	ST: Prior prescription for immediate-release Topiramate in the past 120 days; QL (1 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	Tier 3	ST: Prior prescription for immediate-release Topiramate in the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	Tier 1	
<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 (Vigadron)</i>	Tier 1	SP; ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (6 EA per 1 day)
VIGADRONE ORAL POWDER IN PACKET 500 MG	Tier 1	SP; ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (6 EA per 1 day)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	Tier 2	
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 3	

Drug	Status	Notes
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1)	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)-25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days
ZARONTIN ORAL CAPSULE 250 MG	Tier 3	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	Tier 3	
<i>zonisamide oral capsule 100 mg, 25 mg (Zonegran)</i>	Tier 1	
<i>zonisamide oral capsule 50 mg</i>	Tier 1	
Skeletal Muscle Disorder		
Joint Contracture Therapy, Collagenase Enzyme		

Drug	Status	Notes
XIAFLEX INJECTION RECON SOLN 0.9 MG	Tier 2	SP
Skeletal Muscle Relax.& Top.Irritant Counter-Irritant		
COMFORT PAC-CYCLOBENZAPRINE KIT 10 MG		
COMFORT PAC-TIZANIDINE KIT 4 MG	Tier 3	
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>carisoprodol oral tablet 250 mg, 350 mg (Soma)</i>	Tier 1	ST: Prior prescription for Amrix, Baclofen, Cyclobenzaprine HCL, Gablofen, Lioresal Intrathecal, Methocarbamol, Orphenadrine Citrate, Ozobax, or Tizanidine HCL in the past 120 days; QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 7.5 mg (Fexmid)</i>	Tier 1	ST: Prior prescription for Cyclobenzaprine HCL in the past 120 days
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	Tier 3	
<i>dantrolene oral capsule 100 mg</i>	Tier 1	
<i>dantrolene oral capsule 25 mg, 50 mg (Dantrium)</i>	Tier 1	
METAXALL ORAL TABLET 800 MG	Tier 1	
<i>metaxalone oral tablet 400 mg</i>	Tier 1	
<i>metaxalone oral tablet 800 mg (Metaxall)</i>	Tier 1	
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	
<i>methocarbamol oral tablet 750 mg (Robaxin-750)</i>	Tier 1	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	Tier 3	QL (4 EA per 1 day)
<i>orphenadrine citrate injection solution 30 mg/ml</i>	Tier 1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg (Orphengesic Forte)</i>	Tier 2	QL (4 EA per 1 day)
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	Tier 2	QL (4 EA per 1 day)

Drug	Status	Notes
SKELAXIN ORAL TABLET 800 MG	Tier 3	
tizanidine oral capsule 2 mg, 4 mg, 6 mg (Zanaflex)	Tier 1	
tizanidine oral tablet 2 mg	Tier 1	
tizanidine oral tablet 4 mg (Zanaflex)	Tier 1	
Smoking Cessation		
Smoking Deterrent Agents (Ganglionic Stim,Others)		
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	Tier 0	QL (1 EA per 1 day); Age (Min 18 Years)
NICORELIEF BUCCAL GUM 2 MG	Tier 0	QL (720 EA per 30 days); Age (Min 18 Years)
NICORETTE BUCCAL GUM 2 MG, 4 MG	Tier 0	QL (720 EA per 30 days); Age (Min 18 Years)
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	Tier 0	QL (600 EA per 30 days); Age (Min 18 Years)
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	Tier 0	QL (600 EA per 30 days); Age (Min 18 Years)
nicotine (polacrilex) buccal gum 2 mg (Nicorelief)	Tier 0	QL (720 EA per 30 days); Age (Min 18 Years)
nicotine (polacrilex) buccal gum 4 mg (Nicorette)	Tier 0	QL (720 EA per 30 days); Age (Min 18 Years)
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg (Nicorette)	Tier 0	QL (600 EA per 30 days); Age (Min 18 Years)
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg (Nicorette)	Tier 0	QL (600 EA per 30 days); Age (Min 18 Years)
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr (Nicoderm CQ)	Tier 0	QL (1 EA per 1 day); Age (Min 18 Years)
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	Tier 0	QL (1 EA per 1 day); Age (Min 18 Years)
NICOTROL INHALATION CARTRIDGE 10 MG	Tier 0	QL (1008 EA per 90 days); Age (Min 18 Years)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	Tier 0	QL (160 ML per 90 days); Age (Min 18 Years)
QUIT 2 BUCCAL GUM 2 MG	Tier 0	QL (720 EA per 30 days); Age (Min 18 Years)
QUIT 2 BUCCAL LOZENGE 2 MG	Tier 0	QL (600 EA per 30 days); Age (Min 18 Years)
QUIT 4 BUCCAL GUM 4 MG	Tier 0	QL (720 EA per 30 days); Age (Min 18 Years)
QUIT 4 BUCCAL LOZENGE 4 MG	Tier 0	QL (600 EA per 30 days); Age (Min 18 Years)
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG	Tier 0	QL (600 EA per 30 days); Age (Min 18 Years)

Drug	Status	Notes
Smoking Deterrent-Nicotinic Recept.Partial Agonist		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	Tier 0	QL (2 EA per 1 day); Age (Min 18 Years)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	Tier 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)	Tier 0	QL (2 EA per 1 day); Age (Min 18 Years)
Smoking Deterrents, Other		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	Tier 0	QL (2 EA per 1 day); Age (Min 18 Years)
Upper Gastrointestinal Disorders - Digestive		
Gastric Enzymes		
BEANNAID ORAL CAPSULE 300 UNIT	Tier 1	
DAIRY DIGESTIVE ORAL TABLET 9,000 UNIT	Tier 1	
DAIRY RELIEF ORAL TABLET 9,000 UNIT	Tier 1	
GAS RELIEF-PREVENTION ORAL CAPSULE 600 UNIT	Tier 1	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 2	PA; SP
Pancreatic Enzymes		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000- 19,000 -30,000 UNIT	Tier 2	
VIOKACE ORAL TABLET 10,440- 39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	Tier 2	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000- 10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	Tier 2	
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		

Drug	Status	Notes
<i>dicyclomine intramuscular solution 10 mg/ml (Bentyl)</i>	Tier 1	
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
Belladonna Alkaloids		
<i>atropine in 0.9 % sod chloride intravenous syringe 0.8 mg/2 ml (0.4 mg/ml), 1 mg/2.5 ml (0.4 mg/ml), 1.2 mg/3 ml (0.4 mg/ml), 2 mg/5 ml (0.4 mg/ml)</i>	Tier 1	
<i>atropine injection solution 0.4 mg/ml, 1 mg/ml</i>	Tier 1	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	Tier 1	
<i>atropine intravenous syringe 0.8 mg/2 ml (0.4 mg/ml), 2 mg/5 ml (0.4 mg/ml)</i>	Tier 1	
<i>ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG</i>	Tier 1	
<i>hyoscyamine sulfate injection solution 0.5 mg/ml (Levsin)</i>	Tier 1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml (Hyosyne)</i>	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml (Hyosyne)</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg (Oscimin)</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg (Oscimin SR)</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg (Ed-Spaz)</i>	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg (Oscimin SL)</i>	Tier 1	
<i>HYOSYNE ORAL DROPS 0.125 MG/ML</i>	Tier 1	
<i>HYOSYNE ORAL ELIXIR 0.125 MG/5 ML</i>	Tier 1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	
<i>OSCIMIN ORAL TABLET 0.125 MG</i>	Tier 1	
<i>OSCIMIN SL SUBLINGUAL TABLET 0.125 MG</i>	Tier 1	
<i>OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG</i>	Tier 1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml (Donnatal)</i>	Tier 1	

Drug	Status	Notes
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	Tier 3	
Upper Gastrointestinal Disorders - Ulcer Disease		
Antacids		
ALKA-SELTZER PM (MELATONIN) ORAL TABLET,CHEWABLE 250-1.5 MG	Tier 3	
Anticholinergics,Quaternary Ammonium		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> (Librax (with clidinium))	Tier 1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	Tier 3	
<i>glycopyrrolate (pf) in water injection syringe 0.2 mg/ml</i>	Tier 1	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML	Tier 3	
Anti-Ulcer Preparations		
CARAFATE ORAL SUSPENSION 100 MG/ML	Tier 2	
CARAFATE ORAL TABLET 1 GRAM	Tier 3	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	Tier 3	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	Tier 1	
<i>sucralfate oral suspension 100 mg/ml</i> (Carafate)	Tier 1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	Tier 1	
Anti-Ulcer-H.Pylori Agents		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	Tier 1	QL (112 EA per 10 days)
Histamine H2-Receptor Inhibitors		

Drug	Status	Notes
cimetidine hcl oral solution 300 mg/5 ml	Tier 1	
cimetidine oral tablet 200 mg (Acid Reducer (cimetidine))	Tier 1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	Tier 1	
famotidine (pf) intravenous solution 20 mg/2 ml	Tier 1	
famotidine in 0.9 % nacl intravenous syringe 20 mg/10 ml	Tier 1	
famotidine intravenous solution 10 mg/ml	Tier 1	
famotidine oral suspension 40 mg/5 ml (8 mg/ml)	Tier 1	
famotidine oral tablet 20 mg (Acid Controller)	Tier 1	
famotidine oral tablet 40 mg (Pepcid)	Tier 1	
nizatidine oral capsule 150 mg, 300 mg	Tier 1	
nizatidine oral solution 150 mg/10 ml	Tier 1	
Intestinal Motility Stimulants		
metoclopramide hcl injection solution 5 mg/ml	Tier 1	
metoclopramide hcl injection syringe 5 mg/ml	Tier 1	
metoclopramide hcl oral solution 5 mg/5 ml	Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg (Reglan)	Tier 1	
metoclopramide hcl oral tablet,disintegrating 10 mg, 5 mg	Tier 1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Tier 3	ST: Prior prescription for Linzess or Trulance in the past 120 days
Proton-Pump Inhibitors		
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 30 MG, 60 MG	Tier 3	ST: Prior prescription for Esomeprazole Magnesium, Lansoprazole, Nexium 24hr, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in the past 120 days; QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	Tier 1	QL (1 EA per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
<i>esomeprazole magnesium oral granules (Nexium Packet) dr for susp in packet 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	Tier 1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg (Heartburn Treatment 24 Hour)</i>	Tier 1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg (Prevacid)</i>	Tier 1	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG	Tier 3	QL (1 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	Tier 3	QL (2 EA per 1 day)
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>pantoprazole intravenous recon soln 40 mg (Protonix)</i>	Tier 1	
<i>pantoprazole oral granules dr for susp in packet 40 mg (Protonix)</i>	Tier 1	
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg (Protonix)</i>	Tier 1	
<i>rabeprazole oral tablet,delayed release (dr/ec) 20 mg (AcipHex)</i>	Tier 1	QL (1 EA per 1 day)
Urinary Tract - Functional Disorders		
Benign Prostatic Hypertrophy/Micturition Agents		
<i>alfuzosin oral tablet extended release 24 hr 10 mg (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	
FLOMAX ORAL CAPSULE 0.4 MG	Tier 3	
<i>silodosin oral capsule 4 mg, 8 mg (Rapaflo)</i>	Tier 1	ST: Prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Tamsulosin HCL, or Terazosin HCL in the past 120 days
<i>tamsulosin oral capsule 0.4 mg (Flomax)</i>	Tier 1	
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb		

Drug	Status	Notes
dutasteride-tamsulosin oral capsule, er (Jalyn) multiphase 24 hr 0.5-0.4 mg	Tier 1	ST: Prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Tamsulosin HCL, or Terazosin HCL in the past 120 days
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	Tier 3	ST: Prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Tamsulosin HCL, or Terazosin HCL in the past 120 days
Cystine-Depleting Agents, Nephropathic Cystinosis		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 2	PA; SP
PROCYSSI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Tier 2	PA; SP
Kidney Stone Agents		
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	Tier 3	SP
THIOLA ORAL TABLET 100 MG	Tier 3	SP
Overactive Bladder Agents, Beta-3 Adrenergic Recep		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	Tier 2	
Tissue Bulking Implants - Ureteral		
DEFLUX IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (1)	Tier 3	SP
Urinary Ph Modifiers		
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	Tier 2	
potassium citrate oral tablet extended (Urocit-K 10) release 10 meq (1,080 mg)	Tier 1	
potassium citrate oral tablet extended (Urocit-K 15) release 15 meq	Tier 1	
potassium citrate oral tablet extended (Urocit-K 5) release 5 meq (540 mg)	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 2	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	Tier 3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	Tier 3	

Drug	Status	Notes
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	Tier 3	
Urinary Tract Analgesic Agents		
ELMIRON ORAL CAPSULE 100 MG	Tier 2	
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)		
phenazopyridine oral tablet 100 mg, 200 mg (Pyridium)	Tier 1	
Urinary Tract Antispasmodic, M(3) Selective Antag.		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	Tier 1	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
solifenacina oral tablet 10 mg, 5 mg (Vesicare)	Tier 1	ST: At least 2 prior prescriptions for Darifenacin Hydrobromide, Oxybutynin Chloride, Tolterodine Tartrate, or Trospium Chloride in the past 365 days
VESICARE ORAL TABLET 10 MG, 5 MG	Tier 3	ST: At least 2 prior prescriptions for Darifenacin Hydrobromide, Oxybutynin Chloride, Tolterodine Tartrate, or Trospium Chloride in the past 365 days
Urinary Tract Antispasmodic/Antiincontinence Agent		
flavoxate oral tablet 100 mg	Tier 1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	Tier 2	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
oxybutynin chloride oral syrup 5 mg/5 ml	Tier 1	
oxybutynin chloride oral tablet 5 mg	Tier 1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg (Ditropan XL)	Tier 1	
oxybutynin chloride oral tablet extended release 24hr 15 mg	Tier 1	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg (Detrol LA)	Tier 1	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
tolterodine oral tablet 1 mg, 2 mg (Detrol)	Tier 1	ST: Prior prescription for Oxybutynin Chloride in the past 120 days

Drug	Status	Notes
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	Tier 2	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
<i>trospium oral capsule, extended release 24hr 60 mg</i>	Tier 1	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
<i>trospium oral tablet 20 mg</i>	Tier 1	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
Vaginal Disorders		
Vaginal Antibiotics		
CLEOCIN VAGINAL CREAM 2 %	Tier 3	
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	Tier 1	
<i>metronidazole vaginal gel 0.75 %</i> (Metrogel Vaginal)	Tier 1	
Vaginal Antifungals		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 3	
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 2	
Vaginal Antiseptics		
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	Tier 3	
Vaginal Estrogen For Sexual Dysfunction		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	Tier 3	QL (18 EA per 28 days)
Vaginal Estrogen Preparations		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i> (YuvaFem)	Tier 1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	Tier 2	QL (1 EA per 90 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG	Tier 1	
Vitamin And/Or Mineral Deficiency		
Calcium Replacement		
<i>calc-d3-magnes-b6-zn-cu-mangan oral tablet 250 mg-400 unit -40 mg-5 mg</i>	Tier 1	

Drug	Status	Notes
calcium acetate oral tablet 667 mg (Calphron)	Tier 3	
calcium carbonate oral tablet 500 mg (Oyster Shell Calcium 500) calcium (1,250 mg)	Tier 1	
calcium carbonate oral tablet 600 mg (Calcium 600) calcium (1,500 mg)	Tier 1	
calcium carbonate-vitamin d3 oral capsule 600 mg(1,500mg) -400 unit	Tier 1	
calcium carbonate-vitamin d3 oral tablet 250-125 mg-unit (Oyster Shell + D3)	Tier 1	
calcium carbonate-vitamin d3 oral tablet 500 mg(1,250mg) -125 unit	Tier 1	
calcium carbonate-vitamin d3 oral tablet 500 mg(1,250mg) -200 unit	Tier 1	
calcium carbonate-vitamin d3 oral tablet 600 mg(1,500mg) -400 unit	Tier 1	
calcium carbonate-vitamin d3 oral tablet 600 mg(1,500mg) -800 unit	Tier 1	
calcium carbonate-vitamin d3 oral tablet, chewable 500 mg(1,250mg) -400 unit	Tier 1	
calcium carbonate-vitamin d3 oral tablet, chewable 500-100 mg-unit	Tier 3	
calcium citrate-vitamin d3 oral tablet 315 mg- 250 unit (Citracal + D Maximum)	Tier 1	
calcium citrate-vitamin d3 oral tablet 315 mg-5 mcg (200 unit)	Tier 1	
calcium gluc in nacl, iso-osm intravenous solution 1 gram/50 ml, 2 gram/100 ml	Tier 1	
calcium gluconate in 0.9% nacl intravenous solution 1 gram/60 ml, 2 gram/120 ml, 2 gram/70 ml	Tier 1	
calcium gluconate in d5w intravenous solution 1 gram/110 ml, 1 gram/60 ml	Tier 1	
calcium gluconate in water intravenous syringe 1 gram/10 ml (100 mg/ml)	Tier 1	
calcium phosphate-vitamin d3 oral tablet, chewable 250-400 mg-unit	(Caltrate Gummy Bites)	Tier 1
calcium-vitamin d3-vitamin k oral tablet, chewable 650 mg-12.5 mcg-40 mcg	(Viactiv)	Tier 1
OYSTER SHELL CALCIUM 500 ORAL TABLET 500 MG CALCIUM (1,250 MG)	Tier 1	
YOGURT PLUS CALCIUM GUMMIES ORAL TABLET,CHEWABLE 250 MG-2.5 MCG (100 UNIT)	Tier 1	

Drug	Status	Notes	
Fluoride Preparations			
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	Tier 0	Age (Max 6 Years)	
fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride)	(Ludent Fluoride)	Tier 0	Age (Max 6 Years)
fluoride (sodium) oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	(Fluoritab)	Tier 0	Age (Max 6 Years)
Folic Acid Preparations			
folic acid oral tablet 1 mg, 400 mcg, 800 mcg	Tier 0		
Iron Replacement			
ABATRON ORAL LIQUID 100 MG IRON-0.8 MG-10 MG/5 ML	Tier 3		
ACTIVE FE ORAL TABLET 75 MG IRON- 1,250 MCG	Tier 3		
APETIGEN PLUS ORAL TABLET 10-300-30 MG-MG-UNIT	Tier 3		
CENTRATEX ORAL CAPSULE 106 MG IRON- 1 MG	Tier 3		
CHEWABLE IRON ORAL TABLET,CHEWABLE 30-10-25 MG	Tier 3		
CHILDREN'S IRON ORAL DROPS 15 MG IRON (75 MG)/ML	Tier 0	Age (Max 1 Years)	
CORVITA 150 ORAL TABLET 150-1.25-120-10 MG	Tier 1		
CORVITE 150 ORAL TABLET 150 MG IRON- 1 MG	Tier 3		
CORVITE FE ORAL TABLET 150 MG IRON- 1 MG	Tier 3		
DUOFER ORAL TABLET 28 MG	Tier 1		
EZFE 200 ORAL CAPSULE 200 MG IRON	Tier 1		
FE C ORAL TABLET 100-250 MG	Tier 1		
FE C PLUS ORAL TABLET 100-250-25-1 MG-MG-MCG-MG	Tier 1		
FEOSOL BIFERA ORAL TABLET 28 MG	Tier 3		
FEOSOL ORAL TABLET 325 MG (65 MG IRON)	Tier 1		
FEOSOL ORAL TABLET 45 MG	Tier 3		
FERAHEME INTRAVENOUS SOLUTION 510 MG/17 ML (30 MG/ML)	Tier 3		

Drug	Status	Notes
FERATE ORAL TABLET 240 MG (27 MG IRON)	Tier 1	
FERGON ORAL TABLET 240 MG (27 MG IRON), 270 MG (27 MG IRON)	Tier 3	
FER-IN-SOL ORAL DROPS 15 MG IRON (75 MG)/ML	Tier 3	
FERIVA 21-7 ORAL TABLET 75 MG IRON-175 MG-1 MG-12 MCG	Tier 3	
FERIVA FA (WITH SUMALATE) ORAL CAPSULE 110 MG-175 MG- 1 MG-12 MCG	Tier 3	
FERIVA ORAL CAPSULE,EXT RELEASE MULTIPHASE 75 MG IRON- 1 MG-175 MG	Tier 3	
FEROCON ORAL CAPSULE 110-0.5 MG	Tier 1	
FEROSUL ORAL TABLET 325 MG (65 MG IRON)	Tier 1	
FERRACTIV ORAL CAPSULE 27-100-400 MG-MCG-MCG	Tier 1	
FERRAPLUS 90 ORAL TABLET 90-1-12-120-50 MG-MG-MCG-MG-MG	Tier 1	
FERRETT'S CARBONYL IRON ORAL TABLET,CHEWABLE 18 MG IRON	Tier 3	
FERRETT'S IPS ORAL LIQUID 40 MG/15 ML	Tier 3	
FERRETT'S ORAL TABLET 325 MG (106 MG IRON)	Tier 1	
FERREX 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG	Tier 1	
FERREX 150 FORTE PLUS ORAL CAPSULE 150-60-25-1 MG-MG-MCG-MG	Tier 1	
FERREX 150 ORAL CAPSULE 150 MG IRON	Tier 1	
FERREX 150 PLUS ORAL CAPSULE 150-50-50 MG	Tier 1	
FERREX 28 ORAL TABLET 151-200-1-0.8 MG	Tier 1	
FERRIMIN 150 ORAL TABLET 456 MG (150 MG IRON)	Tier 1	
FERROCITE ORAL TABLET 324 MG (106 MG IRON)	Tier 1	
FERROCITE PLUS ORAL TABLET 106 MG IRON- 1 MG	Tier 1	

Drug	Status	Notes
FERRO-SEQUELS (IRON-VIT C) ORAL TABLET EXTENDED RELEASE 200 MG (65 MG IRON)-25 MG	Tier 3	
FERRO-TIME ORAL TABLET 325 MG (65 MG IRON)	Tier 1	
<i>ferrous fumarate oral tablet 324 mg (106 mg iron)</i>	Tier 1	
<i>ferrous fumarate oral tablet 89 mg (29 mg iron)</i>	Tier 3	
<i>ferrous gluconate oral tablet 236 mg (27 mg iron), 256 mg (28 mg iron), 324 mg (37.5 mg iron), 324 mg (38 mg iron)</i>	Tier 1	
<i>ferrous gluconate oral tablet 240 mg (27 mg iron)</i>	Tier 1	
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>	Tier 0	Age (Max 1 Years)
<i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i>	Tier 1	
<i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	Tier 1	
<i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i>	Tier 1	
<i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i>	Tier 1	
<i>ferrous sulfate oral tablet, delayed release (dr/ec) 324 mg (65 mg iron), 325 mg (65 mg iron)</i>	Tier 1	
FERROUSUL ORAL TABLET 325 MG (65 MG IRON)	Tier 1	
FOLITAB ORAL TABLET EXTENDED RELEASE 105 MG IRON- 500 MG-800 MCG	Tier 1	
FOLIVANE-F ORAL CAPSULE 125-1-40-3 MG	Tier 1	
FOLIVANE-PLUS ORAL CAPSULE 125 MG IRON- 1 MG	Tier 1	
FUSION ORAL CAPSULE 130 MG IRON-25 MG-30 MG	Tier 3	
FUSION PLUS ORAL CAPSULE 130 MG IRON -1,250 MCG	Tier 3	
FUSION SPRINKLES ORAL POWDER IN PACKET 7 MG IRON- 250 MCG	Tier 3	
HEMATEX ORAL LIQUID 100 MG IRON/5 ML	Tier 3	
HEMATEX ORAL TABLET 150 MG IRON	Tier 3	

Drug	Status	Notes
HEMATINIC PLUS VIT/MINERALS ORAL TABLET 106 MG IRON- 1 MG	Tier 1	
HEMATINIC/FOLIC ACID ORAL TABLET 324 MG (106 MG IRON)-1 MG	Tier 1	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG	Tier 1	
HEMATOGEN FORTE ORAL CAPSULE 460-60-0.01-1 MG	Tier 1	
HEMATOGEN ORAL CAPSULE 200 (66)-10-250 MG-MG-MCG-MG	Tier 1	
HEMAX ORAL TABLET 150 MG IRON-1 MG-500 MG	Tier 3	
HEMOCYTE ORAL TABLET 324 MG (106 MG IRON)	Tier 1	
HIGH POTENCY IRON ORAL TABLET 134 MG (27 MG IRON), 27 MG IRON	Tier 1	
I.L.X. B-12 ORAL ELIXIR 102 MG IRON- 10 MCG-98 MG/15 ML	Tier 3	
ICAR ORAL SUSPENSION 15 MG/1.25 ML	Tier 3	
ICAR-C ORAL TABLET 100-250 MG	Tier 3	
IFEREX 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG	Tier 1	
IFEREX 150 ORAL CAPSULE 150 MG IRON	Tier 1	
INFED INJECTION SOLUTION 50 MG/ML	Tier 3	
INTEGRA ORAL CAPSULE 125-40-3 MG	Tier 3	
IRON (DRIED) ORAL TABLET EXTENDED RELEASE 160 MG (50 MG IRON)	Tier 1	
IRON (FERROUS SULFATE) ORAL TABLET 325 MG (65 MG IRON)	Tier 1	
IRON 100 PLUS ORAL TABLET 100- 250-25-1 MG-MG-MCG-MG	Tier 1	
IRON CHEWS ORAL TABLET,CHEWABLE 15 MG	Tier 1	
<i>iron oral tablet 18 mg</i>	Tier 1	
IRON ORAL TABLET 325 MG (65 MG IRON)	Tier 1	
IRON ORAL TABLET EXTENDED RELEASE 159 MG (45 MG IRON)	Tier 1	
<i>iron, carbonyl oral tablet 45 mg</i> (Feosol)	Tier 1	

Drug	Status	Notes
iron,carbonyl-vitamin c oral tablet 100-250 mg (FE C)	Tier 1	
IRONUP ORAL DROPS 15 MG IRON/0.5 ML	Tier 3	
IRO-PLEX (IRON CARBONYL) ORAL TABLET 165 MG IRON-600 MG-2 MG	Tier 3	
IRO-PLEX (IRON POLYSACCHARIDE) ORAL LIQUID 165 MG IRON-600 MG-2 MG/5 ML	Tier 3	
LIVER WITH IRON ORAL TABLET	Tier 1	
LYDIA PINKHAM HERBAL ORAL TABLET 75 MG	Tier 3	
MAXFE (FOLATE-DOCUSATE) ORAL TABLET 160 MG IRON-1 MG-60 MCG	Tier 3	
MONOFERRIC INTRAVENOUS SOLUTION 100 MG IRON/ML	Tier 3	
MULTIGEN FOLIC ORAL TABLET 70-150-10-1-2 MG-MG-MCG-MG-MG	Tier 1	
MULTIGEN ORAL TABLET 70 MG-150 MG-10 MCG-2 MG-75 MG	Tier 1	
MULTIGEN PLUS ORAL TABLET 151-60-10-1 MG-MG-MCG-MG	Tier 1	
MYFERON 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG	Tier 1	
MYFERON 150 ORAL CAPSULE 150 MG IRON	Tier 1	
NOVAFERRUM 125 ORAL LIQUID 125 MG IRON- 100 UNIT/5 ML	Tier 3	
NOVAFERRUM 50 ORAL CAPSULE 50 MG IRON	Tier 1	
NOVAFERRUM ORAL DROPS 15 MG IRON/ML	Tier 3	
NUFERA ORAL TABLET 125 MG-1 MG-170 MG-1,000 UNIT	Tier 1	
NU-IRON ORAL CAPSULE 150 MG IRON	Tier 1	
PEDIA IRON ORAL DROPS 15 MG IRON (75 MG)/ML	Tier 0	Age (Max 1 Years)
PERFECT IRON ORAL TABLET 25 MG IRON	Tier 3	
POLY-IRON 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG	Tier 1	
POLY-IRON ORAL CAPSULE 150 MG IRON	Tier 1	

Drug	Status	Notes
polysaccharide iron complex oral capsule 150 mg iron (Ferrex 150)	Tier 1	
PRO FE ORAL CAPSULE 180 MG IRON	Tier 3	
PROFERRIN ES ORAL TABLET 12 MG	Tier 3	
SE-TAN PLUS ORAL CAPSULE 162-115.2-1 MG	Tier 1	
SIDEROL ORAL TABLET	Tier 1	
SLOW FE ORAL TABLET EXTENDED RELEASE 142 MG (45 MG IRON)	Tier 3	
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 140 MG (45 MG IRON), 142 MG (45 MG IRON), 143 MG (45 MG IRON), 144 MG (45 MG IRON), 160 MG (50 MG IRON), 168 MG (50 MG IRON), 250 MG (50 MG IRON)	Tier 1	
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 159 MG (45 MG IRON)	Tier 3	
TANDEM DUAL ACTION ORAL CAPSULE 162-115.2 (106) MG	Tier 3	
TARON FORTE ORAL CAPSULE 150-60-25-1 MG-MG-MCG-MG	Tier 1	
TL-HEM 150 ORAL TABLET 150 MG IRON-1 MG-500 MG	Tier 1	
TRICON ORAL CAPSULE 110-0.5 MG	Tier 1	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	Tier 3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	Tier 2	
TRIGELS-F FORTE ORAL CAPSULE 460-60-0.01-1 MG	Tier 1	
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML	Tier 3	
VIRT-FEFA PLUS ORAL CAPSULE 125 MG IRON- 1 MG	Tier 1	
VITABEX IRON ORAL CAPSULE 65 MG IRON- 50 MG-1 MG DFE	Tier 3	
VITAFOL ORAL TABLET 65-1 MG	Tier 1	
VITRON-C ORAL TABLET,DELAYED RELEASE (DR/EC) 65 MG IRON- 125 MG	Tier 3	
WEE CARE ORAL SUSPENSION 15 MG/1.25 ML	Tier 1	

Drug	Status	Notes
Multivitamin Preparations		
CENTRAL-VITE ORAL TABLET	Tier 1	
COMPLETE ORAL TABLET 27-0.4 MG	Tier 1	
PARVLEX ORAL TABLET 29 MG IRON-400 MCG	Tier 3	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG	Tier 1	
Prenatal Vitamin Preparations		
BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG	Tier 1	
C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	Tier 1	
COMPLETENATE ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	Tier 1	
FOLIVANE-OB ORAL CAPSULE 85-1 MG	Tier 1	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG	Tier 1	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	Tier 1	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG	Tier 1	
MYNATAL ORAL TABLET 90-1-50 MG	Tier 1	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	Tier 1	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	Tier 1	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	Tier 1	
NEWGEN ORAL TABLET 32-1,000 MG-MCG	Tier 1	
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG	Tier 1	
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG	Tier 1	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	Tier 1	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	Tier 1	

Drug	Status	Notes
PNV-OMEGA ORAL CAPSULE 28-1-300 MG	Tier 1	
PNV-SELECT ORAL TABLET 27-1 MG	Tier 1	
PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-400 MG	Tier 1	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG	Tier 1	
PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-430 MG	Tier 1	
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG	Tier 1	
PRENA1 CHEW ORAL TABLET, CHEW, IR - DR, BIPHASE 1.4 MG	Tier 1	
PRENA1 PEARL ORAL CAPSULE, IR - DELAY REL, BIPHASE 30-1.4-200 MG	Tier 1	
PRENA1 TRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG	Tier 1	
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG	Tier 1	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG	Tier 1	
PRENATABS FA ORAL TABLET 29-1 MG	Tier 1	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	Tier 1	
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG	Tier 1	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	Tier 1	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG	Tier 1	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	Tier 1	
PRENATAL-U ORAL CAPSULE 106.5-1 MG	Tier 1	
PREPLUS ORAL TABLET 27 MG IRON- 1 MG	Tier 1	
PRETAB ORAL TABLET 29-1 MG	Tier 1	
SE-NATAL 19 CHEWABLE ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	Tier 1	

Drug	Status	Notes
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG	Tier 3	
TARON-C DHA ORAL CAPSULE 35-1- 200 MG	Tier 1	
TRINATE ORAL TABLET 28 MG IRON- 1 MG	Tier 1	
TRIVEEN-DUO DHA ORAL COMBO PACK 29-1-400 MG	Tier 1	
TRIVEEN-PRX RNF ORAL CAPSULE 26-1.2-55-300 MG	Tier 1	
VENA-BAL DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG	Tier 1	
VINATE CARE ORAL TABLET, CHEWABLE 40 MG IRON- 1 MG	Tier 1	
VINATE GT ORAL TABLET 90-1-50 MG	Tier 1	
VINATE II ORAL TABLET 29 MG IRON- 1 MG	Tier 1	
VINATE M ORAL TABLET 27 MG IRON- 1 MG	Tier 1	
VINATE ONE ORAL TABLET 60 MG IRON-1 MG	Tier 1	
VINATE ULTRA ORAL TABLET 90-1-50 MG	Tier 1	
VIRT-C DHA ORAL CAPSULE 35-1-200 MG	Tier 1	
VIRT-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	Tier 1	
VIRT-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	Tier 1	
VIRT-PN PLUS ORAL CAPSULE 28-1- 300 MG	Tier 1	
VIVA DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	Tier 1	
VP-CH PLUS ORAL CAPSULE 29 MG IRON-1 MG -50 MG-265 MG	Tier 1	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG	Tier 1	
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	Tier 1	
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG	Tier 1	
Prenatal Vitamins Without Iron		

Drug	Status	Notes
ZINGIBER ORAL TABLET 1.2 MG-40 MG- 124.1 MG-100 MG	Tier 1	
Vitamin B Preparations		
POTABA ORAL CAPSULE 500 MG	Tier 3	
Vitamin D Preparations		
<i>calcitriol intravenous solution 1 mcg/ml</i>	Tier 1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg (Rocaltrol)</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml (Rocaltrol)</i>	Tier 1	
Zinc Replacement		
IS-ZC 50 ORAL TABLET 50 MG	Tier 3	
<i>zinc gluconate oral tablet 50 mg</i>	Tier 1	
<i>zinc sulfate intravenous solution 1 mg/ml, 3 mg/ml, 5 mg/ml</i>	Tier 1	
<i>zinc sulfate oral capsule 220 (50) mg (Orazinc)</i>	Tier 1	
<i>zinc sulfate oral tablet 220 mg</i>	Tier 1	

Index

A

- abacavir 182
- abacavir-lamivudine 181
- abacavir-lamivudine-zidovudine 181
- ABATRON 282
- ABELCET 173
- ABILITY MAINTENA 26
- abiraterone 209
- ABRAXANE 221
- acamprosate 24
- acarbose 99
- ACCOLATE 13
- ACCU-CHEK COMBO SYSTEM 110
- ACD SOLUTION A 142
- ACD-A 142
- ACE AEROSOL CLOUD ENHANCER 13
- acebutolol 45
- ACETADOTE 229
- acetaminophen-caff-dihydrocod 254
- acetaminophen-codeine 254
- acetazolamide 135
- acetazolamide sodium 135
- acetic acid 117
- acetylcysteine 229, 242
- acitretin 88
- ACNE MEDICATION 84
- ACNE TREATMENT (BENZOYL PEROX) 84
- ACNE-CLEAR 84
- ACTEMRA 193
- ACTEMRA ACTPEN 193
- ACTHIB (PF) 157
- ACTIGALL 200
- ACTIMMUNE 160
- ACTIVE FE 282
- ACULAR 131
- ACULAR LS 131
- acyclovir 78, 179
- acyclovir sodium 179
- ADACEL(TDAP
ADOLESN/ADULT)(PF) 157
- ADAKVEO 149
- adapalene 75

- adapalene-benzoyl peroxide 74
- ADASUVE 28
- ADCETRIS 220
- ADDYI 33
- adefovir 185
- ADEMPAS 51
- adenosine 38
- adenovirus vac live type-4, 7 158
- adenovirus vaccine live type-4 158
- adenovirus vaccine live type-7 158
- ADMELOG SOLOSTAR U-100
INSULIN 115
- ADRENALIN 39, 72
- ADRIAMYCIN 209
- ADRUCIL 210
- ADULT ASPIRIN REGIMEN 147
- ADULT LOW DOSE ASPIRIN 147
- ADVAIR HFA 10
- ADVANCE PLUS INTERMITTENT 203
- ADVANCED ALLERGY COLLECT KIT 80
- ADVANCED PROBIOTIC (6 STRAINS) 228
- ADVATE 140
- ADYNOVATE 141
- ADYPHREN AMP II 206
- ADYPHREN II 206
- ADZENYS ER 23
- ADZENYS XR-ODT 23
- AEMCOLO 176
- AEROBIKA OSCILLATING PEP SYSTM 13
- AEROCHAMBER MINI 13
- AEROCHAMBER MV 13
- AEROCHAMBER PLUS FLOW-VU 13
- AEROCHAMBER PLUS FLOW-VU, L MSK 13
- AEROCHAMBER PLUS FLOW-VU, M MSK 14
- AEROCHAMBER PLUS FLOW-VU, S MSK 14
- AEROCHAMBER PLUS Z STAT 14

- AEROCHAMBER PLUS Z STAT
LG MSK 14
- AEROCHAMBER PLUS Z STAT
MD MSK 14
- AEROCHAMBER PLUS Z STAT
SM MSK 14
- AEROCHAMBER WITH
FLOWSIGNAL 14
- AEROCHAMBER Z-STAT PLUS-FLW SG 14
- AEROGEAR ACTION ASTHMA KIT 14
- AEROTRACH PLUS 14
- AEROVENT PLUS 14
- AFINITOR 214, 215
- AFINITOR DISPERZ 214
- AFIRMELLE 61
- AFLURIA QD 2020-21(3YR UP)(PF) 156
- AFLURIA QD 2020-21(6-35MO)(PF) 156
- AFLURIA QUAD 2020-2021(6MO UP) 156
- AFREZZA 115
- AFSTYLA 141
- AFTERA 61
- AGGRASTAT CONCENTRATE 147
- AGGRASTAT IN SODIUM CHLORIDE 147
- AGRYLIN 148
- A-HYDROCORT 190
- AIMOVIG AUTOINJECTOR 251
- AIRBORNE (ASCORBIC ACID) 230
- AIRBORNE (ELDERBERRY) 230
- AIRBORNE (LYSINE HCL) 230
- AIRBORNE ELDERBERRY 230
- AIRBORNE EVERYDAY STRESS AWAY 230
- AIRBORNE GUMMY 230
- AIRBORNE KIDS 230
- AIRBORNE NATURAL ENERGY 230
- AIRBORNE PLUS GOOD REST 231
- AIRBORNE PLUS PROBIOTIC 231

AIRBORNE VITS ZINC	
ELDERBERRY	231
AIRDUO DIGIHALER	10
AIRDUO RESPICLICK	10
AIRSHIELD IMMUNE	231
AJOVY AUTOINJECTOR	251
AJOVY SYRINGE.....	251
AKOVAZ	72
AK-POLY-BAC	133
AKTEN (PF).....	132
AKYNZEQ (FOSNETUPITANT) ..	6
ALA-CORT	80
ALA-QUIN.....	75
ALA-SCALP.....	80
albendazole	178
ALBENZA	178
albuterol sulfate	8, 9
alclometasone	80
ALDARA	160
ALDURAZYME	235
ALECENSA	216
alendronate.....	124
ALFERON N	160
alfuzosin	277
ALIMTA.....	210
ALINIA	178
ALIQOPA.....	216
aliskiren	52
ALKALOL NASAL WASH	236
ALKA-SELTZER PM (MELATONIN).....	275
ALKERAN	208
ALKERAN (AS HCL)	208
aller ex-venom-mix vespид prot	233
aller ex-venom-wht hornet prot.	233
allopurinol	139
allopurinol sodium.....	139
ALLZITAL	242
almotriptan malate	251
ALOCRIL	135
ALOMIDE	135
ALOPRIM	139
alosetron	201
alpha lipoic acid	229, 230
ALPHAGAN P	135
ALPHANATE	141
ALPHANINE SD	143
alprazolam	24, 25
ALPRAZOLAM INTENSOL	24
ALPROLIX	143
alprostadil	53
ALREX.....	131
ALTACAIN.....	132
ALTAFLUOR BENOX	132
ALTAVERA (28)	61
ALUNBRIG	216
ALYACEN 1/35 (28)	61
ALYACEN 7/7/7 (28)	61
ALYQ	51
AMABELZ.....	151
amantadine hcl	255
AMBISOME	173
ambrisentan.....	51
amcinonide	80
AMELUZ.....	223
AMETHIA	61
AMETHIA LO.....	61
AMETHYST (28)	61
AMICAR	140
amikacin	174
amiloride.....	50
amiloride-hydrochlorothiazide	50
aminocaproic acid	140
aminophylline	17
amiodarone	38
amiodarone in dextrose 5 %	38
AMITIZA	201
amitriptyline	22
amitriptyline-chlordiazepoxide	22
amlodipine	47
amlodipine-atorvastatin	58
amlodipine-benazepril	41
amlodipine-olmesartan	43
amlodipine-valsartan	43
amlodipine-valsartan-hcthiazid... <td>42</td>	42
AMNESTEEM.....	73
amoxapine	22
amoxicil-clarithromy-lansopraz ..	275
amoxicillin	167
amoxicillin-pot clavulanate	167, 168
AMPHADASE.....	87
amphetamine sulfate	23
amphotericin b.....	173
ampicillin.....	168
ampicillin sodium	168
ampicillin-sulbactam.....	168
amyl nitrite	58
AMYTAL	33
ANACAIN.....	86
ANADROL-50	149
anagrelide.....	148
ANA-LEX KIT	199
anastrozole	213
ANDEXXA	140
ANDRODERM	149
ANECTINE	238
ANGELIQ	150
ANNOVERA.....	60
ANORO ELLIPTA	10
anticoag citrate phos dextrose ..	142
ANUCORT-HC	200
APETIGEN PLUS	282
APOKYN	255
apraclonidine.....	135
aprepitant	6
APRI.....	61
APRISO	198
APTIOM	259
APTIVUS	180
APTIVUS (WITH VITAMIN E) ...	180
AQUA GLYCOLIC HC	80
AQUA-K CONCENTRATE	149
ARAKODA	178
ARALAST NP	207
ARANELLE (28).....	61
ARAVA	188
ARCALYST	186
ARCAPTA NEOHALER	9
ARGYLE TRACHEOSTOMY CARE TRAY	203
ARIKAYCE	174
ariPIPRAZOLE	27, 28
ARISTADA	28
ARISTADA INITIO	28
ARIXTRA	144, 145
armodafinil	34
ARMONAIR RESPICLICK	11
ARMOUR THYROID	128
ARNUITY ELLIPTA.....	11
ARRANON	210
arsenic trioxide	221
ARYMO ER	244
ARZERRA	210
ASCOMP WITH CODEINE	253
ascorbic acid-elderberry fruit	231
ASHLYNA	61
ashwagandha root extract.....	233
ASMANEX HFA	11
ASMANEX TWISTHALER	12
ASPARLAS	221
aspirin	148, 243
ASPIRIN CHILDRENS	148
ASPIRIN LOW DOSE	148

aspirin-dipyridamole	148
ASPIR-TRIN	243
ASSURE ID INSULIN SAFETY	204
ASTAGRAF XL.....	160
ASTHMAPACK CHILDREN'S ...	14
atazanavir	183
atenolol	45
atenolol-chlorthalidone	47
ATGAM.....	160
atomoxetine	38
atorvastatin	53
atovaquone	179
atovaquone-proguanil.....	178
atracurium.....	238
ATROOPEN	236
atropine.....	138, 274
atropine in 0.9 % sod chloride ..	274
ATROVENT HFA.....	8
AUBRA	61
AUBRA EQ	61
AUGMENTIN	168
AUROVELA 1.5/30 (21).....	61
AUROVELA 1/20 (21).....	61
AUROVELA 24 FE	61
AUROVELA FE 1.5/30 (28).....	61
AUROVELA FE 1-20 (28).....	61
AURYXIA.....	119
AUSTEDO	227
AUTOSOFT 30	110
AUTOSOFT 90	110
AUTOSOFT XC INFUSION SET 23	110
AUTOSOFT XC INFUSION SET 32	110
AUTOSOFT XC INFUSION SET 43	111
AUVI-Q	206
AVANDIA.....	101
AVAR-E LS.....	78
AVASTIN	213
AVELOX IN NACL (ISO- OSMOTIC)	169
AVIANE	61
AVIDOXY.....	170
AVITA	75
AVONEX.....	224
AVYCAZ	164
AYGESTIN	152
AYUNA	61
AYVAKIT	216
azacitidine.....	210
AZALGIA	188
AZASITE	133
azathioprine	160
azathioprine sodium	160
azelaic acid.....	74
azelastine	5, 131
azelastine-fluticasone.....	5
azithromycin	166
AZO COMPLETE FEMININE BALANCE	228
AZOPT	135
aztreonam	162
AZULFIDINE	198
AZULFIDINE EN-TABS.....	198
AZURETTE (28)	62
B	
BABYBIG.....	152
BACICAP.....	228
BACIGUENT	133
bacitracin	74, 133
bacitracin-polymyxin b.....	133
baclofen.....	271
BAL IN OIL	235
BAL-CARE DHA.....	288
BALCOLTRA	62
balsalazide	199
BALVERSA	216
BALZIVA (28)	62
BANZEL	259, 260
BAQSIMI	114
BARACLUDE	185
BARHEMSYS	6
BASAGLAR KWIKPEN U-100 INSULIN.....	115
BAVENCIO.....	222
BAXDELA	169
bcg vaccine, live (pf).....	157
BD FILTER NEEDLE-5 MICRON	237
BD INSULIN SYRINGE	204
BD INSULIN SYRINGE HALF UNIT	204
BD INSULIN SYRINGE MICRO-FINE	204
BD INSULIN SYRINGE SAFETY-LOK	204
BD INSULIN SYRINGE ULTRA-FINE	204
BD LO-DOSE MICRO-FINE IV	204
BD LO-DOSE ULTRA-FINE	204
BD SAFETYGLIDE INSULIN SYRINGE.....	204
BD ULTRA-FINE MICRO PEN NEEDLE	237
BD ULTRA-FINE MINI PEN NEEDLE	237
BD ULTRA-FINE NANO PEN NEEDLE	237
BD ULTRA-FINE ORIG PEN NEEDLE	237
BD ULTRA-FINE SHORT PEN NEEDLE	237
BD VEO INSULIN SYR HALF UNIT	204
BD VEO INSULIN SYRINGE UF	204
BEANAID	273
BEKYREE (28).....	62
BELBUCA	244
BELEODAQ	219
belladonna alkaloids-opium	244
BELRAPZO	208
BELSOMRA	35
benazepril	43
benazepril-hydrochlorothiazide ..	41
bendamustine	208
BENDEKA	208
BENEFIX	143
BENLYSTA	193
BENZEPRO	84
benznidazole	179
benzonatate	71
benzoyl peroxide	84
benztropine	255
BEPREVE	131
BESIVANCE	133
BESPONSA	215
BETA-1	190
BETADINE OPHTHALMIC PREP	84
BETALOAN SUIK	190
betameth ac,sod phos(pf)-water	190
betamethasone ace,sod phos-wtr	190
betamethasone acet,sod phos ..	190
betamethasone dipropionate	80
betamethasone sod phosph-water	190
betamethasone valerate	80
betamethasone, augmented	80
BETASERON	224

betaxolol	45, 135
bethanechol chloride	207
BETHKIS	174
BETIMOL.....	135
BETOPTIC S	135
BEVESPI AEROSPHERE	10
BEVYXXA.....	143
bexarotene.....	224
BEXSERO	155
BEYAZ.....	62
bicalutamide	209
BICILLIN C-R.....	168
BICILLIN L-A	168
BICNU	208
BIJUVA.....	150
BIKTARVY.....	184
BILTRICIDE	178
bimatoprost.....	135
BIORPHEN.....	72
BIOTHRAX	157
bisoprolol fumarate	45
bisoprolol-hydrochlorothiazide....	47
BIVIGAM.....	152
BLENREP	220
bleomycin	209
BLINCYTO.....	220
BLISOVI 24 FE	62
BLISOVI FE 1.5/30 (28).....	62
BLISOVI FE 1/20 (28).....	62
BLOOD GLUCOSE TEST	110
BLOXIVERZ	17
blunt needle, disposable.....	237
BOOST GLUCOSE CONTROL	239
BOOST SOOTHE	231
BOOSTRIX TDAP	157
bortezomib.....	216
bosentan.....	51
BOSULIF	216, 217
BOTOX	238
botulism antitoxin heptavalent ..	152
BOYS TRAINING PANTS 4T-5T	203
BP	84
BP 10-1.....	78
BPO	84
BRAFTOVI.....	213
BREATHERITE MDI SPACER ...	14
BREATHERITE SPACER-MASK, NEO.....	14
BREATHERITE SPACER- MASK,ADULT	14
BREATHERITE SPACER- MASK,CHILD	14
BREATHERITE SPACER- MASK,INFANT	14
BREATHERITE SPACER- MASK,S.CHLD.....	14
BREATHERITE VALVED MDI CHAMBER	14
BREATHERITE VALVED MDI SPACER	14
BREO ELLIPTA.....	10
bretylium tosylate	38
BREVIBLOC	46
BREVIBLOC IN NAACL (ISO-OSM)	45
BRIELLYN	62
BRILINTA	148
brimonidine	135, 136
brimonidine-dorzolamide (pf)	136
BRINEURA.....	227
BRIVIACT	260
BROMFED DM	72
bromfenac	131
bromocriptine.....	255
brompheniramine-pseudoeph-dm	72
BROMSITE	131
BRUKINSA	217
budesonide.....	12, 190
BUFFERED LIDOCAINE.....	196
bumetanide.....	49
BUNAVAIL.....	254, 255
bupivacaine in nacl(pf)	196
bupivacaine-dexameth in water	196
bupivacaine-ketorolac-ketamine	196
buprenorphine	244
buprenorphine hcl.....	244, 255
buprenorphine-naloxone	255
bupropion hcl.....	19
bupropion hcl (smoking deter)...	273
buspirone.....	25
busulfan.....	208
BUSULFEX	208
BUTALBITAL COMPOUND W/CODEINE	253
butalbital-acetaminop-caf-cod ..	253
butalbital-acetaminophen	242, 243
butalbital-acetaminophen-caff ..	243
butalbital-aspirin-caffeine	243
butorphanol	244
BYDUREON	94
BYDUREON BCISE	94
BYETTA	95
BYNFEZIA	241
BYSTOLIC	46
C	
cabergoline	128
CABLIVI	139, 140
CABOMETYX	217
caffeine citrate.....	17
caffeine-sodium benzoate.....	17
calc-d3-magnes-b6-zn-cu-mangan	280
calcipotriene	89
calcipotriene-betamethasone.....	90
calcitonin (salmon)	124
calcitriol	89, 291
calcium acetate	281
calcium acetate(phosphat bind)	119
calcium carbonate	281
calcium carbonate-vitamin d3 ..	281
calcium citrate-vitamin d3	281
calcium gluc in nacl, iso-osm ..	281
calcium gluconate in 0.9% nacl	281
calcium gluconate in d5w.....	281
calcium gluconate in water.....	281
calcium phosphate-vitamin d3 ..	281
calcium-vitamin d3-vitamin k ..	281
CALDOLOR	194
CALQUENCE	217
CAMILA.....	62
CAMPATH	221
CAMPTOSAR	215
CAMRESE	62
CAMRESE LO	62
CANASA	198
CANCIDAS	173
candesartan	44
candesartan-hydrochlorothiazid	42
CAPASTAT	175
capecitabine	211
CAPLYTA.....	29
CAPRELSA	217
captopril	43
captopril-hydrochlorothiazide ..	41
CARAC	86
CARAFATE	275
carbamazepine	260
CARBATROL	260
carbidopa	257
carbidopa-levodopa	256

carbidopa-levodopa-entacapone	256	ciclopirox	76
carbinoxamine maleate	4	cidofovir.....	180
CARBOCAINE	196	cilostazol	148
CARBOCAINE WITH NEO-COBEFRIN.....	196	CIMDUO	181
carboplatin	208	cimetidine	276
carboprost tromethamine.....	71	cimetidine hcl	276
CARDENE IV IN DEXTROSE	47	CIMZIA	187
CARDENE IV IN SODIUM CHLORIDE.....	47	CIMZIA POWDER FOR RECONST	187
CARDURA XL	42	CIMZIA STARTER KIT	187
carisoprodol	271	cinacalcet	126
carmustine	208	CINRYZE	190
CARNITOR.....	234	CINVANTI	6
carteolol	136	CIPRODEX	118
CARTIA XT	47	ciprofloxacin	169
carvedilol	42	ciprofloxacin hcl	117, 133, 169
carvedilol phosphate.....	42	ciprofloxacin in 5 % dextrose	169
caspofungin	173	ciprofloxacin-dexamethasone	118
CAVERJECT	121	ciprofloxacin-fluocinolone	118
CAVERJECT IMPULSE	121	cisatracurium.....	238
CAYA CONTOURED.....	70	cisplatin	208
CAYSTON	162	citalopram	19
CAZIANT (28).....	62	cladribine.....	211
cefaclor	163	CLARAVIS	73
cefadroxil	163	clarithromycin	166
CEFALY.....	203	CLEANSING EYELID MOIST PADS	138
cefazolin	163	CLEANSING EYELID WIPES EXT STR.....	138
cefazolin in 0.9% sod chloride..	163	CLEANSING WASH	78
cefazolin in dextrose (iso-os)....	163	CLEAR FIBER	201
cefazolin in dextrose 5 %.....	163	clemastine	4
cefazolin in sterile water	163	CLENPIQ	201
cefdinir	164	CLEO 90 INFUSION SET 24	111
cefditoren pivoxil.....	164	CLEO 90 INFUSION SET 31	111
cefepime	165	CLEOCIN	175, 280
cefepime in dextrose 5 %	165	CLEVER CHOICE CHAMBER-LRG MASK	14
cefepime in dextrose,iso-osm ...	165	CLEVER CHOICE CHAMBER-MED MASK.....	14
cefixime	164	CLEVER CHOICE CHAMBER-SM MASK.....	14
CEFOTAN	163	CLEVIPREX	47
cefotaxime	164	CLICKFINE PEN NEEDLE	237
cefotetan	164	CLIMARA	151
cefotetan in dextrose, iso-osm .	164	clindamycin hcl.....	175
cefoxitin	164	clindamycin in 0.9 % sod chlor ..	176
cefoxitin in dextrose, iso-osm ...	164	clindamycin in 5 % dextrose	176
cefpodoxime	164	clindamycin palmitate hcl	176
cefprozil	164	CLINDAMYCIN PEDIATRIC	176
ceftazidime	164	clindamycin phosphate	76, 176, 280
ceftazidime in d5w	164		
ceftriaxone	164		
ceftriaxone	165		
ceftriaxone in dextrose,iso-os ...	164		

clindamycin-benzoyl peroxide 74
 clindamycin-tretinoin..... 74
 CLINOLIPID..... 234
 clobazam 257, 258
 clobetasol 80, 81
 clobetasol-emollient..... 81
 clofarabine 211
 CLOLAR 211
 clomiphene citrate 121
 clomipramine 22
 clonazepam 258
 clonidine 45
 clonidine hcl..... 37, 45
 clopidogrel 148
 clorazepate dipotassium..... 25
 clotrimazole 76, 172
 clotrimazole-betamethasone 76
 CLOVIQUE 236
 clozapine 29
 CLOZARIL 29
 C-NATE DHA..... 288
 CO Q-10 231
 COAGADEX 144
 COAGUCHEK XS..... 230
 coal tar 84
 COARTEM..... 178
 cocaine 227
 codeine sulfate 244
 codeine-butalbital-asa-caff 253
 coenzyme q10 231
 coenzyme q10-black pepper ext
 231
 colchicine 139
 COLCRYS 139
 colesevelam..... 56
 colestipol..... 56
 colistin (colistimethate na) 176
 COMBIGAN 136
 COMBIPATCH..... 151
 COMBIVENT RESPIMAT..... 10
 COMBIVIR 181
 COMETRIQ 217
 COMFORT INFUSION SET 23 111
 COMFORT INFUSION SET 43 111
 COMFORT PAC-
 CYCLOBENZAPRINE 271
 COMFORT PAC-IBUPROFEN. 194
 COMFORT PAC-MELOXICAM 194
 COMFORT PAC-NAPROXEN . 194
 COMFORT PAC-TIZANIDINE 271
 COMPACT SPACE CHAMBER . 15

COMPACT SPACE CHAMBER
 PLUS..... 14
 COMPACT SPACE CHAMBER-
 LRG MASK 15
 COMPACT SPACE CHAMBER-
 MED MASK..... 15
 COMPACT SPACE CHAMBER-SM
 MASK 15
 COMPLETE..... 288
 COMPLETENATE 288
 COMPRO 6
 COMTAN..... 256
 CONSTULOSE..... 201
 CONTACT DETACH INFUS SET
 23 111
 CONTACT DETACH INFUS SET
 32 111
 CONTACT DETACH INFUS SET
 43 111
 CONTOUR NEXT TEST STRIPS
 110
 CONTOUR TEST STRIPS..... 110
 COPAXONE 224
 COPIKTRA..... 217
 CORIFACT 144
 CORLANOR 58
 CORLOPAM..... 45
 cortisone..... 190
 CORVITA 150 282
 CORVITE 150 282
 CORVITE FE..... 282
 COSAMIN AVOCA (WITH
 BOSWELLIA) 188
 COSENTYX..... 88
 COSENTYX (2 SYRINGES) 88
 COSENTYX PEN 88
 COSENTYX PEN (2 PENS)..... 88
 COSMEGEN 209
 COSOPT (PF) 136
 COTELLIC 214
 COVARYX..... 150
 COVARYX H.S. 150
 CREON 273
 CRESEMBA 172
 CRINONE 122, 152
 CRIXIVAN 183
 cromolyn..... 13, 135
 CROTAN 77
 CRYSELLE (28) 62
 CRYSVITA 206
 CULTURELLE GUMMY 228

CULTURELLE KIDS GUMMY .. 228
 CUROSURF 242
 CUTAQUIG 152
 CUVITRU 153
 CUVPOSA 275
 CYANOKIT..... 229
 CYCLAFEM 1/35 (28) 62
 CYCLAFEM 7/7/7 (28) 62
 CYCLINEX-2..... 239
 cyclobenzaprine 271
 CYCLOGYL 138
 CYCLOMYDRIL 138
 cyclopentolate 138
 cycloopen-tropic-phenyleph-watr 138
 cyclophosphamide 208
 cycloserine 175
 cyclosporine 161
 CYCLOSPORINE IN KLARITY. 134
 cyclosporine modified 161
 cyproheptadine 4
 CYRAMZA 215
 CYRED 62
 CYRED EQ 62
 CYSTADANE 235
 CYSTAGON 278
 CYSTARAN 139
 cytarabine 211
 cytarabine (pf) 211
 CYTOGAM 153
 CYTOTEC 275
D
 dacarbazine 221
 dactinomycin 210
 DAILY FIBER 201
 DAILY FIBER (PSYLLIUM-
 SUCROSE)..... 201
 DAIRY DIGESTIVE 273
 DAIRY RELIEF 273
 dalfampridine 226
 DALIRESP 13
 DALVANCE 176
 danazol 128
 DANTRIUM 271
 dantrolene 271
 dapsone 74, 175
 DAPTACEL (DTAP PEDIATRIC)
 (PF)..... 157
 daptomycin 166
 DARAPRIM 178
 darifenacin 279
 DARZALEX 213

DARZALEX FASPRO	213
DASETTA 1/35 (28).....	62
DASETTA 7/7/7 (28).....	63
daunorubicin	210
DAURISMO	214
DAYLOGIC ACNE TREATMENT	85
DAYSEE	63
DEBLITANE.....	63
DECADRON	190
decitabine	211
deferasirox.....	236
deferoxamine	236
DEFITELIO	207
DEFLUX	278
DELZICOL	199
demeclocycline	170
DEM SER	45
DEMULEN 1/50 (21).....	63
DEPAKOTE	260
DEPAKOTE ER	260
DEPAKOTE SPRINKLES.....	260
DEPEN TITRATABS	185
DEPO-ESTRADIOL.....	151
DEPO-PROVERA.....	60, 152
DEPO-SUBQ PROVERA 104	60
DERMACINRX THERAZOLE PAK	76
DESCOVY	181
desipramine	22
desloratadine	4
desmopressin	122
desog-e.estradiol/e.estriadiol	63
desogestrel-ethinyl estradiol.....	63
desonide	81
desoximetasone	81
desvenlafaxine.....	20
desvenlafaxine succinate	20
dexamethasone	190
dexamethasone ac, sod ph-water	190
dexamethasone ace-nacl,iso-osm	190
DEXAMETHASONE INTENSOL	190
dexamethasone sodium phos (pf)	190
dexamethasone sodium phosphate	131
dexamethasone-0.9 % sod. chlor	191
dexchlorpheniramine maleate	4
DEXCOM G4 RECEIVER	111
DEXCOM G4 RECEIVER PEDIATRIC.....	111
DEXCOM G4 RECEIVER-SHARE (PED)	111
DEXCOM G4 RECEIVER-SHARE KIT	111
DEXCOM G4 TRANSMITTER	111
DEXCOM G5 RECEIVER	111
DEXCOM G5 TRANSMITTER	111
DEXCOM G5-G4 SENSOR	111
DEXCOM G6 RECEIVER	111
DEXCOM G6 SENSOR.....	111
DEXCOM G6 TRANSMITTER	111
DEXCOM RECEIVER	111
DEXILANT	276
dexmedetomidine	36
dexmedetomidine in 0.9 % nacl ..	35
dexmedetomidine in dextrose 5%	35
dexamethylphenidate	37
DEXONTO.....	191
dexrazoxane hcl	222
dextroamphetamine	23
dextroamphetamine-amphetamine	23
DIACOMIT	260
DIAPERS, UNISEX SIZE 6	203
DIASTAT	258
DIASSTAT ACUDIAL.....	258
diazepam.....	25, 258
DIAZEPAM INTENSOL	25
diazoxide	114
diclofenac epolamine	83
diclofenac potassium.....	194
diclofenac sodium 83, 86, 131, 194	
diclofenac-misoprostol	194
DICLOFONO	83
DICLOTREX.....	83
dicloxacillin	168
dicyclomine.....	274
didanosine	182
DIFICID	166
diflunisal	243
DIGEST ADV PROBIO PLUS GAS	228
DIGESTIVE ADV MULTISTRAIN GMMY	228
DIGESTIVE ADVANTAGE ADVANCED	228
DIGESTIVE ADVANTAGE IMMUNE	228
DIGESTIVE ADVANTAGE INTENS BOW	228
DIGESTIVE ADVANTAGE PROBIO-PRE	228
DIGESTIVE ADVANTAGE PROBIOTIC	228
DIGESTIVE PROBIOTIC	228
DIGITEK.....	40
DIGOX	40
digoxin.....	40
dihydroergotamine	251
DILANTIN	261
DILANTIN EXTENDED	260
DILANTIN INFATABS	261
DILANTIN-125	261
DILATRATE-SR	59
DILAUDID (PF)	244
diltiazem hcl	47, 48
diltiazem hcl in 0.9% nacl.....	47
diltiazem in dextrose 5 %	48
DILT-XR	48
dimenhydrinate	6
dimethyl fumarate	224
DIOVAN	44
DIOVAN HCT	43
DIPENTUM	199
DIPHEN	4
diphenhydramine hcl.....	4
diphenhydramine-0.9 % sod.chlr ..	4
diphenoxylate-atropine.....	200
dipyridamole.....	148
DISALCID	243
DISKETS	244
disopyramide phosphate	38
disulfiram	24
DIURIL IV	52
divalproex	261
DIVIGEL	151
dobutamine	41
DOCEFREZ	221
docetaxel.....	221
dofetilide.....	38
DOJOLVI	240
donepezil	17
dopamine	39
dopamine in 5 % dextrose	39
DOPRAM	33
dorzolamide	136
dorzolamide (pf)	136

dorzolamide-timolol	136	ECONTRA EZ	63	ENDARI	149
dorzolamide-timolol (pf)	136	ECONTRA ONE-STEP	63	ENDOCET	254
DOTTI.....	151	ECOTRIN	243	ENFAGROW GENTLEASE FORMULA	233
DOVATO	179	EDARBI	44	ENFAGROW TODLR NXT STP NON-GMO	231
DOVER COATED LATEX FOLEY	203	EDARBYCLOR	43	ENFAGROW TODLR TRANSITN NONGMO	233
doxapram.....	33	EDECRIN	49	ENFAMIL NEURO SENSITIVE NONGMO	233
doxazosin	42	EDEX.....	121	ENFAMIL PROSOBEE	234
doxepin	22	EDLUAR	36	ENFAMIL REGULINE	234
doxercalciferol	126	ED-SPAZ.....	274	ENGERIX-B (PF)	159
doxorubicin	210	EDURANT	182	ENGERIX-B PEDIATRIC (PF) ..	159
doxorubicin, peg-liposomal.....	210	EEMT	151	ENHERTU	221
DOXY-100	170	EEMT HS	151	enoxaparin	145
doxycycline hydiate... 170, 171, 227		efavirenz.....	182	ENPRESSE	63
doxycycline monohydrate. 171, 172		EFFACLAR ADAPALENE	75	ENSKYCE	63
D-PENAMINE	185	EFFER-K	119	ENSPRYNG	193
DRITHOCREME HP	89	EGATEN.....	178	ENSURE CLEAR THERAPEUTIC	239
dronabinol	6	EGRIFTA SV.....	126	ENSURE ORIGINAL	231
droperidol.....	32	ELAPRASE	235	ENSURE PUDDING	231
drospirenone-e.estriadiol-lm.fa....	63	ELDEPRYL.....	256	entacapone	256
drospirenone-ethinyl estradiol	63	ELELYSO	235	entecavir	185
DROXIA.....	149	eletiptan.....	251	ENTEREG	202
DRYSOL.....	84	ELIGARD	123	ENTOCORT EC	191
DRYSOL DAB-O-MATIC	84	ELIGARD (3 MONTH)	123	ENTRESTO	57
DUAVEE.....	150	ELIGARD (4 MONTH)	123	ENTYVIO	200
DULERA	10	ELIGARD (6 MONTH)	123	ENVARSUS XR	161
duloxetine	20	ELINEST	63	ephedrine sulfate	73
DUOBRII.....	89	ELIQUIS	143	ephedrine sulfate-0.9%nacl(pf) ...	73
DUODOTE.....	230	ELIQUIS DVT-PE TREAT 30D START	143	EPIDIOLEX	258
DUOFER	282	ELITEK	139	epinastine.....	131
DUPIXENT PEN.....	12	ELLA.....	63	epinephrine	40, 206
DUPIXENT SYRINGE	12	ELLENCE	210	epinephrine hcl (pf)	39
DURAMORPH (PF)	245	ELMIRON	279	epinephrine hcl in 0.9 % nacl	39
DUREZOL	131	ELOCTATE	141	epinephrine hcl in 5% dextrose... 40	
DUROLANE.....	188	ELURYNG	60	epinephrine in sod chlor,iso	40
dutasteride	277	EMCYT	224	EPIPEN	206
dutasteride-tamsulosin	278	EMERPHED	72	EPIPEN 2-PAK	206
DYMISTA.....	5	EMGALITY PEN	251	EPIPEN JR	206
DYRENium	50	EMGALITY SYRINGE	252, 253	EPIPEN JR 2-PAK	206
DYSPORT	238	EMOQUETTE	63	epirubicin.....	210
E		EMPLICITI.....	213	EPITOL	261
E.C. PRIN	243	EMSAM	34	EPIVIR	182, 183
E.E.S. 400	166	emtricitabine	182	EPIVIR HBV	185
EASIVENT HOLDING CHAMBER	15	EMTRIVA	182	eplerenone	50
EASIVENT MASK LARGE	15	EMVERM.....	178	epoprostenol (glycine).....	51
EASIVENT MASK MEDIUM.....	15	enalapril maleate	43	eprosartan	44
EASIVENT MASK SMALL.....	15	enalaprilat.....	43	eftibatide.....	148
ECLIPSE NEEDLE	237	enalapril-hydrochlorothiazide	41		
EC-NAPROXEN	194	ENBREL	187		
econazole	76	ENBREL MINI	187		
		ENBREL SURECLICK	187		

EPZICOM	181
EQUACARE JR	240
EQUETRO	25
ERAXIS(WATER DILUENT)....	173
ERBITUX	212
ergoloid.....	60
ERGOMAR	252
ergotamine-caffeine.....	252
ERIVEDGE	214
ERLEADA	209
erlotinib	217
ERRIN	63
ERTACZO	77
ertapenem	162
ERWINAZE.....	221
ERY PADS	76
ERY-TAB	166
ERYTHROCIN	166
ERYTHROCIN (AS STEARATE)	166
erythromycin	133, 167
erythromycin ethylsuccinate	166
erythromycin with ethanol.....	76
erythromycin-benzoyl peroxide ..	76
ESBRIET	241
escitalopram oxalate.....	19
ESKATA	84
esmolol	46
esmolol in nacl (iso-osm)	46
esmolol in sterile water	46
esomeprazole magnesium	276, 277
esomeprazole sodium	277
ESPEROCT	141
ESSENTIAL CARE JR	240
ESTARYLLA.....	63
estazolam	35
estradiol	151, 280
estradiol valerate	151
estradiol-norethindrone acet....	151
ESTRING.....	280
estrogens-methyltestosterone..	151
ESTROSTEP FE-28	63
ESTROVEN CMPLT MENOPAUSE RLF	233
ESTROVEN WEIGHT MANAGEMENT	231
eszopiclone.....	36
ethacrynat e sodium	49
ethacrylic acid.....	49
ethambutol.....	175
ethosuximide	261
ethyl chloride	86
ethynodiol diac-eth estradiol	63
ETHYOL	222
etidronate disodium	124
etodolac.....	194, 195
etongestrel-ethinyl estradiol	60
ETOPOPHOS.....	221
etoposide	221
EUCRISA	79
EUFLEXXA.....	188
EURAX	77, 78
EUTHYROX	128
everolimus (antineoplastic)	215
everolimus (immunosuppressive)	161
EVERSENSE SENSOR-HOLDER	111
EVERSENSE SMART TRANSMITTER	111
EVISTA.....	124
EVOXAC	207
EVRYSDI.....	206
EVZIO.....	34
exemestane.....	213
EXJADE	236
ezetimibe	56
ezetimibe-simvastatin.....	53
EZFE 200	282
F	
FABRAZYME	235
FACTIVE	169
FALMINA (28)	63
famciclovir	180
famotidine	276
famotidine (pf)	276
famotidine in 0.9 % nacl	276
FANAPT	29
FARESTON.....	223
FARXIGA.....	98
FARYDAK	219
FASENRA	13
FASENRA PEN	12
FASLODEX	223
FAYOSIM	64
FC2 FEMALE CONDOM	230
FE C	282
FE C PLUS	282
febuxostat.....	139
FEIBA NF	141
felbamate.....	261
felodipine	48
FEMCAP	70
FEMYNOR	64
fenofibrate	56
fenofibrate micronized.....	56
fenofibrate nanocrystallized	56
fenofibric acid	56
fenofibric acid (choline)	56
fenoprofen	195
FENSOLVI	127
fentanyl.....	246
fentanyl (pf)-bupivacaine-nacl	245
fentanyl citrate	245
fentanyl citrate (pf)	244, 245
fentanyl citrate (pf)-0.9%nacl	245
fentanyl citrate in d5w (pf)	245
fentanyl-ropivacaine-nacl (pf).....	246
FEOSOL	282
FEOSOL BIFERA	282
FERAHEME	282
FERATE	283
FERGON	283
FER-IN-SOL	283
FERIVA	283
FERIVA 21-7	283
FERIVA FA (WITH SUMALATE)	283
FEROCON	283
FEROSUL	283
FERRACTIV	283
FERRAPLUS 90	283
FERRETTS	283
FERRETTS CARBONYL IRON	283
FERRETTS IPS	283
FERREX 150	283
FERREX 150 FORTE	283
FERREX 150 FORTE PLUS	283
FERREX 150 PLUS	283
FERREX 28	283
FERRIMIN 150	283
FERRIPROX	236
FERRIPROX (2 TIMES A DAY)	236
FERROCITE	283
FERROCITE PLUS	283
FERRO-SEQUELS (IRON-VIT C)	284
FERRO-TIME	284
ferrous fumarate	284
ferrous gluconate	284
ferrous sulfate	284
FERROUSUL	284
FETROJA	163

FETZIMA	20, 21
FIBRYGA.....	140
filter needles	237
finasteride	277
FINTEPLA	261
FIORICET	243
FIRAZYR	189
FIRDAPSE	226
FIRMAGON	216
FIRMAGON KIT W DILUENT SYRINGE	216
FIRVANQ.....	176
FISH OIL.....	56
flavoxate	279
FLEBOGAMMA DIF	153
flecainide	38
FLECTOR	83
FLEXICHAMBER.....	15
FLEXICHAMBER-LG CHILD MASK	15
FLEXICHAMBER-SM ADULT MASK	15
FLEXICHAMBER-SM CHILD MASK	15
FLEXI-SEAL SIGNAL FMS	203
FLOLAN.....	51
FLOMAX	277
FLOVENT DISKUS.....	12
FLOVENT HFA.....	12
flouxuridine	211
FLUAD 2020-2021 (65 YR UP)(PF)	156
FLUAD QUAD 2020-21(65Y UP)(PF)	156
FLUARIX QUAD 2020-2021 (PF)	156
FLUBLOK QUAD 2020-2021 (PF)	156
FLUCELVAX QUAD 2020-2021	156
FLUCELVAX QUAD 2020-2021 (PF)	156
fluconazole	172
fluconazole in nacl (iso-osm)	172
flucytosine.....	172
fludarabine.....	211
fludrocortisone	193
FLULAVAL QUAD 2020-2021 (PF)	156
flumazenil	33
FLUMIST QUAD 2020-2021	156
flunisolide.....	5
fluocinolone	81
fluocinolone acetonide oil.....	117
fluocinolone and shower cap.....	81
fluocinonide	81
FLUOCINONIDE-E	81
fluocinonide-emollient	81
fluorescein-proparacaine	133
fluoride (sodium).....	282
fluorometholone	131
fluorouracil.....	86, 211
fluoxetine	19
fluphenazine decanoate	33
fluphenazine hcl	33
flurandrenolide.....	81
flurazepam.....	35
flurbiprofen	195
flurbiprofen sodium.....	132
flutamide	209
fluticasone propionate	5, 82
fluticasone propion-salmeterol	11
fluvastatin	53, 54
fluvoxamine	19
FLUZONE HIGHDOSE QUAD 20- 21 PF	156
FLUZONE QUAD 2020-2021	156
FLUZONE QUAD 2020-2021 (PF)	156
folic acid	282
FOLIKA PROBIOTIC.....	228
FOLITAB	284
FOLIVANE-F	284
FOLIVANE-OB	288
FOLIVANE-PLUS	284
FOLOTYN	211
fondaparinux.....	145
FORAXA.....	87
FORTEO	124
FOSAMAX PLUS D.....	124
fosamprenavir	183
fosaprepitant.....	6
foscarnet.....	180
FOSCAVIR	180
fosinopril	44
fosinopril-hydrochlorothiazide	41
fosphenytoin	261
FRAGMIN	145
FREESTYLE CONTROL.....	111
FREESTYLE FLASH SYSTEM.....	111
FREESTYLE FREEDOM	111
FREESTYLE FREEDOM LITE	111
FREESTYLE INSULINX....	110, 111
FREESTYLE INSULINX TEST STRIPS.....	110
FREESTYLE LANCETS	203
FREESTYLE LIBRE 14 DAY READER	111
FREESTYLE LIBRE 14 DAY SENSOR	112
FREESTYLE LIBRE 2 READER	112
FREESTYLE LIBRE 2 SENSOR	112
FREESTYLE LITE METER.....	112
FREESTYLE LITE STRIPS	110
FREESTYLE PRECISION NEO METER	112
FREESTYLE PRECISION NEO STRIPS	110
FREESTYLE SIDEKICK II	112
FREESTYLE SYSTEM KIT.....	112
FREESTYLE TEST	110
FREESTYLE UNISTIK 2.....	203
FROTEK	83
frovatriptan	252
FULPHILA	147
fulvestrant	224
furosemide	49
furosemide in 0.9 % nacl.....	49
FUSION	284
FUSION PLUS	284
FUSION SPRINKLES	284
FUZEON	182
FYAVOLV	151
FYCOMPRA	262, 263
G	
gabapentin	263
GALAFOLD	207
galantamine	17
GALZIN	236
GAMASTAN	153
GAMASTAN S/D	153
GAMIFANT	160
GAMMAGARD LIQUID	153
GAMMAGARD S-D (IGA < 1 MCG/ML)	153
GAMMAKED	153
GAMMAPLEX	153
GAMMAPLEX (WITH SORBITOL)	153
GAMUNEX-C	153
ganciclovir	180
ganciclovir sodium	180

GARDASIL 9 (PF)	159
GAS RELIEF-PREVENTION....	273
gatifloxacin.....	133
GATTEX 30-VIAL	202
GATTEX ONE-VIAL	203
GAVILYTE-C	201
GAVILYTE-G	201
GAVILYTE-N	201
GAZYVA	210
GELNIQUE	279
GEL-ONE	188
GELSYN-3.....	188
gemcitabine	211
gemfibrozil	56
GENERESS FE	64
GENGRAF	161
GENOTROPIN	126
GENOTROPIN MINIQUICK	126
GENTAK.....	133
gentamicin	76, 133, 174
gentamicin in nacl (iso-osm)....	174
gentamicin sulfate (ped) (pf)....	174
gentamicin sulfate (pf)	174
gentamicin-sodium citrate.....	174
GENVOYA.....	184
GERBER GOOD START A2 ...	234
GERBER GOOD START A2 TODDLER	231
GERBER GOOD START GROW KIDS	228
GERBER GOOD START GROW TODDLER	228
GIANVI (28)	64
GIAPREZA	58
GILENYA	224
GILOTRIF	217
ginkgo biloba leaf extract.....	233
GIRLS TRAINING PANTS 4T-5T	203
GIVLAARI	143
glatiramer.....	224
GLATOPA.....	225
GLEOSTINE	208
GLIADEL WAFER	208
glimepiride	100
glipizide.....	100
glipizide-metformin	104
GLUCAGEN HYPOKIT	114
GLUCAGON (HCL) EMERGENCY KIT	114
GLUCAGON EMERGENCY KIT (HUMAN)	114
GLUCERNA 1.2 CAL	240
GLUCERNA SNACK BAR	240
GLUCOCOM AUTOLINK	112
GLUCOSA FACTOR	231
GLUCOSA IMMUNE BOOSTER	236
glucosam-chondr-vit c-mn-boron	188
glucosamine sulfate.....	188
glucosamine-chondroitin	188
glucosamine-msm-hyaluron acid	188
glucose	114
glutaraldehyde.....	84
GLUTAREX-1.....	234
GLUTAREX-2.....	240
glyburide.....	101
glyburide micronized	100
glyburide-metformin	104
glyceryl monostearate	241
GLYCINE UROLOGIC	175
glycine urologic solution	175
GLYCOPHOS.....	119
glycopyrrolate	275
glycopyrrolate (pf) in water	275
glycopyrrolate in water	275
GLYCOSADE	240
GLYDO	196
GLYRX-PF	275
GLYTACTIN BURST 10-10.....	239
GLYTACTIN BURST 20-20.....	239
GLYXAMBI	102
GOLYTELY	201
GONAL-F	122
GONAL-F RFF	122
GONAL-F RFF REDI-JECT.....	122
GOPRELTO	227
granisetron (pf)	6
granisetron hcl.....	6, 7
griseofulvin microsize	173
griseofulvin ultramicrosize	173
guaiacol	84
guanfacine.....	37, 45
guanidine.....	207
GUARDIAN CONNECT TRANSMITTER	112
GUARDIAN LINK 3 TRANSMITTER	112
GUARDIAN SENSOR 3	112
GVOKE HYPOPEN 1-PACK....	114
GVOKE HYPOPEN 2-PACK....	115
GVOKE PFS 1-PACK SYRINGE	115
GVOKE PFS 2-PACK SYRINGE	115
GYNAZOLE-1	280
GYNOL II.....	60
H	
HAEGARDA.....	190
HAILEY	64
HAILEY 24 FE	64
HAILEY FE 1.5/30 (28)	64
HAILEY FE 1/20 (28)	64
HALAVEN	214
halcinonide	82
halobetasol propionate.....	82
haloperidol	32
haloperidol decanoate.....	32
haloperidol lactate	32
HARVONI.....	185
HAVRIX (PF).....	159
HEALTHPRO TEST STRIPS....	110
HEATHER	64
HEMABATE	71
HEMADY	191
HEMATEX	284
HEMATINIC PLUS VIT/MINERALS	285
HEMATINIC/FOLIC ACID	285
HEMATOGEN	285
HEMATOGEN FA	285
HEMATOGEN FORTE	285
HEMAX	285
HEMLIBRA	144
HEMOCYTE	285
HEMFIL M HIGH	141
HEMFIL M LOW	141
HEMFIL M MID	141
HEMFIL M SUPER HIGH.....	141
HEP FLUSH-10 (PF).....	145
HEPAGAM B.....	153
heparin (porcine)	146
heparin (porcine) in 0.9% nacl ..	145,
146	
heparin (porcine) in 5 % dex	146
heparin (porcine) in nacl (pf)....	146
heparin flush(porcine)-0.9nacl ..	146
HEPARIN LOCK	146
HEPARIN LOCK FLUSH	146
heparin lock flush (porcine).....	146

HEPARIN	
LOCKFLUSH(PORCINE)(PF)	146
heparin(porcine) in 0.45% nacl.	146
heparin, porcine (pf)	146, 147
HEPLISAV-B (PF)	159
HERCEPTIN	212
HERCEPTIN HYLECTA	212
HERZUMA	212
HETLIOZ	34
HIBERIX (PF)	158
HIGH POTENCY IRON	285
HIZENTRA	153
HOMATROPAIRE	138
HOMINEX-2	240
HUMALOG JUNIOR KWIKPEN U-100	115
HUMALOG KWIKPEN INSULIN	115
HUMALOG MIX 50-50 INSULN U-100	115
HUMALOG MIX 50-50 KWIKPEN	115
HUMALOG MIX 75-25 KWIKPEN	116
HUMALOG MIX 75-25(U-100)INSULN	116
HUMALOG U-100 INSULIN	116
HUMATE-P	141
HUMIRA	187
HUMIRA PEN	187
HUMIRA PEN CROHNS-UC-HS START	187
HUMIRA PEN PSOR-UVEITS-ADOL HS	187
HUMIRA(CF)	187
HUMIRA(CF) PEDI CROHNS STARTER	187
HUMIRA(CF) PEN	187
HUMIRA(CF) PEN CROHNS-UC-HS	187
HUMIRA(CF) PEN PSOR-UV-ADOL HS	187
HUMILIN 70/30 U-100 INSULIN	116
HUMILIN 70/30 U-100 KWIKPEN	116
HUMULIN N NPH INSULIN KWIKPEN	116
HUMULIN N NPH U-100 INSULIN	116
HUMULIN R REGULAR U-100	
INSULN	116
HUMULIN R U-500 (CONC)	
INSULIN	116
HUMULIN R U-500 (CONC)	
KWIKPEN	116
HYALGAN	189
HYCAMTIN	215
HYCLODEX	86
hydralazine	45
hydrochlorothiazide	53
hydrocodone-acetaminophen	254
hydrocodone-chlorpheniramine	72
hydrocodone-homatropine	72
hydrocodone-ibuprofen	244
hydrocortisone	82, 191, 200
hydrocortisone acetate	200
hydrocortisone butyrate	82
hydrocortisone butyr-emollient	82
hydrocortisone valerate	82
hydrocortisone-acetic acid	117
hydrocortisone-iodoquinol	75
hydrocortisone-iodoquinol-aloe	75
hydrocortisone-pramoxine	86, 199
hydrogen peroxide	86
HYDROMET	72
hydromorphone	247
hydromorphone (pf)	246
hydromorphone (pf) in water	246
hydromorphone (pf)-0.9 % nacl	246
hydromorphone in 0.9 % nacl	246,
247	
hydromorphone in d5w (pf)	247
hydroxychloroquine	178
hydroxyprogesterone(pf)(preg presv)	122
hydroxyprogesterone cap(ppres)	122
hydroxyprogesterone caproate	152
hydroxyurea	208
hydroxyzine hcl	4
hydroxyzine pamoate	4
HYLENEX	87
HYMOVIS	189
HYOPHEN	165
hyoscyamine sulfate	274
HYOSYNE	274
HYPERHEP B S/D	153, 154
HYPERHEP B S-D NEONATAL	154
HYPERRAB (PF)	154
HYPERRAB S/D (PF)	154
HYPERRHO S/D	154
HYPERSAL	233
HYPERTET S/D (PF)	154
HYQVIA	154
HYQVIA HY COMPONENT	87
HYQVIA IG COMPONENT	154
HYSINGLA ER	247
I	
I.L.X. B-12	285
ibandronate	124
IBRANCE	217
IBU	195
ibuprofen	195
ibuprofen-oxycodone	244
ibutilide fumarate	38
ICAR	285
ICAR-C	285
icatibant	189
ICLUSIG	217
idarubicin	210
IDELVION	143
IDHIFA	220
IFE-BIMIX 30/1	121
IFE-PG20	121
IFEREX 150	285
IFEREX 150 FORTE	285
ifosfamide	208
ILARIS (PF)	188
ILEVRO	132
ILUMYA	88
imatinib	217
IMBRUVICA	217
IMFINZI	222
imipenem-cilastatin	162
imipramine hcl	22
imipramine pamoate	22
imiquimod	160
IMLYGIC	214
IMOGRAM RABIES-HT (PF)	154
IMOVA RABIES VACCINE (PF)	157
IMPAVIDO	179
IMURAN	161
IMVEXXY MAINTENANCE PACK	280
IMVEXXY STARTER PACK	280
INBRIJA	256
INCASSIA	64
INCRELEX	127
INCRUSE ELLIPTA	8
indapamide	53
INDOCIN	195

indomethacin	195	irbesartan-hydrochlorothiazide....	43	JEVTANA	222
indomethacin sodium.....	240	IRESSA	217	JINTELI	151
INFANRIX (DTAP) (PF).....	158	irinotecan.....	215	JIVI	141
INFASURF.....	242	iron	285	JOLESSA.....	64
INFED	285	IRON	285	JUBLIA.....	77
INFUGEM	211	IRON (DRIED).....	285	JULEBER	64
INFUMORPH P/F	247	IRON (FERROUS SULFATE) ...	285	JULUCA	179
INLYTA	217	IRON 100 PLUS.....	285	JUNEL 1.5/30 (21)	64
INPEN (FOR HUMALOG)	112	IRON CHEWS.....	285	JUNEL 1/20 (21)	64
INPEN (FOR NOVOLOG OR FIASP).....	112	iron, carbonyl.....	285	JUNEL FE 1.5/30 (28).....	64
INQOVI	211	iron,carbonyl-vitamin c	286	JUNEL FE 1/20 (28).....	64
INREBIC	217	IRONUP	286	JUNEL FE 24	64
INSET 30 INFUSION SET 23... ..	112	IRO-PLEX (IRON CARBONYL)	286	JUXTAPID	55
INSET INFUSION SET 23.....	112	IRO-PLEX (IRON POLYSACCHARIDE)	286	JYNARQUE	118
INSPIRACHAMBER	15	ISENTRESS	184	K	
INSPIRACHAMBER WITH MASK- LARGE	15	ISENTRESS HD	184	KADCYLA	221
INSPIRACHAMBER WITH MASK- MED	15	ISIBLOOM	64	KAITLIB FE	64
INSPIRACHAMBER WITH MASK- SMALL.....	15	isoniazid	175	KALETRA.....	183
insulin lispro	116	isoproterenol hcl	40	KALLIGA	65
insulin lispro protamin-lispro	116	isosorbide dinitrate	59	KALYDECO	242
INSULIN SYRINGE	204	isosorbide mononitrate	59	KANJINTI	212
INSULIN SYRINGE MICROFINE	204	isotretinoin	73	KANUMA	207
insulin syringe-needle u-100....	204,	isoxsuprine	60	KARIVA (28)	65
205		isradipine	48	KCENTRA	143
INTEGRA.....	285	ISTODAX.....	220	KEDRAB (PF)	154
INTELENCE	182	ISTURISA.....	122	KELNOR 1/35 (28)	65
INTERLINK LEVER LOCK CANNULA	205	ISUPREL.....	40	KELNOR 1-50	65
INTRON A	160	IS-ZC 50	291	KENDALL DISINFECTANT CAP	205
INTROVALE	64	itraconazole	172, 173	KENGREAL	148
INVANZ	162	IV SOL STABILIZER FOR BLINCYTO	241	KEPIVANCE	227
INVEGA TRINZA	30	I-VALEX-2	240	KEPPRA	263
INVELTYS	132	ivermectin	178	KEPPRA XR	263
INVIGOFLEX D	189	IXEMPRA	214	KERYDIN	77
INVIGOFLEX GS.....	189	IXIARO (PF)	157	KESIMPTA PEN	225
INVIRASE	183	IXINITY	144	KETO FORMULA.....	231
INVOKAMET	105	J		ketoconazole	77, 173
INVOKAMET XR	105	JAIMESS	64	KETODAN	77
INVOKANA	98	JAKAFI	214	KETODAN KIT	77
IODOFLEX	75	JALYN	278	KETONEX-2.....	240
IODOPEN	128	JANTOVEN	140	ketoprofen	195
IODOSORB	75	JANUMET	91	ketorolac	132, 195
IPOL	155	JANUMET XR	91, 92	KEVZARA	193
ipratropium bromide.....	8, 227	JANUVIA	100	KEYTRUDA	219
ipratropium-albuterol.....	10	JARDIANCE	99	KHAPZORY	222
irbesartan.....	44	JASMIEL (28).....	64	KINERET	186
		JELMYTO	210	KIONEX (WITH SORBITOL)....	119
		JENCYCLA.....	64	KISQALI	217
		JENTADUETO	92	KISQALI FEMARA CO-PACK..	216
		JENTADUETO XR	93	KITABIS PAK	174
				KLOR-CON M10	119

KLOR-CON M15.....	119	LARIN FE 1/20 (28).....	65	lidocaine hcl(pf) in 0.9% nacl	197
KLOR-CON M20.....	119	LARISSIA	65	lidocaine hcl-hydrocortison ac....	86,
KOATE	141	LASIX	50	199	
KOGENATE FS	142	LASTACAFT.....	131	lidocaine in 5 % dextrose (pf).....	38
KORLYM	105	latanoprost.....	136	lidocaine in nacl,iso-osmo(pf)	38
KOSELUGO	214	latanoprost (pf)	136	LIDOCAINE VISCOUS	197
KOVALTRY	142	LATUDA	30	lidocaine-epinephrine bit.....	197
KOVANAZE	196	LAYOLIS FE.....	65	lidocaine-hydrocortisone-aloe...199	
K-PHOS ORIGINAL.....	278	ledipasvir-sofosbuvir	185	lidocaine-prilocaine	87
KRINTAFEL.....	178	LEENA 28.....	65	lidocaine-racepinep-tetracaine....	87
KRYSTEXXA	139	leflunomide	188	LIDOTREX	87
KURVELO (28)	65	LEMTRADA.....	225	LILETTA	234
KUVAN	207	LENVIMA.....	218	LILLOW (28)	66
KYLEENA.....	234	LESSINA	65	lincomycin	176
KYMRIAH	220	LETAIRIS	51	lindane	78
KYNMOBI	256	letrozole	213	linezolid	167
KYPROLIS.....	218	leucovorin calcium.....	222, 223	linezolid in dextrose 5%	167
L		LEUKERAN.....	208	LINZESS	200
Inorgest/e.estradiol-e.estrad.....	65	LEUKINE	147	liothyronine.....	129
L.E.T. (LIDO-EPINEPH-TETRA)	87	leuprolide.....	123	LIQUID HOPE PEPTIDE	
labetalol	42	levalbuterol hcl	9	FORMULA	231
lactobacillus acidophilus	229	LEVEMIR FLEXTOUCH U-100		lisinopril	44
lactobacillus acidoph-l.bulgar	229	INSULN.....	117	lisinopril-hydrochlorothiazide	41
lactulose	201	LEVEMIR U-100 INSULIN	117	LITE COAT ASPIRIN	243
LAMICTAL	263	levetiracetam	265	LITE TOUCH-MEDIUM MASK....	15
LAMICTAL ODT	263	levetiracetam in nacl (iso-os)....	265	LITEAIRE MDI CHAMBER	15
LAMICTAL XR	264	LEVICYN ANTIPRURITIC	84	LITETOUGH-LARGE MASK....	15
LAMICTAL XR STARTER (BLUE)		LEVICYN DERMAL	86	LITETOUGH-SMALL MASK	15
.....	264	levobunolol	136	lithium carbonate.....	25
LAMICTAL XR STARTER		levocarnitine	235	lithium citrate	25
(GREEN)	264	levocarnitine (with sugar)	235	LIVALO	54
LAMICTAL XR STARTER		levocetirizine.....	4	LIVER WITH IRON	286
(ORANGE)	264	levofloxacin.....	134, 170	LIVETROL.....	231
lamivudine	183, 185	levofloxacin in d5w	169	LO LOESTRIN FE	66
lamivudine-zidovudine	181	levoleucovorin calcium	223	LODINE	195
lamotrigine	264, 265	LEVONEST (28).....	65	LO-DOSE ASPIRIN	148
lancets	203	levonorgestrel.....	65	LOJAIMIESS	66
LANCETS, SUPER THIN	203	levonorgestrel-ethinyl estrad.65, 66		LOKELMA	119
lancing device	112	levonorg-eth estrad triphasic.....	66	LONHALA MAGNAIR REFILL	8
lancing device with lancets	112	LEVORA-28.....	66	LONHALA MAGNAIR STARTER .8	
LANOXIN.....	40, 41	levorphanol tartrate	247	LONSURF	212
LANOXIN PEDIATRIC.....	41	LEVO-T	128	loperamide	200
lansoprazole	277	levothyroxine	128, 129	lopinavir-ritonavir.....	183
lanthanum	119	LEVOXYL.....	129	LOPREEZA	151
LANTUS SOLOSTAR U-100		LEVULAN	223	lorazepam	25, 35
INSULIN	116	LEXIVA.....	183	LORAZEPAM INTENSOL.....	25
LANTUS U-100 INSULIN	117	LIALDA	199	LORBRENA	218
LARIN 1.5/30 (21).....	65	LICART.....	83	LORCET (HYDROCODONE)	254
LARIN 1/20 (21).....	65	lidocaine	87	LORCET HD	254
LARIN 24 FE	65	lidocaine (pf).....	196, 197	LORYNA (28)	66
LARIN FE 1.5/30 (28)	65	lidocaine hcl.....	87, 197		

losartan	44
losartan-hydrochlorothiazide	43
LOTEMAX	132
LOTEMAX SM	132
loteprednol etabonate	132
lovastatin	54
LOVENOX	147
LOW-OGESTREL (28)	66
loxapine succinate	28
LO-ZUMANDIMINE (28)	66
LTA PRE-ATTACHED	87
LUCEMYRA	255
LUGOLS	75, 128
LUMIGAN	136
LUMINAL	33
LUMIZYME	235
LUMOXITI	220
LUMOXITI IV SOLN STABILIZER	241
LUPANETA PACK (3 MONTH)	152
LUPRON DEPOT	123, 127
LUPRON DEPOT (3 MONTH)	123, 127
LUPRON DEPOT (4 MONTH)	123
LUPRON DEPOT (6 MONTH)	123
LUPRON DEPOT-PED	127
LUPRON DEPOT-PED (3 MONTH)	127
LUTERA (28)	66
LUVIRA	56
LYDIA PINKHAM HERBAL	286
LYNPARZA	218
LYSODREN	222
LYZA	66
M	
mafénide acetate	78
MAGELLAN SAFETY NEEDLE	237
MAGELLAN TUBERCULIN SAFETY SYR	205
MAKENA	122
MAKENA (PF)	122
malathion	78
mannitol 10 %	50
mannitol 20 %	50
mannitol 25 %	50
mannitol 5 %	50
maprotiline	22
MARLISSA (28)	66
MARPLAN	19
MARQIBO	224
MATULANE	222
MATZIM LA	48
MAVENCLAD (10 TABLET PACK)	225
MAVENCLAD (4 TABLET PACK)	225
MAVENCLAD (5 TABLET PACK)	225
MAVENCLAD (6 TABLET PACK)	225
MAVENCLAD (7 TABLET PACK)	225
MAVENCLAD (8 TABLET PACK)	225
MAVENCLAD (9 TABLET PACK)	225
MAVYRET	185
MAXFE (FOLATE-DOCUSATE)	286
MAYZENT	225
MAYZENT STARTER PACK	225
MCT OIL	240
meclizine	7
meclofenamate	195
MEDROLOAN II SUIK	191
MEDROLOAN SUIK	191
medroxyprogesterone	60, 152
mefenamic acid	195
mefloquine	178
MEGARED ADVANCED 4-IN-1 GUMMY	57
MEGARED ADVANCED 4-IN-1 ALGAE	231
MEGARED ADVANCED TOTAL BODY	57
MEGARED JOINT CARE	231
MEGARED KIDS	232
MEGARED OMEGA-3 KRILL OIL	57
megestrol	224, 230
MEKINIST	214
MEKTOVI	214
melatonin	35
MELODETTA 24 FE	66
meloxicam	195
melphalan	208
melphalan hcl	208
memantine	17
MENACTRA (PF)	155
MENEST	151
MENOPUR	122
MENVEO A-C-Y-W-135-DIP (PF)	155
MENVEO MENA COMPONENT (PF)	155
MENVEO MENCYW-135 COMPNT (PF)	155
meperidine	247
meperidine (pf) in 0.9 % nacl	247
MEPHYTON	149
mepivacaine	197
meprobamate	25
MEPSEVII	235
mercaptopurine	212
meropenem	162
meropenem-0.9% sodium chloride	162
mesalamine	198, 199
mesalamine with cleansing wipe	198
mesna	223
MESNEX	223
MESTINON	18
METADATE ER	37
metaproterenol	9
METAXALL	271
metaxalone	271
metformin	103
methadone	247, 248
METHADONE INTENSOL	247
METHADOSE	248
methamphetamine	23
methazolamide	135
methenamine hippurate	165
methenamine mandelate	165
methen-sod phos-meth blue-hyos	165
METHERGINE	71
methimazole	128
methocarbamol	271
methotrexate sodium	212
methotrexate sodium (pf)	212
methoxsalen	88
methscopolamine	274
methyl salicylate	84
methyldopa	45
methyldopa-hydrochlorothiazide	45
methyldopate	45
methylergonovine	71
methylphenidate hcl	37
methylpred ac(pf)-nacl,iso-osm	191
methylprednisol ac-bupivac-wat	191

methylprednisolone	191	MINIMED SILHOUETTE 32	113	MONOVISC	189
methylprednisolone acet-water	191	MINIMED SILHOUETTE 43	113	montelukast.....	13
methyltestosterone	149	MINIMED SURE T 18.....	113	MONUROL.....	165
metipranolol	136	MINIMED SURE T 23.....	113	morphine	249
metoclopramide hcl	276	MINIMED SURE T 32.....	113	morphine (pf).....	248
metolazone	53	MINIMED SYRINGE RESERVOIR	205	morphine (pf) in 0.9 % sod chl ..	248
metoprolol succinate.....	46	MINITRAN	59	morphine concentrate	248
metoprolol ta-hydrochlorothiaz ..	47	MINI-WRIGHT PEAK FLOW METER	15	morphine in 0.9 % sodium chlor ..	248, 249
metoprolol tartrate	46	MINOCIN	172	MOTEGRITY	276
METRO I.V.	178	minocycline.....	172	MOVANTIK	202
metronidazole	74, 178, 280	minoxidil	45	MOVE FREE JOINT HEALTH ..	189
metronidazole in nacl (iso-os)...	178	MIO INFUSION SET	113	MOVE FREE PLUS MSM	189
metyrosine	45	MIRENA	234	MOVE FREE PLUS MSM-VIT D3	189
mexiletine	38	mirtazapine.....	18	MOVE FREE ULTRA OMEGA JOINT PL.....	232
MIACALCN	124	MIRVASO	75	MOVE FREE ULTRA TRIPLE ACTION	232
MIBELAS 24 FE	66	misoprostol	275	MOVE FREE ULTRA TURMERIC-TAMAR	233
micafungin	173	MISTASSIST	15	MOVE FREE ULTRA-BORATE-K2-D3	232
MICONAZOLE-3.....	280	MITIGARE	139	MOVIPREP	201
MICRO THIN LANCETS.....	203	MITIGO (PF).....	248	MOXEZA	134
MICROCHAMBER.....	15	mitomycin	210	moxifloxacin	134, 170
MICROGESTIN 1.5/30 (21).....	66	MITOSOL	138	moxifloxacin-sod.ace,sul-water.	170
MICROGESTIN 1/20 (21).....	66	mitoxantrone.....	222	moxifloxacin-sod.chloride(iso) ..	170
MICROGESTIN FE 1.5/30 (28) ..	66	MKO (MIDAZOLAM-KETAMINE-ONDAN)	36	MS CONTIN	249
MICROGESTIN FE 1/20 (28) ..	66	M-M-R II (PF)	158	MULTAQ	38
MICROSPACER.....	15	M-NATAL PLUS	288	MULTIGEN	286
midazolam	35	modafinil	34	MULTIGEN FOLIC	286
midodrine	57	MODULEN	240	MULTIGEN PLUS	286
MIFEPREX	227	moexipril	44	mupirocin	76
mifepristone	227	molindone	32	mupirocin calcium	76
MIGERGOT	252	mometasone.....	5, 82	MUSE	121
milglitol	99	MONDOXYNE NL	172	MUTAMYCIN	210
milglustat	232	MONJUVI	226	MVASI	213
MILI.....	66	MONOFERRIC	286	MY CHOICE	67
MILLIPRED	191	MONOGEN	232	MY WAY	67
MILLIPRED DP	191	MONOJECT BLOOD COLLECTION	237	MYALEPT	127
MIMVEY	151	MONOJECT ENFIT STERILE SYRINGE	205	MYCAMINE	174
MINI WRIGHT PEAK FLOW METER	15	MONOJECT ENFIT SYRINGE	205	MYCAPSSA	241
MINIMED 630G INSULIN PUMP	112	MONOJECT ENFIT SYRINGE CAP	205	mycophenolate mofetil	161
MINIMED 670G INSULIN PUMP	112	MONOJECT INSULIN SAFETY SYRING	205	mycophenolate mofetil (hcl)	161
MINIMED MIO 18	112	MONOJECT INSULIN SYRINGE	205	mycophenolate sodium	161
MINIMED MIO 23	112	MONOJECT SYRINGE	205	MYFERON 150	286
MINIMED MIO 32	112	MONO-LINYAH	66	MYFERON 150 FORTE	286
MINIMED QUICK SET 18.....	112	MONONINE	144	MYFORTIC	161
MINIMED QUICK SET 23.....	112			MYLERAN	208
MINIMED QUICK SET 32.....	112			MYLOTARG	216
MINIMED QUICK SET 43.....	112				
MINIMED SILHOUETTE 18	112				
MINIMED SILHOUETTE 23	113				

MYNATAL	288	NEUAC	74	NOCDURNA (MEN)	123
MYNATAL ADVANCE	288	NEUAC KIT	74	NOCDURNA (WOMEN)	123
MYNATAL PLUS	288	NEULASTA	147	NORA-BE	67
MYNATAL-Z	288	NEUPRO	256	NORDITROPIN FLEXPRO	126
MYNATE 90 PLUS	288	nevirapine	182	norepinephrine bitartrate	40
MYOBLOC	238	NEW DAY	67	norepinephrine bitartrate-d5w	40
MYORISAN	73	NEWGEN	288	norepinephrine bitartrate-nacl	40
MYRBETRIQ	278	NEXAVAR	218	noreth-ethinyl estradiol-iron	67
MYXREDLIN	117	NEXIUM PACKET	277	norethindrone (contraceptive)	67
N		NEXLETOL	53	norethindrone acetate	152
nabumetone	195	NEXLIZET	55	norethindrone ac-eth estradiol	67,
nadolol	46	NEXPLANON	60	152	
nadolol-bendroflumethiazide	47	NEXTERONE	38	norethindrone-e.estriadiol-iron	67
nafcillin	168	niacin	57	NORGESIC FORTE	271
nafcillin in dextrose iso-osm	168	nicardipine	48	norgestimate-ethinyl estradiol	67
naftifine	77	nicardipine in 0.9 % sod chlor	48	NORLYDA	67
NAGLAZYME	235	nicardipine in nacl (iso-os)	48	NORMLGEL AG	75
nalbuphine	249	NICODERM CQ	272	NORPACE CR	39
naloxone	34	NICORELIEF	272	NORTHERA	57
naltrexone	34	NICORETTE	272	NORTREL 0.5/35 (28)	67
NAN PRO TODDLER DRINK	232	nicotine	272	NORTREL 1/35 (21)	67
NAN PRO-1 INFANT	234	nicotine (polacrilex)	272	NORTREL 1/35 (28)	67
naproxen	195	NICOTROL	272	NORTREL 7/7/7 (28)	67
naproxen sodium	195	NICOTROL NS	272	nortriptyline	22
naratriptan	252	nifedipine	48, 49	NORVIR	184
NARCAN	34	NIGHTTIME UNDERPANTS L-XL	203	NOURIANZ	256
NATACYN	134	NIKKI (28)	67	NOURISH PEPTIDE FORMULA	
NATAZIA	67	nilutamide	209	232
nateglinide	101	NIMBEX	238	NOVAFERRUM	286
NATPARA	128	nimodipine	49	NOVAFERRUM 125	286
NATURE-THROID	129	NINLARO	218	NOVAFERRUM 50	286
NAYZILAM	258	NIPENT	212	NOVAREL	122
NEBUPENT	179	NIPRIDE RTU	45	NOVOEIGHT	142
NEBUSAL	233	nisoldipine	49	NOVOFINE 32	237
NECON 0.5/35 (28)	67	NITHIODOTE	236	NOVOFINE AUTOCOVER	237
nefazodone	20	nitisinone	232	NOVOFINE PLUS	237
neomycin	174	NITRO-BID	59	NOVOPEN ECHO	113
neomycin-bacitracin-poly-hc	130	NITRO-DUR	59	NOVOSEVEN RT	142
neomycin-bacitracin-polymyxin	134	nitrofurantoin	167	NOVOTWIST	237
neomycin-polymyxin b-dexameth	130	nitrofurantoin macrocrystal	167	NOXAFL	173
neomycin-polymyxin-gramicidin	134	nitrofurantoin monohyd/m-cryst.	167	NP THYROID	129
neomycin-polymyxin-hc	117, 130	nitroglycerin	59	NUBEQA	209
NEO-POLYCIN	134	nitroglycerin in 5 % dextrose	59	NUCALA	13
NEO-POLYCIN HC	130	NITROLINGUAL	59	NUCORT	82
NEORAL	161	NITROMIST	59	NUCYNTA	250
neostigmine in sterile water	18	NITROPRESS	45	NUCYNTA ER	250
neostigmine methylsulfate	18	NITRO-TIME	60	NUEDEXTA	227
NEO-SYNALAR	79	NITYR	232	NUFERA	286
NEO-SYNALAR KIT	79	NIVESTYM	147	NU-IRON	286
NERLYNX	218	nizatidine	276	NULOJIX	161
				NULYTLEY LEMON-LIME	201

NULYTELY WITH FLAVOR	
PACKS	202
NUMAQULA OMEGA-3.....	232
NUMBRINO	227
NUPLAZID	36
NURTEC ODT	252
NUTRAMIGEN TODDLER	
ENFLORA-LGG	234
NUVARING.....	60
NUZYRA.....	172
NYAMYC	77
NYMALIZE	49
nystatin	77, 174
nystatin-triamcinolone	77
NYSTOP.....	77
O	
OBIZUR	142
OBREDON	72
OBSTETRIX DHA.....	288
OCALIVA	201
OCELLA	67
OCREVUS	225
octreotide acetate	241
ODEFSEY	184
ODOMZO	214
OFEV	242
ofloxacin	117, 134, 170
OGIVRI	212
olanzapine	30
olanzapine-fluoxetine.....	36
olmesartan.....	44
olmesartan-amlodipin-hcthiazid..	42
olmesartan-hydrochlorothiazide .	43
olopatadine	5, 131
OLUMIANT	193
omega-3 acid ethyl esters	57
omeprazole	277
OMNIPOD DASH 5 PACK POD	113
OMNIPOD DASH PDM KIT.....	113
OMNIPOD INSULIN	
MANAGEMENT	113
OMNIPOD INSULIN REFILL....	113
ONCASPAR	222
ondansetron.....	7
ondansetron hcl	7
ondansetron hcl (pf).....	7
ondansetron in 0.9 % sod chlor	7
ONETOUCH DELICA LANC	
DEVICE	113
ONETOUCH DELICA LANCETS	
.....	203
ONETOUCH DELICA PLUS LANC	
DEV.....	113
ONETOUCH DELICA PLUS	
LANCET.....	203
ONETOUCH PING INSULIN	
PUMP.....	113
ONETOUCH SURESOFT	
LANCING DEV.....	113, 203
ONETOUCH ULTRA BLUE TEST	
STRIP	110
ONETOUCH ULTRA CONTROL	
.....	113
ONETOUCH ULTRA2 METER.	113
ONETOUCH ULTRAMINI	113
ONETOUCH ULTRASOFT	
LANCETS	203
ONETOUCH VERIO FLEX METER	
.....	113
ONETOUCH VERIO FLEX START	
.....	113
ONETOUCH VERIO HIGH	
CONTROL	113
ONETOUCH VERIO IQ METER	
.....	113
ONETOUCH VERIO METER....	113
ONETOUCH VERIO MID	
CONTROL	113
ONETOUCH VERIO TEST	
STRIPS	110
ONFI.....	258
ONGENTYS	256
ONIVYDE	215
ONTRUZANT	212
ONUREG.....	212
ONXOL.....	222
OPCICON ONE-STEP	68
OPDIVO	219
opium tincture.....	200
OPSUMIT	51
OPTICHAMBER ADULT MASK-	
LARGE	15
OPTICHAMBER DIAMOND LG	
MASK	15
OPTICHAMBER DIAMOND VHC	
.....	16
OPTICHAMBER DIAMOND-MED	
MSK	16
OPTICHAMBER DIAMOND-SML	
MASK	16
OPTION-2	68
ORACEA	172
ORALONE	227
ORAPRED ODT.....	191
ORBACTIV.....	176
ORENCIA.....	189
ORENCIA (WITH MALTOSE)...	189
ORENCIA CLICKJECT	189
ORENITRAM	51
ORFADIN	232
ORIAHNN	127
ORILISSA	127
ORKAMBI	242
orphenadrine citrate	271
orphenadrine-asa-caffeine	271
ORPHENGESIC FORTE	271
ORSYTHIA.....	68
ORTHOVISC	189
OSCIMIN	274
OSCIMIN SL	274
OSCIMIN SR.....	274
oseltamivir	180
OSMITROL 15 %	50
OSMITROL 20 %	50
OSMOPREP	202
OSPHENA	127
OTEZLA	188
OTEZLA STARTER	188
OTIPRIO	118
OTOVEL	118
OTREXUP (PF).....	186
OVEEZA	232
OVIDREL	122
oxacillin	168
oxacillin in dextrose(iso-osm)....	168
oxaliplatin	209
oxandrolone	149
oxaprozin	196
OXAYDO	250
oxazepam	25
OXBRYTA	149
oxcarbazepine.....	265
OXERVATE	134
oxiconazole	77
OXISTAT	77
OXTELLAR XR	266
oxybutynin chloride	279
oxycodone	250
oxycodone-acetaminophen.....	254
oxycodone-aspirin	254
OXYCONTIN	250
oxymorphone	250
oxytocin in 0.9 % sod chloride	71

oxytocin in dextrose 5 %.....	71
oxytocin in dextrose 5 % in lr.....	71
oxytocin in lactated ringers	71
OYSTER SHELL CALCIUM 500	281
OZEMPIC	96
P	
PACERONE	39
paclitaxel.....	222
PACNEX HP	85
PACNEX LP	85
PADCEV	221
paliperidone	30, 31
palonosetron.....	7
PALYNZIQ	207
pamidronate.....	124
pancuronium.....	238
PANHEMATIN	142
PANRETIN	86
pantoprazole.....	277
PANZYGA	154
papaverine.....	60
PARADIGM RESERVOIR	205
PARAGARD T 380A.....	234
PARAPLATIN	209
PAREMYD.....	138
paricalcitol.....	126
PAROEX ORAL RINSE.....	227
paromomycin	178
paroxetine hcl	19
paroxetine mesylate(menop.sym)	34
PARSABIV.....	126
PARVLEX	288
PASER	175
PAZEO	131
P-CARE D40G.....	191
P-CARE D80G.....	191
P-CARE K40G	191
P-CARE K80.....	191
P-CARE K80G	191
PEDIA IRON	286
PEDIARIX (PF)	159
PEDIASURE GROW-GAIN	232
PEDIASURE GROW-GAIN ORGANIC	232
PEDIASURE REDUCED CALORIE	232
PEDVAX HIB (PF)	158
peg 3350-electrolytes	202
peg3350-sod sul-nacl-kcl-asb-c	202
PEGANONE	266
PEGASYS	185
peg-electrolyte soln	202
PEGINTRON.....	185
PEG-PREP	202
PEMAZYRE.....	218
PEN NEEDLE.....	237
pen needle, diabetic	237
penicillamine.....	185
penicillin g pot in dextrose	168
penicillin g potassium	168
penicillin g procaine.....	169
penicillin g sodium	169
penicillin v potassium	169
PENTACEL (PF)	158
PENTACEL ACTHIB COMPONENT (PF).....	158
PENTACEL DTAP-IPV COMPNT (PF)	158
PENTAM	179
pentamidine.....	179
PENTASA.....	199
pentazocine-naloxone	250
pentetate calcium trisodium	236
pentetate zinc trisodium	236
pentobarbital sodium	33
pentoxifylline.....	144
peppermint oil.....	233
PERFECT IRON.....	286
PERFOROMIST	9
perindopril erbumine.....	44
PERIOGARD.....	227
PERJETA	212
permethrin	78
perphenazine.....	33
perphenazine-amitriptyline	22
PERSA-GEL.....	85
PERSERIS	31
petrolatum, yellow (bulk)	240
PEXEVA	20
PFIZERPEN-G	169
PFLEX INSPIRATORY TRAINER	16
PHASEAL PROTECTOR	238
phenazopyridine	279
phenelzine	19
PHENEX-2	239
phenobarb-hyoscyl-atropine-scop	274
phenobarbital.....	33
phenobarbital sodium	33
phenol	84
phenoxybenzamine.....	42
phenotolamine	42
PHENYLADE GMP ULTRA	239
phenylephrine hcl	73, 133
phenylephrine hcl in 0.9% nacl	73
phenylephrine hcl in d5w	73
phenylephrine in sterile water	73
phenyleph-tropicamide in water	138
PHENYTEK.....	266
phenytoin	266
phenytoin sodium	266
phenytoin sodium extended	266
PHESGO	212
PHEXXI	60
PHILITH	68
PHOSLYRA	119
PHOSPHASAL.....	165
PHOSPHOLINE IODIDE.....	136
PHOTOFRIN	223
physostigmine salicylate	18
phytonadione (vitamin k1)	149
PICATO	86
pilocarpine hcl	136, 207
pimecrolimus	90
pimozide	26
PIMTREA (28).....	68
pindolol	46
pioglitazone	101
pioglitazone-glimepiride	104
pioglitazone-metformin	109
piperacillin-tazobactam	169
PIQRAY	218
PIRMELLA	68
piroxicam	196
PISTON SYRINGE WITH ENFIT	205
PKU EXPLORE10.....	239
PKU EXPLORE5.....	239
PKU SPHERE15.....	239
PKU SPHERE20.....	239
PLEGRIDY	225
PLENVU	202
PNEUMOVAX-23	155
PNV 29-1	288
PNV-DHA	288
PNV-DHA + DOCUSATE	288
PNV-OMEGA	289
PNV-SELECT	289
POCKET CHAMBER	16
POD-CARE 100C	191

POD-CARE 100CG	191
POD-CARE 100KG	191
podofilox	85
POLIVY	221
POLOCAINE	197
POLOCAINE-MPF	197
POLYCIN	134
POLY-IRON	286
POLY-IRON 150 FORTE	286
polymyxin b sulfate	176
polymyxin b sulf-trimethoprim ..	134
polysaccharide iron complex ..	287
polysorbate 80	241
POMALYST	216
PONTOCAINE	87
PORTIA 28	68
PORTRAZZA	212
posaconazole	173
POTABA	291
potassium acetate	120
potassium chlorid-d5-0.45%nacl	120
potassium chloride	120
potassium chloride in 0.9%nacl	120
potassium chloride in 5 % dex..	120
potassium chloride in water	120
potassium chloride-0.45 % nacl	120
potassium chloride-d5-0.2%nacl	120
potassium chloride-d5-0.3%nacl	120
potassium chloride-d5-0.9%nacl	120
potassium citrate	278
potassium cl-lido-0.9 % sodchl.	120
potassium gluconate.....	120
POTELIGEO	221
PR BENZOYL PEROXIDE	85
PR NATAL 400	289
PR NATAL 400 EC	289
PR NATAL 430	289
PR NATAL 430 EC	289
pralidoxime	230
PRALUENT PEN	55
pramipexole	256, 257
prasugrel.....	148
pravastatin	54
PRAXBIND	140
praziquantel	178
prazosin	42
PRECEDEX	36

PRECEDEX IN 0.9 % SODIUM CHLOR	36
PRECISION XTRA B-KETONE	230
PRECISION XTRA MONITOR	113
PRECISION XTRA TEST	110
PREDIA	232
prednicarbate	82
prednisol ace-gatiflox-bromfen ..	130
prednisoln sp-moxiflox-bromfen ..	130
prednisolone	192
prednisolone acetate	132
prednisolone acetate (pf).....	132
prednisolone acetate-nepafenac	132
prednisolone acet-gatifloxacin...	130
prednisolone sod ph-moxiflox ..	130
prednisolone sodium phosphate	132, 192
prednisolone-moxiflo-nepafenac	130
prednisolone-moxifloacin hcl ..	130
prednisolone-moxiflox-bromfen.	130
prednisone	192
PREDNISONE INTENSOL	192
pregabalin.....	266, 267
PREMARIN	152, 280
PREMIUM BLOOD GLUCOSE MONITOR	113
PREMPHASE	152
PREMPRO	152
PRENA1 CHEW	289
PRENA1 PEARL	289
PRENA1 TRUE	289
PRENAISSANCE	289
PRENAISSANCE PLUS	289
PRENATABS FA	289
PRENATABS RX	289
PRENATAL LOW IRON	289
PRENATAL PLUS	289
PRENATAL PLUS (CALCIUM CARB)	289
PRENATAL VITAMIN PLUS LOW IRON	289
PRENATAL-U	289
PREPIDIL	71
PREPLUS	289
PREPOPIK	202
PRESTALIA	41
PRETAB	289
pretomanid	175
PREVALITE	56
PREVIFEM	68
PREVNAR 13 (PF)	155
PREVYMIS	180
PREZCOBIX	181
PREZISTA	181
PRIFTIN	175
primaquine	178
PRIMEAIRE	16
primidone	267
PRIVIGEN	154
PRO COMFORT SPACER-ADULT MASK	16
PRO COMFORT SPACER-CHILD MASK	16
PRO COMFORT TENS ELECTRODE	203
PRO COMFORT TENS UNIT	203
PRO FE	287
probenecid	139
probenecid-colchicine	139
PROBICHEW	229
PROBIOTIC (WITH VITAMIN D3)	229
PROBIOTIC FORMULA (INULIN)	229
PROBUPHINE	255
procainamide	39
PROCARE SPACER WITH ADULT MASK	16
PROCARE SPACER WITH CHILD MASK	16
PRO-C-DURE 5	192
PRO-C-DURE 6	192
PRO-CEPTION	203
PROCHAMBER	16
prochlorperazine	7
prochlorperazine edisylate	7
prochlorperazine maleate	7
PROCIT	144
PROCTO-MED HC	83
PROCTO-PAK	83
PROCTOSOL HC	83
PROCTOZONE-HC	83
PROCYSBI	278
PROFERRIN ES	287
PROFILNINE	143
progesterone	152
progesterone micronized	152
PROGLYCEM	115
PROGRAF	161
PROLASTIN-C	207

PROLENSA	132
PROLEUKIN.....	160
PROMELLA.....	229
promethazine	4, 7
promethazine in 0.9 % nacl	4
promethazine-codeine	72
promethazine-dm.....	72
promethazine-phenyleph-kodeine	71
promethazine-phenylephrine.....	71
PROMETHEGAN	7
PROMETRIUM	152
propafenone	39
proparacaine.....	133
PROPIMEX-2	240
propranolol.....	46
propranolol-hydrochlorothiazid ..	47
propylthiouracil	128
PROQUAD (PF)	158
PROSTIN E2	71
protamine.....	142
protriptyline	22
PROVAYBLUE	228
PROVENGE	214
PROVENT	16
PROVENT STARTER	16
PROVERA.....	152
PULMICORT FLEXHALER	12
PULMOZYME.....	242
PURIXAN.....	212
pyrazinamide	175
pyridostigmine bromide	18
pyrimethamine	178
Q	
QBREXZA	207
Q-CARE RX Q2.....	227
Q-CARE RX Q4.....	227
Q-CLIQ PEN (FOR NATPARA) ..	205
Q-GEL MEGA.....	232
QINLOCK	218
QNDSL	5
QTERN	102, 103
QUAD-PROBIOTIC	229
QUADRACEL (PF)	158
QUAKE VIBRATORY PEP	16
QUARTETTE	68
quazepam.....	35
QUELICIN.....	238
QUESTRAN.....	56
QUESTRAN LIGHT	56
quetiapine	31
QUICK-SET PARADIGM	114
quinapril.....	44
quinapril-hydrochlorothiazide	42
quinidine gluconate	39
quinidine sulfate	39
quinine sulfate	178
QUINJA	75
QUIT 2	272
QUIT 4	272
QUZYTIR	5
QVAR REDIHALER	12
R	
RABAVERT (PF)	157
rabeprazole	277
RADICAVA	226
RADIOGARDASE	236
raloxifene.....	124
ramelteon	34
ramipril.....	44
RANEXA.....	58
ranolazine.....	58
RAPAMUNE	161
RAPIVAB (PF).....	180
RAPPORT VACUUM THERAPY	240
rasagiline	257
RASUVO (PF)	186
RAZADYNE	18
RAZADYNE ER	18
READYSHARP	
BETAMETHASONE.....	192
READYSHARP KETOROLAC ..	196
REBIF (WITH ALBUMIN)	225
REBIF REBIDOSE	225
REBIF TITRATION PACK	225
REBINYN	144
REBLOZYL.....	143
RECARBRO	162
RECLIPSEN (28).....	68
RECOMBIVAX HB (PF)	159
RECONSTITUBE	203
RECTIV	200
red yeast rice.....	233
REGONOL	18
REGRANEX	114
REGULOID (ASPARTAME)....	202
REGULOID (PSYLLIUM HUSK)	202
REGULOID (PSYLLIUM HUSK-SUCRO).....	202
RELAFEN	196
RELENZA DISKHALER	180
RELEXXII	37
RELISTOR	202
REMODULIN	51
RENACIDIN	278
RENFLEXIS	188
repaglinide	101
repaglinide-metformin	104
REPATHA PUSHTRONEX	55
REPATHA SURECLICK	55
REPATHA SYRINGE	55
RESPA-AR.....	71
RESTASIS	134
RESTASIS MULTIDOSE	134
RETACRIT	144
RETEVMO	218
RETROVIR	183
REVATIO	51
REVCOVI	235
REVEL PEDIATRIC PROGRAM PUMP	114
REVEL PROGRAMMABLE PUMP	114
REVLIMID	216
REXULTI	28
REYATAZ	184
REYVOW	252
RHOPHYLAC	154
RHOPRESSA	137
RIASTAP	140
ribavirin	180, 185
RIDAURA	193
rifabutin	175
rifampin	175
RIFATER	175
RILUTEK	226
riluzole	226
rimantadine	180
RINVOQ	193
risedronate	125
RISPERDAL CONSTA.....	31
risperidone	31
RITEFLO AEROCHAMBER	16
ritonavir	184
rivastigmine	18
rivastigmine tartrate	18
RIVELSA	68
RIXUBIS	144
rizatriptan	252
ROCKLATAN	137
rocuronium	238

romidepsin	220
ropinirole	257
ropivacaine (pf).....	197
ropivacaine(pf)-0.9 % sodchlor	197,
198	
ropivacaine-clonidin-ketorolac..	198
ropivacaine-epi-clonid-ketorol ..	198
ropivacaine-ketorolac-ketamine	198
ROSADAN	75
ROSULA CLEANSING CLOTHS	78
rosuvastatin	55
ROTATEQ VACCINE	155
ROWEEPRA.....	267
ROWEEPRA XR.....	267
ROZLYTREK	218
RUBRACA	218
RUCONEST	190
RUKOBIA	181
RUXIENCE	210
RUZURGI	226
RYBELSUS	97
RYDAPT	218
RYTARY	257
S	
SABRIL.....	267
SAF-CLENS AF DERMAL WOUND	90
safety needles	238
SAFYRAL	68
salicylic acid.....	85
salicylic acid er-ceramides.....	85
SALIMEZ	85
SALIMEZ FORTE	85
salsalate	244
SALVAX.....	85
SAMSCA	118
SANCUSO.....	7
SANDIMMUNE	162
SANDOSTATIN	241
SANTYL.....	87
SAPHRIS.....	31
SARCLISA.....	213
SAVELLA.....	226
SCALACORT	83
SCALACORT DK.....	83
SCANDONEST PLAIN	198
SCENESSE	88
SCLEROSOL INTRAPLEURAL	223
scopolamine base.....	7
SECONAL SODIUM	33
SECUADO	32
SEEBRI NEOHALER	8
SEGLUROMET	106
selegiline hcl.....	257
selenium sulfide.....	84
SELZENTRY	181
SE-NATAL 19 CHEWABLE	289
SE-NATAL-19.....	290
SENSIPAR	126
SENSORCAINE-	
MPF/EPINEPHRINE	198
SEREVENT DISKUS.....	9
SEROPHENE.....	122
SEROSTIM.....	126
sertraline.....	20
SE-TAN PLUS.....	287
SETLAKIN	68
sevelamer carbonate.....	119
SHAROBEL.....	68
SHINGRIX (PF)	159
SHINGRIX ADJUVANT	
COMPONENT-PF.....	241
SHINGRIX GE ANTIGEN	
COMPONENT.....	159
SIDEROL.....	287
SIGNIFOR	241
sildenafil	121
sildenafil (pulm.hypertension)	51
SILENOR.....	36
SILICONE MASK - INFANT	16
SILIQ	88
silodosin	277
silver nitrate	75, 85
silver nitrate applicators	85
silver sulfadiazine	78
SIMBRINZA.....	137
SIMILAC PRO-SENSITIVE NON-	
GMO	234
SIMILAC SPECIAL CARE 24	234
SIMILAC TOTAL COMFORT	234
SIMLIYA (28).....	68
SIMPESSE	68
SIMPONI	188
SIMPONI ARIA.....	188
SIMULECT	160
simvastatin	55
SINUVA	5
sirolimus	162
SIRTURO	175
SIVEXTRO	167
SKELAXIN.....	272
SKLICE	78
SKYLA	234
SKYRIZI	88
SLOW FE	287
SLOW RELEASE IRON	287
SLYND	68
sodium acetate.....	118
sodium bicarbonate.....	118
sodium bicarbonate in d5w	118
sodium chloride	233
sodium citrate	142
sodium citrate in 0.9 % nacl	142
SODIUM EDECRIN	50
sodium hyaluronate (viscosup)	189
sodium nitroprusside	45
sodium phosphate in 0.9 % nacl	119
sodium phosphate in d5w	119
SODIUM POLYSTYRENE (SORB	
FREE)	119
sodium polystyrene sulfonate	119
sodium thiosulfate	236
sodium thiosulfate in water	236
sofosbuvir-velpatasvir	185
SOLESTA	200
solifenacin	279
SOLIQUA 100/33	103
SOLIRIS	147
SOLOSEC	177
SOLU-CORTEF	192
SOLU-CORTEF ACT-O-VIAL (PF)	
.....	192
SOMATULINE DEPOT	241
SOMAVERT	126
SOPORDREN	233
SORILUX	89
SORINE	46
sotalol.....	46
SOTALOL AF	46
SOTYLIZE	47
SPACE CHAMBER	16
SPACE CHAMBER PLUS	16
SPACE CHAMBER WITH LARGE	
MASK.....	16
SPACE CHAMBER WITH	
MEDIUM MASK	16
SPACE CHAMBER WITH SMALL	
MASK.....	16
spinosad	78
spironolactone	50
spironolacton-hydrochlorothiaz	50
SPRINTEC (28)	68

SPRITAM	267	SUNOSI	34	TAKE ACTION	68
SPRYCEL	218	SUPARTZ FX	189	TAKHYRO	196
SPS (WITH SORBITOL)	119	SUPLENA CARB STEADY	240	TALTZ AUTOINJECTOR	88
SRONYX	68	SUPREP BOWEL PREP KIT	202	TALTZ AUTOINJECTOR (2 PACK)	88
SSD	78	SURFAXIN	242	TALTZ AUTOINJECTOR (3 PACK)	88
SSKI	71	SURGUARD2 SAFETY	238	TALTZ SYRINGE	88
SSS 10-5	78	SURVANTA	242	TALZENNA	219
ST JOSEPH ASPIRIN	148	SUSTIVA	182	TAMIFLU	180
ST. JOSEPH ASPIRIN	148	SUTENT	218	tamoxifen	224
STAMARIL (PF)	157	SYEDA	68	tamsulosin	277
stavudine	183	SYLATRON	216	TANDEM DUAL ACTION	287
STEGLATRO	99	SYLVANT	220	TAPAZOLE	128
STELARA	194	SYMAX DUOTAB	275	TARCEVA	219
sterile talc	223	SYMBICORT	11	TARGRETIN	86, 224
STERITALC	223	SYMDEKO	242	TARINA 24 FE	68
STIVARGA	218	SYMFPI	184	TARINA FE 1/20 (28)	68
STOP SMOKING AID	272	SYMFPI LO	184	TARINA FE 1-20 EQ (28)	69
STRENSIQ	235	SYMJEPI	206	TARON FORTE	287
streptomycin	174	SYMLINPEN 120	99	TARON-C DHA	290
STRIVERDI RESPIMAT	9	SYMLINPEN 60	99	TARON-PREX PRENATAL-DHA	288
STRONG IODINE	75, 128	SYMPAZAN	258	TASIGNA	219
SUBLOCADE	255	SYMPROIC	202	TASMAR	257
SUBOXONE	255	SYMTUZA	179	TAVALISSE	149
SUBVENITE	267	SYNAGIS	179	TAYTULLA	69
SUBVENITE STARTER (BLUE) KIT	267	SYNAREL	127	tazarotene	89
SUBVENITE STARTER (GREEN) KIT	267	SYNDROS	6	TAZICEF	165
SUBVENITE STARTER (ORANGE) KIT	267	SYNERCID	170	TAZORAC	89
succinylcholine chloride	238	SYNJARDY	106	TAZTIA XT	49
succinylcholine-0.9% nacl (pf)	239	SYNJARDY XR	107	TAZVERIK	215
succinylcholine-sod cl,iso(pf)	239	SYNRIBO	222	TDVAX	158
SUCRAID	273	SYNTHROID	129	TECARTUS	220
sucralfate	275	T		TECENTRIQ	222
sulfacetamide sodium	84, 133	FLEX	114	TECFIDERA	226
sulfacetamide sodium (acne)	74	SLIM	114	TEFLARO	163
sulfacetamide sodium-sulfur	78, 79	SLIM X2	114	TEGSEDI	206
sulfacetamide sod-sulfur-urea	79	SLIM X2 BASAL-IQ		TEKTURNΑ	52
sulfacetamide-prednisolone	133	INSULIN PMP	114	TEKTURNΑ HCT	52
sulfacetamide-sulfur-cleansr23	79	SLIM X2 CONTROL-IQ	114	telmisartan	44
SULFACE CLEANSE 8-4	79	SLIM X2 INSULIN PUMP		telmisartan-amlodipine	43
sulfadiazine	198		114	telmisartan-hydrochlorothiazid	43
sulfamethoxazole-trimethoprim	162	TABLOID	212	temazepam	35
SULFAMYLYON	79	TABRECTA	218	TEMIXYS	181
sulfasalazine	199	TACLONEX	90	TEMODAR	209
SULFATRIM	162	tacrolimus	90, 162	temozolomide	209
sulindac	196	tadalafil	121	temsitrolimus	215
sumatriptan	252	tadalafil (pulm. hypertension)	51	TENCON	243
sumatriptan succinate	252	TAFINLAR	213	teniposide	222
sumatriptan-naproxen	252	TAGRISSO	219	TENIVAC (PF)	158

tenofovir disoproxil fumarate	183
TEPADINA.....	209
TEPEZZA	128
terazosin	42
terbinafine hcl	173
terbutaline	9
terconazole	280
TESTONE CIK.....	149
TESTOPEL.....	149
testosterone	150
testosterone cypionate	149
testosterone enanthate.....	150
tetanus,diphtheria tox ped(pf)....	158
tetrabenazine	227
tetracaine hcl	133
tetracaine hcl (pf).....	133, 198
tetracycline	172
THALOMID	175
THEOCHRON	17
theophylline	17
theophylline in dextrose 5 %.....	17
THICK AND EASY.....	241
THIOLA.....	278
THIOLA EC.....	278
thiordiazine	33
thiotepa.....	209
thiothixene	32
THRESHOLD IMT TRAINER	16
THRESHOLD PEP DEVICE	16
THYMOGLOBULIN	162
thyroid (pork)	129
THYROLAR-1	129
THYROLAR-1/2.....	129
THYROLAR-1/4.....	129
THYROLAR-2.....	129
THYROLAR-3.....	129
TIADYLT ER.....	49
tiagabine	268
TIBSOVO.....	220
TICALAST	5
TICANASE.....	5
TICASPRAY	6
TIGLUTIK	226
TILIA FE	69
timol-brimon-dorzo-latanop(pf) .	137
timolol maleate	47, 137
timolol-brimonidi-dorzolam(pf) ..	137
timolol-dorzolamid-latanop(pf) ..	137
timolol-latanoprost(pf)	137
tinidazole	177
TIVICAY.....	184
TIVICAY PD	184
tizanidine	272
TL-HEM 150.....	287
TOBI PODHALER	174
TOBRADEX.....	130
TOBRADEX ST.....	130
tobramycin.....	134
tobramycin in 0.225 % nacl	174
tobramycin in 0.9 % nacl	174
tobramycin sulfate	174
tobramycin with nebulizer.....	175
tobramycin-dexamethasone.....	131
TOBREX.....	134
TODAY CONTRACEPTIVE SPONGE.....	60
tolcapone	257
tolmetin	196
tolterodine.....	279
tolvaptan.....	118
TOPCARE CLICKFINE	238
topiramate	268
TOPOSAR.....	222
topotecan.....	215
toremifene	224
TORISEL.....	215
TORONOVA II SUIK	196
TORONOVA SUIK	196
torsemide.....	50
TOTECT	224
TOUJE MAX U-300 SOLOSTAR	117
TOUJE SOLOSTAR U-300 INSULIN.....	117
TOVIAZ	280
TRACLEAR	51
TRADJENTA	100
tramadol	250
tramadol-acetaminophen	254
trandolapril.....	44
trandolapril-verapamil.....	41
tranexamic acid	140
tranexamic acid in nacl,iso-os ...	140
TRANSDERM-SCOP	8
tranylcypromine.....	19
TRAVATAN Z	137
TRAZIMERA	213
trazodone	20
TREANDA	209
TRECATOR.....	175
TRELEGY ELLIPTA	11
TRELSTAR.....	124
TREMFYA	88
treprostinil sodium	51
TRESIBA FLEXTOUCH U-100.	117
TRESIBA FLEXTOUCH U-200.	117
TRESIBA U-100 INSULIN	117
tretinoin	75
tretinoin (antineoplastic)	222
tretinoin microspheres.....	75
TRETEN	144
TREXALL	212
TRI FEMYNOR	69
triacetin	173
triamicinol ac (pf) in 0.9%nacl ..	192
triamicinol ace-bupiv-0.9% nacl.	192
triamicinolone aceton-0.9% nacl	192
triamicinolone acetonide	83, 192, 227
triamicinolone dia(pf)-0.9%nacl ..	192
triamicinolone diacet-0.9% nacl.	192
triamterene	50
triamterene-hydrochlorothiazid ..	50
triazolam	35
TRICITRASOL	142
TRICON	287
TRIDERM	83
trientine	236
TRI-ESTARYLLA	69
TRIFERIC	287
trifluoperazine	33
trifluridine	132
TRIGELS-F FORTE	287
trihexyphenidyl	255
TRIJARDY XR	109, 110
TRIKAFTA	242
TRI-LEGEST FE	69
TRI-LINYAH	69
TRILOAN II SUIK	192
TRILOAN SUIK	192
TRI-LO-ESTARYLLA	69
TRI-LO-MARZIA	69
TRI-LO-MILI	69
TRI-LO-SPRINTEC	69
TRILURON	189
TRILYTE WITH FLAVOR PACKETS	202
trimethobenzamide	8
trimethoprim	165
TRI-MILI	69
trimipramine	23
TRI-MIX (PAPAVRN-PHNTLMN-PGE1)	121

TRIMO-SAN JELLY	280
TRINATE	290
TRINTELLIX	22
TRI-PREVIFEM (28).....	69
TRIPTODUR.....	127
TRISENOX	222
TRI-SPRINTEC (28).....	69
TRIUMEQ	184
TRIVEEN-DUO DHA	290
TRIVEEN-PRX RNF	290
TRIVISC	189
TRIVORA (28)	69
TRI-VYLIBRA	69
TRI-VYLIBRA LO.....	69
TRIZIVIR.....	181
TRODELVY	221
TROGARZO	179
TROKENDI XR	268
tromethamine in sterile water ...	118
tropicamide	138
trospium.....	280
TRUEPLUS INSULIN	205
TRULANCE	200
TRULICITY	97
TRUMENBA	155
TRUSOPT	137
TRUSTEEL INFUSION SET 23 114	
TRUSTEEL INFUSION SET 32 114	
TRUVADA	181
TRUXIMA	210
TRUZONE PEAK FLOW METER	16
TUKYSA	219
TULANA	69
TURALIO	219
TUZISTRA XR	72
TWINRIX (PF)	159
TWIRLA	70
TYBOST	184
TYDEMY	69
TYKERB	219
TYMLOS	124
TYPHIM VI.....	155
TYR SPHERE20.....	240
TYREX-2	240
TYSABRI	226
TYVASO	51
TYVASO INSTITUTIONAL START KIT	51
TYVASO REFILL KIT	52
TYVASO STARTER KIT.....	52
TYZINE.....	72
U	
UBRELVY.....	253
UCERIS.....	200
UDENYCA.....	147
ULESFIA	78
ULORIC	139
ULTIMATE FLORA BABY PROBIOTIC	229
ULTOMIRIS.....	147
ULTRA CMFT INS SYR HALF UNIT	205
ULTRA COMFORT INSULIN SYRINGE	206
ULTRASAL-ER	85
UMECTA	85
UNITHROID	129, 130
UNITUXIN	221
UNIVERSAL 1 LANCETS	203
UP4 PROBIOTICS ADULT	229
UP4 PROBIOTICS ADULT 50 PLUS	229
UP4 PROBIOTICS KIDS CUBES	229
UP4 PROBIOTICS PLUS PREBIOTIC	229
UP4 PROBIOTICS ULTRA	229
UP4 PROBIOTICS WOMEN'S	229
UP4 PROBIOTICS-PREBIOTICS KIDS	229
UPLIZNA	226
UPTRAVI	52
urea	85, 86
UREA NAIL STICK	85
URETRON D-S	165
URIMAR-T	165
URIN DS.....	165
URO-458	165
UROCIT-K 10	278
UROCIT-K 15	278
UROCIT-K 5	279
UROGESIC-BLUE	165
URO-MP	165
ursodiol	201
URYL	166
USTELL	166
UTIBRON NEOHALER	10
UTIRA-C	166
UVADEX	223
V	
VABOMERE	163
VAGINAL CONTRACEPTIVE FILM	60
VAGINAL CONTRACEPTIVE FOAM	60
valacyclovir	180
VALCHLOR	86
valganciclovir	180
valproate sodium.....	269
valproic acid	269
valproic acid (as sodium salt)	269
valsartan	44
valsartan-hydrochlorothiazide	43
VALTOCO	258
VANCOCIN	176
vancomycin	177
vancomycin hcl in water	176
vancomycin in 0.9 % sodium chl	176, 177
vancomycin in dextrose 5 %	177
vancomycin-water inject (peg)	177
VANOXIDE-HC	74
VANTAS	124
VAPRO PLUS INTERMITT CATHETER	203
VAQTA (PF)	159, 160
VARISOFT INFUSION SET 23.114	
VARISOFT INFUSION SET 32.114	
VARISOFT INFUSION SET 43.114	
VARIVAX (PF)	160
VARIZIG	154
VARUBI	8
VASCEPA	57
vasopressin in 0.9 % sod chlor ..	123
vasopressin in dextrose 5 %	123
VASOSTRICT	123
VAXCHORA ACTIVE COMPONENT	157
VAXCHORA BUFFER COMPONENT	118
VAXCHORA VACCINE	157
VAZCULEP	73
VCF CONTRACEPTIVE FILM	61
VCF CONTRACEPTIVE GEL	61
VECAMYL	44
VECTIBIX	213
vecuronium bromide	239
VEKLURY (EUA)	179
VELCADE	219
VELETRI	52
VELIVET TRIPHASIC REGIMEN (28)	69

VELPHORO.....	119
VEMLIDY.....	185
VENA-BAL DHA	290
VENCLEXTA	220
VENCLEXTA STARTING PACK	220
venlafaxine	21
VENOFER	287
VENTAVIS.....	52
verapamil	49
VERIPRED 20	193
VERZENIO	219
VESICARE	279
VEXASYN.....	87
VFEND	173
V-GO 20	114
V-GO 30	114
V-GO 40	114
VIBATIV.....	176
VIBERZI.....	199
VIBRAMYCIN	172
VICODIN HP.....	254
VIENVA	69
vigabatrin	269
VIGADRONE	269
VIIBRYD	21
VILAMIT MB	166
VILTEPSO	206
VIMIZIM	235
VIMPAT	269
VINATE CARE.....	290
VINATE GT.....	290
VINATE II.....	290
VINATE M.....	290
VINATE ONE.....	290
VINATE ULTRA.....	290
vinblastine.....	224
VINCASAR PFS	224
vincristine.....	224
vinorelbine	224
VIOKACE.....	273
VIORELE (28).....	69
VIRACEPT.....	184
VIRAMUNE	182
VIRAMUNE XR.....	182
VIREAD	183
VIRT-C DHA	290
VIRT-FEFA PLUS.....	287
VIRT-NATE DHA	290
VIRT-PN DHA.....	290
VIRT-PN PLUS.....	290
VISCO-3	189
VISTOGARD	223
VISUDYNE	138
VITABEX IRON	287
VITAFOL	287
VITAL AF 1.2 CAL.....	240
VITAMIN K	149
VITAMIN K1	149
VITRAKVI.....	219
VITRASE	87
VITRON-C	287
VIVA DHA.....	290
VIVITROL	24
VIVOTIF	155
VIZIMPRO	219
VOLNEA (28)	70
VONVENDI.....	142
VORAXAZE.....	223
voriconazole	173
VORTEX HOLDING CHAMBER.....	16
VORTEX HOLDING CHAMBER CHILD	16
VORTEX HOLDING CHAMBER TODDLER.....	16
VORTEX VHC FROG MASK- CHILD	17
VORTEX VHC LADYBUG MASK- TODDLR	17
VOSEVI	184
VOTRIENT	219
VP-CH PLUS.....	290
VP-CH-PNV.....	290
VPRIV	235
VRAYLAR.....	26
VUMERITY	226
VYEPTI.....	253
VYFEMLA (28)	70
VYLEESI	33
VYLIBRA	70
VYNDAMAX	58
VYNDAQEL.....	58
VYVANSE	24
VYXEOS.....	213
VYZULTA	138
W	
WAKIX.....	34
warfarin.....	140
WAVESENSE PRESTO.....	114
WEE CARE	287
WERA (28)	70
WESTHROID	130
WHITE WAX (BEESWAX)	240
WIDE-SEAL DIAPHRAGM 60	70
WIDE-SEAL DIAPHRAGM 65	70
WIDE-SEAL DIAPHRAGM 70	70
WIDE-SEAL DIAPHRAGM 75	70
WIDE-SEAL DIAPHRAGM 80	70
WIDE-SEAL DIAPHRAGM 85	70
WIDE-SEAL DIAPHRAGM 90	70
WIDE-SEAL DIAPHRAGM 95	70
WILATE	142
WINRHO SDF	154
WINTERGREEN OIL	84
WIXELA INHUB	11
WYMZYA FE.....	70
X	
XALKORI	219
XARELTO	143
XARELTO DVT-PE TREAT 30D START	143
XCOPRI	270
XCOPRI MAINTENANCE PACK	270
XCOPRI TITRATION PACK	270
XELJANZ	193
XELJANZ XR	193
XEMBIFY	155
XENLETA.....	169
XERAVA	172
XERMELO	200
XGEVA.....	125
XIAFLEX	271
XIGDUO XR	108
XIIDRA	134
XOFLUZA	180
XOLAIR	13
XOPENEX	9
XOPENEX CONCENTRATE	9
XOSPATA	219
XTAMPZA ER	251
XTANDI	209
XULANE	70
XULTOPHY 100/3.6	104
XURIDEN	139
XYLOCAINE DENTAL- EPINEPHRINE	198
XYLOCAINE-MPF	198
XYREM	26
XYZMUNE	232
Y	
YAZ (28)	70
YEROVY	223

YESCARTA	220	ZENPEP	273	zoledronic ac-mannitol-0.9nacl	125
YF-VAX (PF).....	157	ZENZEDI	24	ZOLGENSMA	206
YOGURT PLUS CALCIUM GUMMIES	281	ZEPOSIA.....	226	ZOLINZA	220
YONDELIS	209	ZEPOSIA STARTER KIT	226	zolmitriptan.....	253
YONSA	209	ZEPOSIA STARTER PACK	226	zolpidem.....	36
YUPELRI	8	ZEPZELCA.....	209	ZOLPIMIST	36
YUVAFEM	280	ZERBAXA.....	165	ZOMIG	253
Z		ZEVALIN (Y-90)	221	zonisamide	270
zaflurkast	13	ZIAGEN	183	ZONTIVITY	148
zaleplon	36	zidovudine	183	ZORBTIVE	126
ZALTRAP	215	ZIEXTENZO	147	ZORTRESS	162
ZANOSAR	210	zileuton	8	ZOSTAVAX (PF)	160
ZARAH	70	ZILRETTA	193	ZOSYN IN DEXTROSE (ISO-OSM)	169
ZARONTIN	270	zinc gluconate	291	ZOVIA 1/35E (28)	70
ZARXIO	147	zinc sulfate	291	ZOVIRAX	78
ZATEAN-PN DHA.....	290	ZINGIBER	291	ZUBSOLV	255
ZATEAN-PN PLUS.....	290	ZIOPTAN (PF).....	138	ZULRESSO.....	18
ZAVESCA.....	233	ziprasidone hcl	32	ZUMANDIMINE (28)	70
ZCORT	193	ziprasidone mesylate	32	ZYDELIG	219
ZEBUTAL	243	ZIRABEV	213	ZYFLO	8
ZEJULA	219	ZIRGAN.....	132	ZYKADIA	219
ZELBORAF.....	214	ZITHRANOL.....	89	ZYLET	131
ZEMAIRA.....	207	ZOFRAN.....	8	ZYLOPRIM	139
ZEMDRI.....	175	ZOHYDRO ER	251	ZYMAXID	134
ZEMPLAR.....	126	ZOLADEX.....	124	ZYPRAM	199
ZENATANE	73	zoledronic acid	125	ZYPREXA RELPREVV	32
		zoledronic acid-mannitol-water .	125		