2020 Formulary of Covered Prescription Drugs

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Formulary of Covered Prescription Drugs

Formulario De Medicamentos Con Receta Cubiertos

Effective 07/01/2020 - 09/30/2020

Select HEALTH
VNSNY CHOICE

VNSNY CHOICE SelectHealth Formulary
July 2020

Foreword

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

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

Access to the most current version of the VNSNY CHOICE SelectHealth Formulary can be obtained by visiting www.vnsnychoice.org

The MedImpact P&T and Formulary Committees use the following criteria in the evaluation of drug selection for VNSNY CHOICE SelectHealth 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 VNSNY CHOICE SelectHealth members under their pharmacy benefit. All drugs are listed by their generic names and most common proprietary (branded) name. The Formulary may be accessed by using the index, either by generic or proprietary name and by therapeutic drug category. *In situations where an FDA approved generic equivalent is available, brand names are listed for reference purposes only, and do not denote coverage for the brand, unless specifically noted.*

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

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

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

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

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

The Formulary applies only to outpatient drugs provided to members, and does not apply to medications used in inpatient settings. If a member has any specific questions regarding their coverage, they should contact VNSNY CHOICE SelectHealth Member Services at 1-866-469-7774 Monday through Friday, 8:00 am to 6:00 pm. TTY users call 711.

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

1. ***Generic Substitution***
   When available, FDA approved generic drugs are to be used in all situations, regardless of the brand name indicated. The generic names are **bolded** in the formulary listing wherever an FDA approved generic drug product is available. Greater economy is realized through the use of generic equivalents. This policy is not meant to preclude or supplant any state statutes that may exist. All drugs that are or become available generically are subject to review by MedImpact's Pharmacy and Therapeutics Committee. MedImpact approves such multi-source drugs for addition to the MAC list based on the following criteria:

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

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

   If a member or physician requests a brand name product in lieu of an approved generic, and physician determines that there is a documented medical need for the brand equivalent, a request for coverage may be made using the medication request process at 1-888-678-7741, 24 hours a day, and 7 days a week.

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

   TIER DEFINITIONS:

   TIER 1: Preferred generic medications (formulary agents)
   TIER 2: Preferred brand medications (formulary agents)
   TIER 3: Non-preferred medications (non-formulary agents)

TIER 4: Zero Copay/Preventative medications
TIER 5: Over the Counter (OTC)

3. *Medication Request Process*

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

A. Coverage Exceptions:
Drugs that are listed in the Formulary with associated Prior Authorization (PA) require evaluation, per MedImpact P&T Committee Prior Authorization guidelines prior to dispensing at a 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. Obtaining Coverage:
Coverage, questions or information regarding the medication request or formulary process may be obtained by:
1. Faxing a completed **Medication Request Form** to MedImpact at 1-858-790-7100.
2. Contacting MedImpact at 1-888-678-7741 and providing all necessary information requested.

MedImpact 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.

4. *General Exclusions*

A. Drugs specifically listed as not covered.
B. Any drug products used for cosmetic purposes.
C. Experimental drug products or any drug product used in an experimental manner.
D. Replacement of lost or stolen medication.
E. Non-self-administered injectable drug products unless otherwise specified in the Formulary listing.
F. Foreign sourced drugs or drugs not approved by the United States Food & Drug Administration, except in certain cases of drug shortage, when allowed under the individual's pharmacy benefit.

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

5. *Pharmacist and Physician Communication*

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

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

Plan Name: VNSNY CHOICE SelectHealth Plan Phone No. 1-888-678-7741
Website: vnsnychoice.org/selecthealth Plan Fax No. 1-858-790-7100

NYS Medicaid Prior Authorization Request Form For Prescriptions

Rationale for Exception Request or Prior Authorization - *All information must be complete and legible*

Patient Information

First Name:	Last Name:	MI:	☐ Male ☐ Female
Date of Birth: ___/___/____	Member ID:	Is patient transitioning from a facility? ☐ Yes ☐ No If yes, provide name of facility: _____	

Provider Information

First Name:	Last Name:		Address:	
NPI No:[1]	Phone No:	Fax No:	Office Contact:	Specialty:

Medication/Medical and Dispensing Information

Medication:	Strength:	Frequency:	Qty:	Refill(s):
Case Specific Diagnosis/ICD10:[2]	Route of Administration: ☐ Oral ☐ IM ☐ SC ☐ Transdermal ☐ IV ☐ Other For physician administered, will this provider be ordering & administering? ☐ Yes ☐ No If no, supply administering provider:			

Please check one of the following:

This is a new medication and/or new health plan for the patient. ☐ **If checked, *go to question 1***	This is continued therapy previously covered by the patient's current health plan. ☐ **If checked, approx. date initiated ____/____. *Go to question 5***

1. Does the drug require a dose titration of either multiple strengths and/or multiple doses per day? ☐ Yes ☐ No
   If yes, provide titration schedule: _____
2. Is the drug being used for an FDA approved indication? ☐ Yes ☐ No
   2.(a) If the answer to 2 is **No**, is its use supported by Official Compendia (AHFS DI®, DRUGDEX ®)[3] ☐ Yes ☐ No
3. Has the patient experienced treatment failure with a preferred/formulary drug(s) or has the patient experienced an adverse reaction with a preferred/formulary drug(s) in the therapeutic class? If yes, complete the following: ☐ Yes ☐ No

Drug and Dose	Route	Frequency	Approx. date range therapy began & stopped	Outcome
			____/____ ____/____	
			/____ ____/____	

4. Is there documented history of successful therapeutic control with a non-preferred/non-formulary drug and transition to a preferred/formulary drug is medically contraindicated? If yes, explain: ☐ Yes ☐ No

5. Is this a change in dosage/day for the above medication? ☐ Yes ☐ No
6. Does the request require an expedited review?* **Rationale** _____ ☐ Yes ☐ No
7. Attach relevant lab results, tests and diagnostic studies performed that support use of therapy. **Check if attached** ☐

Required clinical information: Please provide all relevant clinical information in the box below to support a medical necessity to determine coverage. Refer to health plan coverage requirements for the requested medication (see link above).
☐ Please check here if documentation is attached.

I attest that this information is accurate and true, and that the supporting documentation is available for review upon request of said plan, the NYSDOH or CMS. I understand that any person who knowingly makes or causes to be made a false record or statement that is material to a Medicaid MC claim may be subject to civil penalties and treble damages under both federal and NYS False Claims Acts.

Prescriber's Signature _____ Date ____/____/____

Instructional Information for Prior Authorization

Upon our review of all required information, you will be contacted by the health plan.

When providing required clinical information, the following elements should be considered within the rationale to support your medical necessity request:

- *Height/Weight*
- *Compound ingredients*
- *Specific dosage form consideration*
- *Drug or Other Related Allergies*

Please consider providing the following information as applicable & when available:

- *Healthcare Common Procedure Coding System (HCPCS)* [4]
- *Transition of Care Hospital and/or Residential Treatment Facilities Information (contact, phone number, length of stay)*
- *Life Situations Information such as foster care transition, homelessness, poly-substance abuse and history of poor medication adherence*
- *Patient information (address, phone number)*
- *Provider information (direct electronic contact information: e-mail, etc.)*

*An expedited review will be considered when a condition exists that places the health or safety of the person afflicted with such condition or other person (s) in serious jeopardy. An emergency 72 hour supply (5 day supply for medications to treat substance use disorders) may be requested by the provider in cases where an emergency condition exists as defined above.
https://www.health.ny.gov/health_care/managed_care/docs/medicaid_managed_care_fhp_hiv-snp_model_contract.pdf

This form must be signed by the prescriber but can also be completed by the prescriber or his/her authorized agent. *An authorized agent is an employee of the prescribing practitioner and has access to the patient's medical records (i.e. nurse, medical assistant*). The completed fax form and any supporting documents must be faxed to the proper health plan.

Helpful Definitions

[1]**NPI:** A national provider identifier (NPI) is a unique ten-digit identification number required by HIPAA for all health care providers in the United States. https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/index.html

[2]**ICD-10:** The International Classification of Diseases (ICD) is designed to promote international comparability in the collection, processing, classification, and presentation of mortality statistics
http://www.cdc.gov/nchs/icd.htm

[3]**AHFS Drug Information® (AHFS DI®)** provides evidence-based evaluation of pertinent clinical data concerning drugs, with a focus on assessing the advantages and disadvantages of various therapies, including interpretation of various claims of drug efficacy. http://www.ahfsdruginformation.com/ **DRUGDEX®** System within the Micomedex product which provides peer-reviewed, evidence-based drug information including investigational & non prescription drugs. http://www.micromedex.com/

[4]**The HCPCS** is divided into two principal subsystems, referred to as level I and level II of the HCPCS:

- Level I of the HCPCS is comprised of CPT (Current Procedural Terminology), a numeric coding system maintained by the American Medical Association (AMA). The CPT is a uniform coding system consisting of descriptive terms and identifying codes that are used primarily to identify medical services and procedures furnished by physicians and other health care professionals.

- Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes, such as ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside a physician's office.

Formulario de VNSNY CHOICE SelectHealth
Julio de 2020

Prólogo

MedImpact es un administrador del beneficio de farmacia para VNSNY CHOICE SelectHealth. Este documento representa los esfuerzos de los Comités de Farmacia y Terapéutica de MedImpact Healthcare Systems (Pharmacy and Therapeutics, P&T) y el Formulario para proporcionar a los médicos y farmacéuticos un método para evaluar la seguridad, eficacia y rentabilidad de los productos medicinales disponibles comercialmente. Un enfoque estructurado al proceso de selección del medicamento es esencial para asegurar el acceso continuo del paciente a las terapias racionales de medicamentos.

Esto se lleva a cabo a través de los auspicios de los Comités de P&T y la Lista de medicamentos de MedImpact. Estos comités se reúnen trimestralmente y con más frecuencia si es necesario para asegurar la relevancia clínica de la lista de medicamentos. Para adaptar los cambios a este documento, las actualizaciones se encuentran accesibles según sea necesario.

El acceso a la versión más actualizada del Formulario de VNSNY CHOICE SelectHealth se puede obtener visitando www.vnsnychoice.org

Los Comités de P&T y de la Lista de medicamentos de MedImpact usan los siguientes criterios en la evaluación de selección de medicamentos para la Lista de medicamentos de VNSNY CHOICE SelectHealth:

- Perfil de seguridad del medicamento
- Eficacia del medicamento
- Comparación de beneficios terapéuticos relevantes con agentes actuales de uso similar de la Lista de medicamentos, y para minimizar duplicidad terapéutica cuando sea posible
- Costo-efectividad en relación a terapias comparables

Cómo usar la Lista de medicamentos

La Lista de medicamentos es un listado de medicamentos disponibles para los afiliados de VNSNY CHOICE SelectHealth bajo su beneficio de farmacia. Todos los medicamentos están listados por sus nombres genéricos y nombre comercial más común (marca). Puede obtener acceso a la Lista de medicamentos usando el índice, ya sea por nombre genérico o comercial y por categoría terapéutica del medicamento. *En situaciones en las que un genérico equivalente aprobado por la FDA esté disponible, los nombres de marca se encuentran listados únicamente por motivos de referencia y no denotan cobertura de la marca, a menos que se especifique.*

Todos los medicamentos se encuentran listados en cada categoría en orden alfabético por nombre genérico. Cuando un medicamento genérico aprobado por la FDA está disponible para el nombre genérico listado, el nombre genérico se encuentra en **negrita**.

Para ciertos agentes dentro de la Lista de medicamentos, puede aplicar un lineamiento de prescripción recomendada. Estos se indican en todo el documento usando los siguientes símbolos:

EDAD	Editar la edad	La cobertura puede depender de la edad del paciente
G	Editar el género	La cobertura puede depender del género del paciente
PA	Autorización previa	Requiere de un proceso específico de solicitud del médico
QL	Límite de cantidad	La cobertura puede estar limitada a cantidades específicas por receta médica o por período de tiempo
ST	Terapia de pasos	La cobertura puede depender del uso previo de otro medicamento

Consulte el apéndice de lineamientos de recetas en este documento para obtener detalles sobre agentes específicos.

Cobertura de beneficios y limitaciones

Este formulario impreso no proporciona información relacionada con la cobertura y limitaciones específicas a las que un afiliado individual puede estar sujeto. Muchos afiliados tienen inclusiones de beneficios, exclusiones, copagos específicos o falta de cobertura, los cuales no se reflejan en la Lista de medicamentos.

La Lista de medicamentos aplica únicamente a los medicamentos para pacientes ambulatorios proporcionados a afiliados y no aplica a los medicamentos que se usan en entornos para pacientes hospitalizados. Si un afiliado tiene preguntas específicas en relación a su cobertura, deberá comunicarse a Servicios del afiliado de VNSNY CHOICE SelectHealth al 1-866-469-7774, de lunes a viernes de 8:00 a. m. a 6:00 p. m. Los usuarios de TTY deben llamar al 711.

Dependiendo de los parámetros de beneficios específicos del afiliado, los siguientes temas pueden aplicar:

1. ***Sustitución de genéricos***
   Cuando se encuentren disponibles, los medicamentos genéricos aprobados por la FDA se usarán en todos los casos, independientemente del nombre de marca indicado. Los nombres genéricos se encuentran en **negrita** en la lista de medicamentos donde se encuentre un producto medicinal genérico aprobado por la FDA que esté disponible. Se obtiene mayor ahorro con el uso de equivalentes genéricos. Esta política no tiene el propósito de excluir o reemplazar los estatutos del estado que puedan existir. Todos los medicamentos que se encuentran o lleguen a estar disponibles como genéricos están sujetos a revisión por parte del Comité de farmacia y terapéutica de MedImpact. MedImpact aprueba dichos medicamentos de múltiples fuentes para agregarlos a la lista MAC con base en los siguientes criterios:

   - Producto medicinal de múltiple fuente fabricado por al menos una (1) empresa comercializada a nivel nacional.
   - Al menos uno (1) de los productos genéricos del fabricante debe tener una calificación "A" o que se haya determinado que el producto genérico no está asociado con problemas de eficacia, seguridad o bioequivalencia por parte del Comité de P&T de MedImpact.
   - El producto medicinal será aprobado para sustitución genérica por parte del Comité de P&T de MedImpact.

   Esta lista se revisa y actualiza periódicamente con base en la literatura clínica y características farmacocinéticas de las versiones disponibles actualmente de estos productos medicinales.

   Si un afiliado o médico solicita un producto de marca en lugar de un genérico aprobado, y el médico determina que existe una necesidad médica documentada de la marca equivalente, se puede realizar una solicitud de cobertura usando el proceso de solicitud de medicamentos al 1-888-678-7741, las 24 horas del día, los 7 días de la semana.

2. ***Diseño de beneficios por nivel***
   La Lista de medicamentos se puede aplicar a un diseño de beneficios por niveles, donde el afiliado comparte el costo de la terapia con medicamentos con receta médica con base en el nivel del medicamento, copago o coaseguro. En la mayoría de los casos, los medicamentos genéricos disponibles serán cubiertos en un nivel más bajo por separado (copago bajo), los medicamentos preferidos de marca listados en la Lista de medicamentos serán cubiertos bajo un nivel más alto, y los medicamentos de marca que no se encuentran en el formulario serán cubiertos bajo un nivel de copago de medicamento de marca no preferida por separado. Los medicamentos esenciales para la salud de beneficio o preventiva, si están disponibles en el formulario de sus planes (aplica a planes nuevos y que no cuentan con derechos adquiridos), serán cubiertos sin costo compartido (cero copago).

DEFINICIONES DE LOS NIVELES:

NIVEL 1: Medicamentos genéricos preferidos (agentes de la Lista de medicamentos)
NIVEL 2: Medicamentos de marca preferidos (agentes de la Lista de medicamentos)
NIVEL 3: Medicamentos no preferidos (agentes que no son de la Lista de medicamentos)
NIVEL 4: Medicamentos con cero copago o de prevención
NIVEL 5: De venta libre (OTC)

3. Proceso de solicitud de medicamentos

Dependiendo del diseño de beneficios del plan, puede aplicar un proceso de solicitud de medicamentos de la siguiente forma:

A. Excepciones de cobertura:
Los medicamentos que se listan en el formulario de autorización previa asociado (PA) requieren evaluación, según las pautas de autorización previa del Comité de P&T de MedImpact antes de su distribución en una farmacia de la red. Cada solicitud será revisada en base a la necesidad individual del paciente. Si la solicitud no cumple con los lineamientos establecidos por el Comité de P&T, la solicitud no será aprobada y puede que se recomiende terapia alternativa.

B. **Obtención de cobertura**
La cobertura, preguntas o información con respecto a la solicitud de medicamentos o proceso del formulario pueden obtenerse:

1. Enviando por fax un **Formulario de solicitud de medicamentos** a MedImpact al 1-858-790-7100.
2. Comunicándose a MedImpact al 1-888-678-7741 y proporcionando toda la información necesaria que se le solicite.

MedImpact le proporcionará un número de autorización, especifico para la necesidad médica, para todas las solicitudes aprobadas. Las solicitudes no aprobadas pueden ser apeladas. La persona que escribe las recetas debe proporcionar información para apoyar la apelación basándose en la necesidad médica. La autorización previa generalmente no está disponible para medicamentos que están excluidos específicamente por el diseño de los beneficios.

4. Exclusiones generales

A. Medicamentos específicamente listados como no cubiertos.
B. Cualquier producto medicinal usado para propósitos cosméticos.
C. Productos medicinales experimentales o cualquier producto medicinal usado de forma experimental.
D. Reposición de medicamento perdido o robado.
E. Productos medicinales inyectables no autoadministrables, a menos que se especifique de otra manera en la Lista de medicamentos.
F. Medicamentos de fuentes extranjeras o medicamentos no aprobados por la Administración de Alimentos y Medicamentos de los Estados Unidos, excepto en ciertos casos de escasez de medicamentos, cuando sea permitido bajo beneficio de la farmacia de la persona.

Los Comités de P&T y de la Lista de medicamentos reconocen que no todas las necesidades médicas se pueden cubrir con este documento y fomentan las investigaciones sobre terapias alternativas.

NOTICE OF NON-DISCRIMINATION

VNSNY CHOICE SelectHealth complies with Federal civil rights laws. **VNSNY CHOICE SelectHealth** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

VNSNY CHOICE SelectHealth provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call **VNSNY CHOICE SelectHealth** at 1-866-469-7774. For TTY/TDD services, call 711.

If you believe that **VNSNY CHOICE SelectHealth** has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with **VNSNY CHOICE SelectHealth** by:

Mail:	VNSNY CHOICE Health Plans 220 East 42nd Street, 3rd Floor, New York, NY 10017
Telephone:	1-888-634-1558 (TTY/TDD: 711)
In person:	220 East 42nd Street, 3rd Floor, New York, NY 10017
Fax:	646-459-7729
Email:	CivilRightsCoordinator@vnsny.org
Web:	www.vnsny.ethicspoint.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

- Web: Office for Civil Rights Complaint Portal at ocrportal.hhs.gov/ocr/portal/lobby.jsf
- Mail: U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building Washington, DC 20201
Complaint forms are available at www.hhs.gov/ocr/office/file/index.html
- Telephone: 1-800-368-1019 (TTY/TDD 800-537-7697)

AVISO DE NO DISCRIMINACIÓN

VNSNY CHOICE SelectHealth cumple con las leyes federales de derechos civiles. **VNSNY CHOICE SelectHealth** no excluye a las personas ni las trata de manera diferente por motivos de raza, color de piel, nacionalidad, edad, discapacidad ni sexo.

VNSNY CHOICE SelectHealth provee lo siguiente:

- Ayuda y servicios gratuitos a personas con discapacidades para que puedan comunicarse con nosotros, tales como los siguientes:
  - Intérpretes de lenguaje de señas calificados.
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Servicios de idioma gratuitos para personas cuyo idioma materno no sea el inglés, tales como los siguientes:
  - Intérpretes calificados.
  - Información escrita en otros idiomas.

Si necesita estos servicios, llame a **VNSNY CHOICE SelectHealth** al 1-866-469-7774. Para obtener los servicios de TTY/TDD, llame al 711.

Si usted considera que **VNSNY CHOICE SelectHealth** no le ha prestado estos servicios o que lo ha tratado de manera distinta por motivos de raza, color de piel, nacionalidad, edad, discapacidad o sexo, puede presentar una queja ante **VNSNY CHOICE SelectHealth** de las siguientes maneras:

Correo:	VNSNY CHOICE Health Plans 220 East 42nd Street, 3rd Floor, New York, NY 10017
Teléfono:	1-888-634-1558 (TTY/TDD: 711)
En persona:	220 East 42nd Street, 3rd Floor, New York, NY 10017
Fax:	646-459-7729
Correo electrónico:	CivilRightsCoordinator@vnsny.org
Web:	www.vnsny.ethicspoint.com

También puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE. UU. de las siguientes maneras:

- Web: Portal de Quejas de la Oficina de Derechos Civiles, en ocrportal.hhs.gov/ocr/portal/lobby.jsf
- Correo: U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
Encontrará formularios de quejas en www.hhs.gov/ocr/office/file/index.html
- Teléfono: 1-800-368-1019 (TTY/TDD 800-537-7697)

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-866-469-7774, TTY/TDD 711.	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-469-7774, TTY/TDD 711.	Spanish
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-469-7774, TTY/TDD 711.	Chinese
ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم 1-866-469-7774 (TTY/TDD 711> رقم هاتف الصم والبكم).	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-866-469-7774, TTY/TDD 711.번으로 전화해 주십시오.	Korean
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VNSNY CHOICE SelectHealth Formulary

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Drug	Status	Notes
Allergy		
2Nd Gen Antihistamine & Decongestant Combinations		
ALL DAY ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Tier 5	
ALLERGY COMPLETE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Tier 5	
ALLERGY RELIEF D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	Tier 5	
ALLERGY RELIEF,NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	Tier 5	
cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg (All Day Allergy-D)	Tier 5	
fexofenadine-pseudoephedrine oral tablet extended release 24 hr 180-240 mg (Wal-Fex D 24 Hour)	Tier 1	
LORATA-DINE D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	Tier 5	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	Tier 5	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	Tier 5	
WAL-FEX D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG	Tier 1	
Allergenic Extracts, Therapeutics		
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY	Tier 2	PA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Tier 2	PA
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Tier 2	PA
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Tier 2	PA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Tier 2	PA
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Tier 2	PA

Drug	Status	Notes
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Tier 2	PA
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Tier 2	PA
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Tier 2	PA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Tier 2	PA
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Tier 2	PA
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Tier 2	PA
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Tier 2	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Tier 2	PA
Antihistamines - 1St Generation		
ALER-CAP ORAL CAPSULE 25 MG	Tier 4	
ALLER-CHLOR ORAL TABLET 4 MG	Tier 4	
ALLER-G-TIME ORAL TABLET 25 MG	Tier 4	
ALLERGY (CHLORPHENIRAMINE) ORAL TABLET 4 MG	Tier 4	
ALLERGY (DIPHENHYDRAMINE) ORAL CAPSULE 25 MG	Tier 4	
ALLERGY (DIPHENHYDRAMINE) ORAL LIQUID 12.5 MG/5 ML	Tier 4	
ALLERGY (DIPHENHYDRAMINE) ORAL TABLET 25 MG	Tier 4	
ALLERGY 4-HOUR ORAL TABLET 4 MG	Tier 4	
ALLERGY MEDICATION ORAL CAPSULE 25 MG	Tier 4	
ALLERGY MEDICINE ORAL TABLET 25 MG	Tier 4	
ALLERGY ORAL TABLET 25 MG	Tier 4	
ALLERGY RELIEF(CHLORPHENIRAMN) ORAL TABLET 4 MG	Tier 4	
ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL CAPSULE 25 MG	Tier 4	
ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL LIQUID 12.5 MG/5 ML	Tier 4	

Drug		Status	Notes
ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL TABLET 25 MG		Tier 4	
ALLERGY-TIME ORAL TABLET 4 MG		Tier 4	
BANOPHEN ORAL CAPSULE 25 MG, 50 MG		Tier 4	
BANOPHEN ORAL TABLET 25 MG		Tier 4	
BENADRYL ALLERGY ORAL TABLET 25 MG		Tier 4	
carbinoxamine maleate oral liquid 4 mg/5 ml		Tier 4	Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg		Tier 1	Age (Min 2 Years)
CHILDREN'S ALLERGY (DIPHENHYD) ORAL LIQUID 12.5 MG/5 ML		Tier 4	
CHILDREN'S AURODRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML		Tier 4	
CHILDREN'S DIPHENHYDRAMINE ORAL LIQUID 12.5 MG/5 ML		Tier 4	
CHILDREN'S WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML		Tier 4	
CHLORHIST ORAL TABLET 4 MG		Tier 4	
chlorpheniramine maleate oral tablet 4 mg	(Aller-Chlor)	Tier 4	
CHLORTABS ORAL TABLET 4 MG		Tier 4	
clemastine oral tablet 2.68 mg		Tier 4	
COMPLETE ALLERGY MEDICINE ORAL CAPSULE 25 MG		Tier 4	
COMPLETE ALLERGY MEDICINE ORAL TABLET 25 MG		Tier 4	
COMPLETE ALLERGY ORAL CAPSULE 25 MG		Tier 4	
COMPLETE ALLERGY ORAL TABLET 25 MG		Tier 4	
cyproheptadine oral syrup 2 mg/5 ml		Tier 1	
cyproheptadine oral tablet 4 mg		Tier 1	
DIPHEDRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML		Tier 4	
DIPHEDRYL ORAL CAPSULE 25 MG		Tier 4	
DIPHEDRYL ORAL LIQUID 12.5 MG/5 ML		Tier 4	
DIPHEN ORAL TABLET 25 MG		Tier 4	
DIPHENHIST ORAL CAPSULE 25 MG		Tier 4	
diphenhydramine hcl oral capsule 25 mg	(Aler-Cap)	Tier 4	
diphenhydramine hcl oral capsule 50 mg	(Banophen)	Tier 4	
diphenhydramine hcl oral drops 6.25 mg/ml	(PediaClear Cough)	Tier 5	
diphenhydramine hcl oral liquid 12.5 mg/5 ml	(Allergy (diphenhydramine))	Tier 4	

Drug		Status	Notes
diphenhydramine hcl oral syrup 12.5 mg/5 ml		Tier 4	
diphenhydramine hcl oral tablet 25 mg	(Alka-Seltzer Plus Allergy)	Tier 4	
hydroxyzine hcl oral solution 10 mg/5 ml		Tier 4	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		Tier 4	
hydroxyzine pamoate oral capsule 100 mg		Tier 4	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	(Vistaril)	Tier 4	
M-DRYL ORAL LIQUID 12.5 MG/5 ML		Tier 4	
NIGHTTIME ALLERGY RELIEF ORAL TABLET 25 MG		Tier 4	
PHARBECHLOR ORAL TABLET 4 MG		Tier 4	
PHARBEDRYL ORAL CAPSULE 25 MG, 50 MG		Tier 4	
promethazine injection solution 25 mg/ml, 50 mg/ml	(Phenergan)	Tier 4	
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	
SILADRYL SA ORAL LIQUID 12.5 MG/5 ML		Tier 4	
TOTAL ALLERGY MEDICINE ORAL TABLET 25 MG		Tier 4	
VALU-DRYL ALLERGY ORAL CAPSULE 25 MG		Tier 4	
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG		Tier 4	
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML		Tier 4	
WAL-DRYL ALLERGY ORAL TABLET 25 MG		Tier 4	
WAL-FINATE ORAL TABLET 4 MG		Tier 4	
Antihistamines - 2Nd Generation			
24HR ALLERGY RELIEF ORAL TABLET 5 MG		Tier 5	
ALL DAY ALLERGY (CETIRIZINE) ORAL SOLUTION 1 MG/ML		Tier 1	
ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET 10 MG		Tier 5	
ALLER-EASE ORAL TABLET 180 MG		Tier 5	
ALLERGY RELIEF (CETIRIZINE) ORAL SOLUTION 1 MG/ML		Tier 1	
ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 10 MG		Tier 5	

Drug		Status	Notes
ALLERGY RELIEF (FEXOFENADINE) ORAL TABLET 180 MG		Tier 5	
ALLERGY RELIEF (LORATADINE) ORAL SOLUTION 5 MG/5 ML		Tier 5	
ALLERGY RELIEF (LORATADINE) ORAL TABLET 10 MG		Tier 5	
cetirizine oral solution 1 mg/ml	(All Day Allergy (cetirizine))	Tier 1	
cetirizine oral solution 5 mg/5 ml		Tier 5	
cetirizine oral tablet 10 mg	(All Day Allergy (cetirizine))	Tier 5	
cetirizine oral tablet 5 mg		Tier 5	
CHILD ALLERGY RELF(CETIRIZINE) ORAL SOLUTION 1 MG/ML		Tier 1	
CHILDREN'S ALLERGY RELIEF(LOR) ORAL SOLUTION 5 MG/5 ML		Tier 5	
CHILDREN'S ALLERGY(CETIRIZINE) ORAL SOLUTION 1 MG/ML		Tier 1	
CHILDREN'S CETIRIZINE ORAL SOLUTION 1 MG/ML		Tier 5	
CHILDREN'S CETIRIZINE ORAL TABLET,CHEWABLE 10 MG, 5 MG		Tier 5	
CHILDREN'S WAL-ZYR ORAL SOLUTION 1 MG/ML		Tier 1	
CHILD'S ALL DAY ALLERGY(CETIR) ORAL SOLUTION 1 MG/ML		Tier 5	
desloratadine oral tablet 5 mg	(Clarinex)	Tier 1	QL (1 EA per 1 day)
fexofenadine oral suspension 30 mg/5 ml	(Children's Allegra Allergy)	Tier 5	QL (10 ML per 1 day)
fexofenadine oral tablet 180 mg	(Aller-ease)	Tier 5	
fexofenadine oral tablet 60 mg	(Allegra Allergy)	Tier 5	
levocetirizine oral solution 2.5 mg/5 ml	(Xyzal)	Tier 1	ST: Prior prescription for Desloratadine or Levocetirizine tablets in 120 days; QL (10 ML per 1 day)
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	Tier 5	
loratadine oral solution 5 mg/5 ml	(Allergy Relief (loratadine))	Tier 5	
loratadine oral tablet 10 mg	(Allergy Relief (loratadine))	Tier 5	
WAL-ZYR (CETIRIZINE) ORAL SOLUTION 1 MG/ML		Tier 1	
Nasal Antihistamine			
azelastine nasal aerosol,spray 137 mcg (0.1 %)		Tier 1	QL (60 ML per 30 days)
olopatadine nasal spray,non-aerosol 0.6 %	(Patanase)	Tier 1	ST: Prior prescription for Azelastine 137mcg nasal solution in 120 days; QL (30.5 GM per 30 days)

Drug		Status	Notes
Nasal Anti-Inflammatory Steroids			
budesonide nasal spray,non-aerosol 32 mcg/actuation	(Rhinocort Allergy)	Tier 5	
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 mcg/actuation	(Nasonex)	Tier 1	QL (17 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION		Tier 2	ST: Prior prescription for Flunisolide or Fluticasone Propionate in 120 days; QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION		Tier 2	ST: Prior prescription for Flunisolide or Fluticasone Propionate in 120 days; QL (10.6 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION		Tier 2	ST: Prior prescription for Flunisolide, Fluticasone Propionate, or Mometasone Furoate in 120 days; QL (32 ML per 30 days)
Nasal Mast Cell Stabilizers Agents			
cromolyn nasal spray,non-aerosol 5.2 mg/spray (4 %)	(Nasal Allergy Symptom Control)	Tier 5	
Antiemesis/Antivertigo			
Antiemetic, Cannibinoid-Type			
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	Tier 1	ST: Prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension in 120 days; QL (2 EA per 1 day)
Antiemetic/Antivertigo Agents			
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG		Tier 2	QL (1 EA per 28 days)
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)
COMPRO RECTAL SUPPOSITORY 25 MG		Tier 1	
DRAMAMINE LESS DROWSY ORAL TABLET 25 MG		Tier 1	
DRIMINATE ORAL TABLET 50 MG		Tier 5	

Drug		Status	Notes
granisetron hcl oral tablet 1 mg		Tier 1	ST: Prior prescription for Ondansetron tablets or ODT in 120 days; QL (8 EA per 30 days)
meclizine oral tablet 12.5 mg		Tier 5	
meclizine oral tablet 25 mg	(Dramamine Less Drowsy)	Tier 1	
MEDI-MECLIZINE ORAL TABLET 25 MG		Tier 1	
MOTION RELIEF (MECLIZINE) ORAL TABLET 25 MG		Tier 1	
MOTION SICKNESS (MECLIZINE) ORAL TABLET 25 MG		Tier 1	
MOTION SICKNESS II ORAL TABLET 25 MG		Tier 1	
MOTION SICKNESS ORAL TABLET 50 MG		Tier 5	
MOTION SICKNESS RELIEF ORAL TABLET 50 MG		Tier 5	
MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET 25 MG		Tier 1	
MOTION-TIME ORAL TABLET,CHEWABLE 25 MG		Tier 5	
ondansetron hcl oral solution 4 mg/5 ml		Tier 1	QL (50 ML per 15 days)
ondansetron hcl oral tablet 24 mg		Tier 1	
ondansetron hcl oral tablet 4 mg, 8 mg	(Zofran)	Tier 1	
ondansetron oral tablet,disintegrating 4 mg, 8 mg		Tier 1	
PHENADOZ RECTAL SUPPOSITORY 12.5 MG, 25 MG		Tier 1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	Tier 1	
prochlorperazine rectal suppository 25 mg	(Compro)	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	(Promethegan)	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG		Tier 1	
TRAVEL SICKNESS (MECLIZINE) ORAL TABLET,CHEWABLE 25 MG		Tier 5	
TRAVEL SICKNESS ORAL TABLET 50 MG		Tier 5	
trimethobenzamide oral capsule 300 mg	(Tigan)	Tier 1	
VERTICALM ORAL TABLET 25 MG		Tier 1	
WAL-DRAM 2 ORAL TABLET 25 MG		Tier 1	

Drug	Status	Notes
Asthma And Copd		
Anticholinergic, Orally Inhaled Short Acting		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 2	QL (25.8 GM per 30 days)
ipratropium bromide inhalation solution 0.02 %	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)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic Agents		
albuterol sulfate oral syrup 2 mg/5 ml	Tier 1	
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	
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	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled,Long Acting		
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	Tier 2	QL (120 ML per 30 days)

Drug	Status	Notes
Beta-Adrenergic And Anticholinergic Combinations		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 2	QL (60 EA per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 2	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic And Glucocorticoid Combinations		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	Tier 2	QL (12 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	Tier 2	QL (60 EA per 30 days)
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)
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation (AirDuo RespiClick)	Tier 1	QL (1 EA per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose (Wixela Inhub)	Tier 1	QL (60 EA per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Tier 1	QL (60 EA per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled		
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Tier 2	QL (60 EA per 30 days)
Glucocorticoids, Orally Inhaled		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 2	QL (12.2 GM per 30 days)

Drug		Status	Notes
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		Tier 2	ST: Prior prescription for Alvesco in 120 days if 12 years of age and older; QL (30 EA per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	(Pulmicort)	Tier 1	QL (120 ML per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	(Pulmicort)	Tier 1	QL (60 ML per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION		Tier 2	QL (12 GM per 30 days); Age (Max 18 Years)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION		Tier 2	QL (24 GM per 30 days); Age (Max 18 Years)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION		Tier 2	QL (21.2 GM per 30 days); Age (Max 18 Years)
Leukotriene Receptor Antagonists			
montelukast oral granules in packet 4 mg	(Singulair)	Tier 1	
montelukast oral tablet 10 mg	(Singulair)	Tier 1	
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	Tier 1	
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	Tier 1	
Mast Cell Stabilizers			
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	Tier 1	
Mast Cell Stabilizers, Orally Inhaled			
cromolyn inhalation solution for nebulization 20 mg/2 ml		Tier 1	
Phosphodiesterase-4 (Pde4) Inhibitors			
DALIRESP ORAL TABLET 250 MCG, 500 MCG		Tier 2	ST: Prior prescription for Breo Ellipta, Fluticasone proprionate/salmeterol, Incruse Ellipta, Perforomist, Spiriva Respimat, or Striverdi Respimat in 120 days; QL (1 EA per 1 day)
Respiratory Aids,Devices,Equipment			
ACE AEROSOL CLOUD ENHANCER SPACER		Tier 1	
AEROBIKA OSCILLATING PEP SYSTM DEVICE		Tier 1	
AEROCHAMBER MINI SPACER		Tier 1	
AEROCHAMBER MV SPACER		Tier 1	
AEROCHAMBER PLUS FLOW-VU SPACER		Tier 1	
AEROCHAMBER PLUS FLOW-VU,LMSK SPACER		Tier 1	

Drug	Status	Notes
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER	Tier 1	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	Tier 1	
AEROCHAMBER PLUS Z STAT LG MSK SPACER	Tier 1	
AEROCHAMBER PLUS Z STAT MD MSK SPACER	Tier 1	
AEROCHAMBER PLUS Z STAT SM MSK SPACER	Tier 1	
AEROCHAMBER PLUS Z STAT SPACER	Tier 1	
AEROCHAMBER WITH FLOWSIGNAL SPACER	Tier 1	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	Tier 1	
AEROECLIPSE II NEBULIZER	Tier 1	
AEROGEAR ACTION ASTHMA KIT KIT	Tier 1	
AERONEB GO NEBULIZER	Tier 1	
AEROTRACH PLUS SPACER	Tier 1	
AEROVENT PLUS SPACER	Tier 1	
AIRS DISPOSABLE NEBULIZER	Tier 1	
AIRZONE PEAK FLOW METER DEVICE	Tier 1	
ASTHMA CHECK METER DEVICE	Tier 1	
ASTHMAPACK CHILDREN'S KIT	Tier 1	
AURA PORTANEB	Tier 1	
BREATHE RIGHT TOPICAL STRIP	Tier 1	
BREATHE RIGHT VAPOR TOPICAL STRIP	Tier 1	
BREATHERITE MDI SPACER SPACER	Tier 1	
BREATHERITE SPACER-MASK, NEO. SPACER	Tier 1	
BREATHERITE SPACER-MASK,ADULT SPACER	Tier 1	
BREATHERITE SPACER-MASK,CHILD SPACER	Tier 1	
BREATHERITE SPACER-MASK,INFANT SPACER	Tier 1	
BREATHERITE SPACER-MASK,S.CHLD SPACER	Tier 1	
BREATHERITE VALVED MDI CHAMBER SPACER	Tier 1	
BREATHERITE VALVED MDI SPACER SPACER	Tier 1	
CLEVER CHOICE CHAMBER-LRG MASK SPACER	Tier 1	

Drug	Status	Notes
CLEVER CHOICE CHAMBER-MED MASK SPACER	Tier 1	
CLEVER CHOICE CHAMBER-SM MASK SPACER	Tier 1	
CLEVER CHOICE NEBULIZER DEVICE	Tier 1	
CLEVER CHOICE PEAK FLOW METER DEVICE	Tier 1	
CLEVER CHOICE WHISPER AIRE PED DEVICE	Tier 1	
COMPACT COMPRESSOR NEBULIZER	Tier 1	
COMPACT SPACE CHAMBER PLUS SPACER	Tier 1	
COMPACT SPACE CHAMBER SPACER	Tier 1	
COMPACT SPACE CHAMBER-LRG MASK SPACER	Tier 1	
COMPACT SPACE CHAMBER-MED MASK SPACER	Tier 1	
COMPACT SPACE CHAMBER-SM MASK SPACER	Tier 1	
COMPACT ULTRASONIC NEBULIZER	Tier 1	
COMP-AIR NEBULIZER COMPRESSOR DEVICE	Tier 1	
COOL MIST HUMIDIFIER	Tier 1	
DEVILBISS DISPOSABLE NEBULIZER	Tier 1	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE	Tier 1	
DEVILBISS PULMOMATE COMPRESSOR DEVICE	Tier 1	
DEVILBISS PULMONEB LT COMP-NEB DEVICE	Tier 1	
DEVILBISS TRAVELER COMPRESSOR DEVICE	Tier 1	
EASIVENT HOLDING CHAMBER SPACER	Tier 1	
EASIVENT MASK LARGE DEVICE	Tier 1	
EASIVENT MASK MEDIUM DEVICE	Tier 1	
EASIVENT MASK SMALL DEVICE	Tier 1	
EASY NEB COMPRESSOR NEBULIZER DEVICE	Tier 1	
EASYAIR COMPRESSOR NEBULIZER DEVICE	Tier 1	
FLEXICHAMBER SPACER	Tier 1	
FLEXICHAMBER-LG CHILD MASK DEVICE	Tier 1	
FLEXICHAMBER-SM ADULT MASK DEVICE	Tier 1	

Drug	Status	Notes
FLEXICHAMBER-SM CHILD MASK DEVICE	Tier 1	
FLYP NEBULIZER	Tier 1	
HEALTHMIST	Tier 1	
HOME NEBULIZER PLUS SIDESTREAM DEVICE	Tier 1	
humidifiers (Cool Mist Humidifier)	Tier 1	
IN-CHECK DIAL TRAINING DEVICE DEVICE	Tier 1	
IN-CHECK NASAL WITH MASK DEVICE	Tier 1	
IN-CHECK ORAL FLOW METER DEVICE	Tier 1	
INNOSPIRE DELUXE DEVICE	Tier 1	
INNOSPIRE ELEGANCE DEVICE	Tier 1	
INNOSPIRE ESSENCE DEVICE	Tier 1	
INNOSPIRE GO NEBULIZER	Tier 1	
INNOSPIRE MINI DEVICE	Tier 1	
INSPIRACHAMBER SPACER	Tier 1	
INSPIRACHAMBER WITH MASK-LARGE SPACER	Tier 1	
INSPIRACHAMBER WITH MASK-MED SPACER	Tier 1	
INSPIRACHAMBER WITH MASK-SMALL SPACER	Tier 1	
LITE TOUCH-MEDIUM MASK DEVICE	Tier 5	
LITEAIRE MDI CHAMBER SPACER	Tier 1	
LITETOUCH-LARGE MASK DEVICE	Tier 5	
LITETOUCH-SMALL MASK DEVICE	Tier 5	
MICROAIR MESH NEBULIZER	Tier 1	
MICROCHAMBER SPACER	Tier 1	
MICROLIFE PEAK FLOW METER DEVICE	Tier 1	
MICROSPACER SPACER	Tier 1	
MINI PLUS NEBULIZER	Tier 1	
MINI WRIGHT PEAK FLOW METER DEVICE	Tier 1	
MOUTHPIECE DEVICE	Tier 1	
MY MDI PORTABLE NEBULISER DEVICE	Tier 1	
NASAL STRIPS LARGE TOPICAL STRIP	Tier 1	
NASAL STRIPS MEDIUM-LARGE TOPICAL STRIP	Tier 1	
NASAL STRIPS SMALL-MEDIUM TOPICAL STRIP	Tier 1	

Drug	Status	Notes
OMBRA COMPRESSOR SYSTEM DEVICE	Tier 1	
ONE WAY VALVED MOUTHPIECE DEVICE	Tier 1	
OPTICHAMBER ADULT MASK-LARGE DEVICE	Tier 1	
OPTICHAMBER DIAMOND LG MASK SPACER	Tier 1	
OPTICHAMBER DIAMOND VHC SPACER	Tier 1	
OPTICHAMBER DIAMOND-MED MSK SPACER	Tier 1	
OPTICHAMBER DIAMOND-SML MASK SPACER	Tier 1	
PANDA MASK DEVICE	Tier 1	
PEAK AIR PEAK FLOW METER DEVICE	Tier 1	
PEDIATRIC DINOSAUR NEBULIZER DEVICE	Tier 1	
PEDIATRIC DOG NEBULIZER DEVICE	Tier 1	
PEDIATRIC FROG NEBULIZER DEVICE	Tier 1	
PEDIATRIC MEDIUM MASK DEVICE	Tier 1	
PEDIATRIC PANDA MASK DEVICE	Tier 1	
PEDIATRIC SMALL MASK DEVICE	Tier 1	
PERSONAL BEST FULL RANGE DEVICE	Tier 1	
PERSONAL BEST LOW RANGE DEVICE	Tier 1	
PFLEX INSPIRATORY TRAINER DEVICE	Tier 1	
PIKO 1 DEVICE	Tier 1	
POCKET CHAMBER SPACER	Tier 1	
POCKET PEAK FLOW METER DEVICE	Tier 1	
PORTABLE NEBULIZER SYSTEM DEVICE	Tier 1	
PRIMEAIRE SPACER	Tier 1	
PRO COMFORT SPACER-ADULT MASK SPACER	Tier 1	
PRO COMFORT SPACER-CHILD MASK SPACER	Tier 1	
PROCARE COMPRESSOR NEBULIZER DEVICE	Tier 1	
PROCARE HUMIDIFIER	Tier 1	
PROCARE PEDIATRIC NEBULIZER DEVICE	Tier 1	
PROCARE SPACER WITH ADULT MASK SPACER	Tier 1	

Drug	Status	Notes
PROCARE SPACER WITH CHILD MASK SPACER	Tier 1	
PROCHAMBER SPACER	Tier 1	
PRODIGY MINI-MIST NEBULIZER	Tier 1	
PROVENT NASAL DEVICE	Tier 1	
PROVENT STARTER NASAL DEVICE	Tier 1	
PULMO-AIDE COMPRESSOR DEVICE	Tier 1	
PULMONEB LT COMPRESSOR NEBUL DEVICE	Tier 1	
PURE COMFORT HUMIDIFIER	Tier 1	
QUAKE VIBRATORY PEP DEVICE	Tier 1	
RITEFLO AEROCHAMBER SPACER	Tier 1	
SAMI THE SEAL DEVICE	Tier 1	
SIDESTREAM	Tier 1	
SIDESTREAM NEBULIZER	Tier 1	
SIDESTREAM PEDIATRIC FACE MASK DEVICE	Tier 1	
SIDESTREAM PLUS	Tier 1	
SILICONE MASK - INFANT DEVICE	Tier 1	
SILICONE MASK - PEDIATRIC DEVICE	Tier 1	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE	Tier 1	
SOOTHENEB MESH NEBULIZER	Tier 1	
SPACE CHAMBER PLUS SPACER	Tier 1	
SUNRISE COMPRESSOR-NEBULIZER DEVICE	Tier 1	
THRESHOLD IMT TRAINER DEVICE	Tier 1	
THRESHOLD PEP DEVICE DEVICE	Tier 1	
TRUNEB NEBULIZER	Tier 1	
TRUZONE PEAK FLOW METER DEVICE	Tier 1	
VAPORIZER CLEANING TABLET,SOLUBLE	Tier 1	
VAPORIZER INHALANT LIQUID	Tier 1	
vaporizers (Vicks Warm Steam Vaporizer)	Tier 1	
VICKS WARM STEAM VAPORIZER	Tier 1	
VIXONE NEBULIZER	Tier 1	
VIXONE NEBULIZER-ADULT MASK	Tier 1	
VIXONE NEBULIZER-PEDIATRIC MSK	Tier 1	
WARM STEAM VAPORIZER	Tier 1	
WILLIS THE WHALE COMPRESSR NEB DEVICE	Tier 1	
WINDMILL TRAINER DEVICE	Tier 1	
Xanthines		
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	Tier 1	

Drug		Status	Notes
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG		Tier 2	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 300 MG		Tier 1	
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 100 mg, 200 mg, 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 14 mg, 21 mg, 28 mg, 7 mg	(Namenda XR)	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)
memantine oral tablets,dose pack 5-10 mg	(Namenda Titration Pak)	Tier 1	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG		Tier 2	QL (28 EA per 28 days)
Alzheimer's Thx,Nmda Recept Antag & Cholines Inhib			
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG		Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR in 365 days; QL (28 EA per 28 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG		Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR in 365 days; QL (1 EA per 1 day)
Cholinesterase Inhibitors			
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 24 hr 16 mg, 24 mg, 8 mg	(Razadyne ER)	Tier 1	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml		Tier 1	QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	(Razadyne)	Tier 1	QL (60 EA per 30 days)
pyridostigmine bromide oral syrup 60 mg/5 ml	(Mestinon)	Tier 1	
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	Tier 1	

Drug		Status	Notes
pyridostigmine bromide oral tablet extended release 180 mg	(Mestinon Timespan)	Tier 1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		Tier 1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr	(Exelon)	Tier 1	QL (30 EA per 30 days)
Behavioral Health - Antidepressants			
Alpha-2 Receptor Antagonist Antidepressants			
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	Tier 4	
mirtazapine oral tablet 45 mg, 7.5 mg		Tier 4	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	Tier 4	
Maois - Non-Selective & Irreversible			
MARPLAN ORAL TABLET 10 MG		Tier 4	
phenelzine oral tablet 15 mg	(Nardil)	Tier 4	
tranylcypromine oral tablet 10 mg	(Parnate)	Tier 4	
Norepinephrine And Dopamine Reuptake Inhib (Ndris)			
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG		Tier 4	ST: Prior prescription for generic Bupropion in 120 days; QL (1 EA per 1 day)
bupropion hcl oral tablet 100 mg, 75 mg		Tier 4	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	Tier 4	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	Tier 4	
Selective Serotonin Reuptake Inhibitor (Ssris)			
citalopram oral solution 10 mg/5 ml		Tier 4	
citalopram oral tablet 10 mg, 20 mg, 40 mg	(Celexa)	Tier 4	
escitalopram oxalate oral solution 5 mg/5 ml		Tier 4	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	(Lexapro)	Tier 4	
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	(Prozac)	Tier 4	
fluoxetine oral capsule,delayed release(dr/ec) 90 mg		Tier 4	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)		Tier 4	
fluoxetine oral tablet 10 mg, 20 mg	(Sarafem)	Tier 4	
fluoxetine oral tablet 60 mg		Tier 4	

Drug		Status	Notes
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg		Tier 4	ST: Prior prescription for Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine HCL, Paxil, or Sertraline HCL in 120 days; QL (2 EA per 1 day)
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg		Tier 4	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	Tier 4	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	(Paxil CR)	Tier 4	
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	(Brisdelle)	Tier 4	ST: Prior prescription for Paroxetine HCL, Paxil, or Venlafaxine HCL in 120 days; QL (1 EA per 1 day)
PAXIL ORAL SUSPENSION 10 MG/5 ML		Tier 4	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG		Tier 4	ST: Prior prescription for Paroxetine HCL or Paxil in 120 days; QL (1 EA per 1 day)
sertraline oral concentrate 20 mg/ml	(Zoloft)	Tier 4	
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	Tier 4	
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)			
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		Tier 4	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		Tier 4	
Serotonin-Norepinephrine Reuptake-Inhib (Snris)			
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg		Tier 4	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Desvenlafaxine, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL in 365 days; QL (1 EA per 1 day)
desvenlafaxine oral tablet extended release 24hr 100 mg, 50 mg		Tier 4	

Drug	Status	Notes
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg (Pristiq)	Tier 4	
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg (Cymbalta)	Tier 4	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Tier 4	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Desvenlafaxine, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL in 365 days; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 4	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Desvenlafaxine, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL in 365 days; QL (1 EA per 1 day)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg (Effexor XR)	Tier 4	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 4	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	Tier 4	
Ssri & 5Ht1a Partial Agonist Antidepressant		
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 4	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Desvenlafaxine, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL in 365 days; QL (1 EA per 1 day)

Drug		Status	Notes
Ssri & Serotonin Receptor Modulator Antidepressant			
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 4	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Desvenlafaxine, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL in 365 days; QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combinatns			
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg		Tier 4	
Tricyclic Antidepressant/Phenothiazine Combinatns			
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		Tier 4	
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		Tier 4	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		Tier 4	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	Tier 4	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	Tier 4	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		Tier 4	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		Tier 4	
doxepin oral concentrate 10 mg/ml		Tier 4	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		Tier 4	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg		Tier 4	
maprotiline oral tablet 25 mg, 50 mg, 75 mg		Tier 4	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	Tier 4	
nortriptyline oral solution 10 mg/5 ml		Tier 4	
protriptyline oral tablet 10 mg, 5 mg		Tier 4	
trimipramine oral capsule 100 mg, 25 mg, 50 mg		Tier 4	

Drug		Status	Notes
Behavioral Health - Other			
Adrenergics, Aromatic, Non-Catecholamine			
dextroamphetamine oral capsule, extended release 10 mg, 5 mg	(Dexedrine Spansule)	Tier 1	QL (60 EA per 30 days)
dextroamphetamine oral capsule, extended release 15 mg	(Dexedrine Spansule)	Tier 1	QL (120 EA per 30 days)
dextroamphetamine oral solution 5 mg/5 ml	(ProCentra)	Tier 1	QL (1800 ML per 30 days)
dextroamphetamine oral tablet 10 mg	(Zenzedi)	Tier 1	QL (180 EA per 30 days)
dextroamphetamine oral tablet 5 mg	(Zenzedi)	Tier 1	QL (90 EA per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	Tier 1	QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	Tier 1	QL (2 EA per 1 day)
methamphetamine oral tablet 5 mg	(Desoxyn)	Tier 1	QL (150 EA per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG		Tier 2	ST: Prior prescription for a generic mixed amphetamine salts, Methylphenidate (IR, ER, LA, CD), an SSRI, or Topiramate in 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 a generic mixed amphetamine salts, Methylphenidate (IR, ER, LA, CD), an SSRI, or Topiramate in 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			
disulfiram oral tablet 250 mg, 500 mg	(Antabuse)	Tier 1	
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG		Tier 2	
Anti-Anxiety - Benzodiazepines			
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML		Tier 4	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	(Xanax)	Tier 4	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	(Xanax XR)	Tier 4	

Drug		Status	Notes
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg		Tier 4	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		Tier 4	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg		Tier 4	
clorazepate dipotassium oral tablet 7.5 mg	(Tranxene T-Tab)	Tier 4	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML		Tier 4	
diazepam oral concentrate 5 mg/ml	(Diazepam Intensol)	Tier 4	
diazepam oral solution 5 mg/5 ml (1 mg/ml)		Tier 4	
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	Tier 4	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML		Tier 4	
lorazepam oral concentrate 2 mg/ml	(Lorazepam Intensol)	Tier 4	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Ativan)	Tier 4	
oxazepam oral capsule 10 mg, 15 mg, 30 mg		Tier 4	
Anti-Anxiety Drugs			
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		Tier 4	
meprobamate oral tablet 200 mg, 400 mg		Tier 4	
Anti-Mania Drugs			
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG		Tier 4	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		Tier 4	
lithium carbonate oral tablet 300 mg		Tier 4	
lithium carbonate oral tablet extended release 300 mg	(Lithobid)	Tier 4	
lithium carbonate oral tablet extended release 450 mg		Tier 4	
lithium citrate oral solution 8 meq/5 ml		Tier 4	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG		Tier 4	
Antipsych,Dopamine Antag.,Diphenylbutylpiperidines			
pimozide oral tablet 1 mg, 2 mg		Tier 4	
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed			
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG		Tier 4	QL (1 EA per 26 days)

Drug	Status	Notes
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	Tier 4	QL (1 EA per 26 days)
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 4	PA
aripiprazole oral solution 1 mg/ml	Tier 4	ST: At least 2 prior prescriptions for Abilify Discmelt, Abilify Maintena, Abilify Mycite, Abilify, 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 365 days; QL (30 ML per 1 day)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	Tier 4	QL (1 EA per 1 day)
aripiprazole oral tablet,disintegrating 10 mg	Tier 4	ST: At least 2 prior prescriptions for Abilify Discmelt, Abilify Maintena, Abilify Mycite, Abilify, 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 365 days; QL (3 EA per 1 day)

Drug	Status	Notes
aripiprazole oral tablet,disintegrating 15 mg	Tier 4	ST: At least 2 prior prescriptions for Abilify Discmelt, Abilify Maintena, Abilify Mycite, Abilify, 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 365 days; QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	Tier 4	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 4	QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	Tier 4	QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	Tier 4	QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	Tier 4	QL (3.2 ML per 14 days)
Antipsychotics, Dopamine & Serotonin Antagonists		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 4	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 4	
Antipsychotics,Atypical,Dopamine,& Serotonin Antag		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	Tier 4	QL (3 EA per 1 day)

Drug	Status	Notes
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Tier 4	ST: At least 2 prior prescriptions for Abilify Discmelt, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL in 365 days; QL (3 EA per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 4	ST: At least 2 prior prescriptions for Abilify Discmelt, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL in 365 days; QL (2 EA per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 4	ST: At least 2 prior prescriptions for Abilify Discmelt, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL in 365 days; QL (8 EA per 28 days)
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	Tier 4	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 4	QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	Tier 4	QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 4	QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 4	QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 4	QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	Tier 4	QL (0.875 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	Tier 4	QL (1.315 ML per 84 days)

Drug		Status	Notes
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML		Tier 4	QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML		Tier 4	QL (2.625 ML per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG		Tier 4	ST: At least 2 prior prescriptions for Abilify Discmelt, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL in 365 days; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG		Tier 4	ST: At least 2 prior prescriptions for Abilify Discmelt, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL in 365 days; QL (60 EA per 30 days)
olanzapine intramuscular recon soln 10 mg	(Zyprexa)	Tier 4	QL (1 EA per 1 day)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	(Zyprexa)	Tier 4	QL (1 EA per 1 day)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	(Zyprexa Zydis)	Tier 4	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	(Invega)	Tier 4	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	Tier 4	QL (2 EA per 1 day)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT 120 MG, 90 MG		Tier 4	QL (1 EA per 30 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	Tier 4	QL (3 EA per 1 day)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(Seroquel XR)	Tier 4	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 4	
risperidone oral solution 1 mg/ml	(Risperdal)	Tier 4	QL (8 ML per 1 day)

Drug	Status	Notes
risperidone oral tablet 0.25 mg	Tier 4	QL (2 EA per 1 day)
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (Risperdal)	Tier 4	QL (2 EA per 1 day)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 4	QL (2 EA per 1 day)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 4	ST: At least 2 prior prescriptions for Abilify Discmelt, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL in 365 days; QL (2 EA per 1 day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 4	ST: At least 2 prior prescriptions for Abilify Discmelt, Abilify, Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL in 365 days; QL (18 ML per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	Tier 4	QL (2 EA per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	Tier 4	QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	Tier 4	QL (1 EA per 28 days)
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 4	
Antipsychotics,Dopamine Antagonists,Butyrophenones		
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml (Haldol Decanoate)	Tier 4	
haloperidol lactate oral concentrate 2 mg/ml	Tier 4	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 4	
Anti-Psychotics,Phenothiazines		
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 4	
fluphenazine decanoate injection solution 25 mg/ml	Tier 4	

Drug		Status	Notes
fluphenazine hcl oral concentrate 5 mg/ml		Tier 4	
fluphenazine hcl oral elixir 2.5 mg/5 ml		Tier 4	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg		Tier 4	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		Tier 4	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		Tier 4	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg		Tier 4	
Barbiturates			
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		Tier 4	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		Tier 4	
SECONAL SODIUM ORAL CAPSULE 100 MG		Tier 4	
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists			
HETLIOZ ORAL CAPSULE 20 MG		Tier 4	PA
ramelteon oral tablet 8 mg	(Rozerem)	Tier 4	ST: Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)
Monoamine Oxidase(Mao) Inhibitors			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR		Tier 4	QL (1 EA per 1 day)
Narcolepsy And Sleep Disorder Therapy Agents			
modafinil oral tablet 100 mg, 200 mg	(Provigil)	Tier 1	QL (2 EA per 1 day)
Narcotic Antagonists			
naloxone injection solution 0.4 mg/ml		Tier 1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml		Tier 1	
naltrexone oral tablet 50 mg		Tier 1	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION		Tier 2	QL (4 EA per 30 days)
Sedative-Hypnotics - Benzodiazepines			
estazolam oral tablet 1 mg, 2 mg		Tier 4	
flurazepam oral capsule 15 mg, 30 mg		Tier 4	
midazolam oral syrup 2 mg/ml		Tier 1	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	(Restoril)	Tier 4	
triazolam oral tablet 0.125 mg		Tier 4	
triazolam oral tablet 0.25 mg	(Halcion)	Tier 4	

Drug	Status	Notes
Sedative-Hypnotics,Non-Barbiturate		
ALKA-SELTZER PLUS ALLERGY ORAL TABLET 25 MG	Tier 4	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 4	ST: Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)
COMPOZ ORAL TABLET 25 MG	Tier 4	
doxepin oral tablet 3 mg, 6 mg (Silenor)	Tier 4	ST: Prior prescription for Doxepin 10mg capsules or solution, Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	Tier 4	ST: Prior prescription for Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg (Lunesta)	Tier 4	QL (1 EA per 1 day)
EZ NITE SLEEP ORAL CAPSULE 25 MG	Tier 4	
NIGHTTIME SLEEP AID (DIPHEN) ORAL CAPSULE 25 MG	Tier 4	
NIGHTTIME SLEEP AID (DIPHEN) ORAL TABLET 25 MG	Tier 4	
NYTOL ORAL TABLET 25 MG	Tier 4	
SILENOR ORAL TABLET 3 MG, 6 MG	Tier 4	ST: Prior prescription for Doxepin 10mg capsules or solution, Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)
SIMPLY SLEEP ORAL TABLET 25 MG	Tier 4	
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 25 MG	Tier 4	
SLEEP AID (DIPHENHYDRAMINE) ORAL TABLET 25 MG	Tier 4	
SLEEP AID (DOXYLAMINE) ORAL TABLET 25 MG	Tier 5	
SLEEP II ORAL TABLET 25 MG	Tier 4	
SLEEP TABLET (DIPHENHYDRAMINE) ORAL TABLET 25 MG	Tier 4	
SLEEP TIME ORAL CAPSULE 25 MG	Tier 4	
SLEEP-TABS ORAL TABLET 25 MG	Tier 4	
WAL-SLEEP Z ORAL CAPSULE 25 MG	Tier 4	
zaleplon oral capsule 10 mg, 5 mg	Tier 4	QL (1 EA per 1 day)
zolpidem oral tablet 10 mg, 5 mg (Ambien)	Tier 4	QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg (Ambien CR)	Tier 4	QL (1 EA per 1 day)

Drug		Status	Notes
zolpidem sublingual tablet 1.75 mg, 3.5 mg	(Intermezzo)	Tier 4	QL (1 EA per 1 day)
Z-SLEEP ORAL CAPSULE 25 MG		Tier 4	
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb			
olanzapine-fluoxetine oral capsule 12-25 mg		Tier 4	QL (1 EA per 1 day)
olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	(Symbyax)	Tier 4	QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist			
clonidine hcl oral tablet extended release 12 hr 0.1 mg	(Kapvay)	Tier 1	QL (120 EA per 30 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	Tier 1	QL (1 EA per 1 day)
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy			
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	(Focalin XR)	Tier 1	QL (1 EA per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	(Focalin)	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 biphasic 50-50 10 mg, 20 mg, 40 mg	(Ritalin LA)	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	(Ritalin LA)	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	(Methylin)	Tier 1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg		Tier 1	QL (3 EA per 1 day)
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)

Drug		Status	Notes
methylphenidate hcl oral tablet extended release 24hr 72 mg	(Relexxii)	Tier 1	ST: Prior prescription for Methylphenidate HCL or Ritalin La in 120 days; 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)
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)		Tier 2	60mL BOTTLE; ST: Prior prescription for Methylphenidate HCL or Ritalin La in 120 days; QL (2 ML per 1 day)
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type			
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	(Strattera)	Tier 1	QL (60 EA per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	(Strattera)	Tier 1	QL (30 EA per 30 days)
Cardiovascular Disease - Arrhythmia			
Antiarrhythmics			
amiodarone oral tablet 100 mg, 200 mg, 400 mg	(Pacerone)	Tier 1	
disopyramide phosphate oral capsule 100 mg, 150 mg	(Norpace)	Tier 1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	Tier 1	
flecainide oral tablet 100 mg, 150 mg, 50 mg		Tier 1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg		Tier 1	
MULTAQ ORAL TABLET 400 MG		Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG		Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG		Tier 1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	(Rythmol SR)	Tier 1	
propafenone oral tablet 150 mg, 225 mg, 300 mg		Tier 1	
quinidine gluconate oral tablet extended release 324 mg		Tier 1	
quinidine sulfate oral tablet 200 mg, 300 mg		Tier 1	
Cardiovascular Disease - Cardiac Stimulant			
Adrenergic Agents,Catecholamines			
epinephrine injection syringe 0.1 mg/ml		Tier 1	

Drug		Status	Notes
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 oral solution 50 mcg/ml (0.05 mg/ml)		Tier 2	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Digitek)	Tier 1	
Cardiovascular Disease - Hypertension			
Ace Inhibitor/Calcium Channel Blocker Combination			
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	(Lotrel)	Tier 1	
amlodipine-benazepril oral capsule 2.5-10 mg		Tier 1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg		Tier 1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg	(Tarka)	Tier 1	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic			
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	Tier 1	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		Tier 1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg		Tier 1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	Tier 1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		Tier 1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		Tier 1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	Tier 1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	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	

Drug		Status	Notes
labetalol oral tablet 100 mg, 200 mg, 300 mg		Tier 1	
Alpha-Adrenergic Blocking Agents			
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	Tier 1	
phenoxybenzamine oral capsule 10 mg	(Dibenzyline)	Tier 1	PA
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 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	(Exforge HCT)	Tier 1	
Angiotensin Receptor Antag./Thiazide Diuretic Comb			
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG		Tier 2	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	Tier 1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	Tier 1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	Tier 1	
Angiotensin Receptor Antgnst & Calc.Channel Blockr			
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	Tier 1	
Antihypertensives, Ace Inhibitors			
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	Tier 1	
benazepril oral tablet 5 mg		Tier 1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	Tier 1	
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	

Drug		Status	Notes
Antihypertensives, Angiotensin Receptor Antagonist			
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	
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, Sympatholytic			
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	(Catapres)	Tier 1	
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	Tier 1	
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	Tier 1	
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	Tier 1	
guanfacine oral tablet 1 mg, 2 mg		Tier 1	
methyldopa oral tablet 250 mg, 500 mg		Tier 1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg		Tier 1	
Antihypertensives, Vasodilators			
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg		Tier 1	
Beta-Adrenergic Blocking Agents			
acebutolol oral capsule 200 mg, 400 mg		Tier 1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	Tier 1	
betaxolol oral tablet 10 mg, 20 mg		Tier 1	
bisoprolol fumarate oral tablet 10 mg, 5 mg		Tier 1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG		Tier 2	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	Tier 1	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	Tier 1	
metoprolol tartrate oral tablet 25 mg		Tier 1	
pindolol oral tablet 10 mg, 5 mg		Tier 1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	Tier 1	

Drug		Status	Notes
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)		Tier 1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		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	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	(Sorine)	Tier 1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		Tier 1	
Beta-Adrenergic Blocking Agents/Thiazide & Related			
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	Tier 1	
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	Tier 1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	(Ziac)	Tier 1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg		Tier 1	
metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg	(Lopressor HCT)	Tier 1	
nadolol-bendroflumethiazide oral tablet 80-5 mg		Tier 1	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg		Tier 1	
Calcium Channel Blocking Agents			
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	Tier 1	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG		Tier 1	
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	(Taztia XT)	Tier 1	
diltiazem hcl oral capsule,extended release 24 hr 420 mg	(Tiadylt ER)	Tier 1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	Tier 1	
diltiazem hcl oral capsule,extended release 24hr 360 mg	(Cardizem CD)	Tier 1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	Tier 1	
diltiazem hcl oral tablet 90 mg		Tier 1	

Drug		Status	Notes
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	
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	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	(Adalat CC)	Tier 1	
nimodipine oral capsule 30 mg		Tier 1	
NYMALIZE ORAL SOLUTION 30 MG/10 ML, 60 MG/20 ML		Tier 2	PA
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG		Tier 1	
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG		Tier 1	
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	(Verelan)	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 oral tablet 0.5 mg, 1 mg, 2 mg		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	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		Tier 1	
Potassium Sparing Diuretics			
amiloride oral tablet 5 mg		Tier 1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	Tier 1	

Drug		Status	Notes
Potassium Sparing Diuretics In Combination			
amiloride-hydrochlorothiazide oral tablet 5-50 mg		Tier 1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	(Aldactazide)	Tier 1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	(Dyazide)	Tier 1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg	(Maxzide-25mg)	Tier 1	
triamterene-hydrochlorothiazid oral tablet 75-50 mg	(Maxzide)	Tier 1	
Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		Tier 2	PA
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib			
ALYQ ORAL TABLET 20 MG		Tier 1	PA
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	(Revatio)	Tier 1	PA
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	Tier 1	PA
tadalafil (pulm. hypertension) oral tablet 20 mg	(Alyq)	Tier 1	PA
Pulmonary Anti-Htn, Endothelin Receptor Antagonist			
ambrisentan oral tablet 10 mg, 5 mg	(Letairis)	Tier 1	PA
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	Tier 1	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG		Tier 2	PA
OPSUMIT ORAL TABLET 10 MG		Tier 2	PA
TRACLEER ORAL TABLET 125 MG, 62.5 MG		Tier 2	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG		Tier 2	PA
Pulmonary Antihypertensives, Prostacyclin-Type			
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG		Tier 2	PA
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	(Remodulin)	Tier 1	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)		Tier 2	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML		Tier 2	PA

Drug		Status	Notes
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)		Tier 2	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML		Tier 2	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG		Tier 2	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)		Tier 2	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML		Tier 2	PA
Thiazide And Related Diuretics			
chlorothiazide oral tablet 500 mg		Tier 1	
chlorthalidone oral tablet 25 mg, 50 mg		Tier 1	
hydrochlorothiazide oral capsule 12.5 mg		Tier 1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		Tier 1	
indapamide oral tablet 1.25 mg, 2.5 mg		Tier 1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		Tier 1	
Vasodilators, Combination			
BIDIL ORAL TABLET 20-37.5 MG		Tier 2	
Cardiovascular Disease - Lipid Irregularity			
Antihyperlipidemic - Hmg Coa Reductase Inhibitors			
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	Tier 1	QL (1 EA per 1 day)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		Tier 1	QL (2 EA per 1 day)
pravastatin oral tablet 10 mg, 80 mg		Tier 1	QL (1 EA per 1 day)
pravastatin oral tablet 20 mg, 40 mg	(Pravachol)	Tier 1	QL (1 EA per 1 day)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Crestor)	Tier 1	QL (1 EA per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	Tier 1	QL (1 EA per 1 day)
simvastatin oral tablet 5 mg		Tier 1	QL (1 EA per 1 day)
simvastatin oral tablet 80 mg	(Zocor)	Tier 1	ST: Prior prescription for Ezetimibe/simvastatin in 365 days; QL (1 EA per 1 day)

Drug		Status	Notes
Antihyperlipidemic - Mtp Inhibitor			
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG		Tier 2	PA
Antihyperlipidemic - Pcsk9 Inhibitors			
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
Bile Salt Sequestrants			
cholestyramine (with sugar) oral powder 4 gram	(Questran)	Tier 1	
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM		Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM		Tier 1	
colesevelam oral powder in packet 3.75 gram	(WelChol)	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	
Lipotropics			
ezetimibe oral tablet 10 mg	(Zetia)	Tier 1	QL (1 EA per 1 day)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		Tier 1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	Tier 1	
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	(Fibricor)	Tier 1	
gemfibrozil oral tablet 600 mg	(Lopid)	Tier 1	

Drug		Status	Notes
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	(Niaspan Extended-Release)	Tier 1	ST: Prior prescription for Altoprev, Antara, Atorvastatin Calcium, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Flolipid, Gemfibrozil, Lovastatin, Pravastatin Sodium, Simvastatin, or Triglide in 365 days
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	Tier 1	QL (4 EA per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM		Tier 2	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM		Tier 2	QL (4 EA per 1 day)
Niacin Preparations			
niacin oral capsule, extended release 500 mg		Tier 5	
niacin oral tablet 500 mg	(Niacor)	Tier 5	
niacin oral tablet extended release 500 mg	(Endur-Acin)	Tier 5	
niacinamide oral tablet 500 mg	(Niacin (niacinamide))	Tier 5	
Cardiovascular Disease - Miscellaneous Agents			
Adrenergic Vasopressor Agents			
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		Tier 1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG		Tier 2	PA
Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)			
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		Tier 2	QL (2 EA per 1 day)
Antianginal & Anti-Ischemic Agents,Non-Hemodynamic			
ranolazine oral tablet extended release 12 hr 1,000 mg	(Ranexa)	Tier 1	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg	(Ranexa)	Tier 1	QL (120 EA per 30 days)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb			
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	Tier 1	QL (1 EA per 1 day)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		Tier 1	QL (1 EA per 1 day)

Drug		Status	Notes
Cardiovascular Disease - Vasodilation			
Vasodilators,Coronary			
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		Tier 1	
isosorbide dinitrate oral tablet 40 mg	(Isordil)	Tier 1	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	Tier 1	
isosorbide dinitrate oral tablet extended release 40 mg	(ISOCHRON)	Tier 1	
isosorbide mononitrate oral tablet 10 mg, 20 mg		Tier 1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		Tier 1	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR		Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 %		Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR		Tier 2	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	Tier 1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Minitran)	Tier 1	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG		Tier 1	
Vasodilators,Peripheral			
ergoloid oral tablet 1 mg		Tier 1	
isoxsuprine oral tablet 10 mg, 20 mg		Tier 1	
papaverine injection solution 30 mg/ml		Tier 1	
Contraception/Oxytocics			
Contraceptives, Intravaginal, Systemic			
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR		Tier 4	QL (1 EA per 28 days)
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	Tier 4	QL (1 EA per 28 days)
Contraceptives,Injectable			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		Tier 4	QL (0.65 ML per 84 days)
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	Tier 4	QL (1 ML per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	Tier 4	QL (1 ML per 84 days)

Drug	Status	Notes
Contraceptives,Oral		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	Tier 4	
AFTERA ORAL TABLET 1.5 MG	Tier 4	QL (6 EA per 365 days)
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	Tier 4	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 4	
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 4	
AMETHIA LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	Tier 4	QL (91 EA per 84 days)
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 4	QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	Tier 4	
APRI ORAL TABLET 0.15-0.03 MG	Tier 4	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 4	
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 4	QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	Tier 4	
AUBRA ORAL TABLET 0.1-20 MG-MCG	Tier 4	
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 4	
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 4	
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 4	
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 4	
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 4	
AVIANE ORAL TABLET 0.1-20 MG-MCG	Tier 4	
AYUNA ORAL TABLET 0.15-0.03 MG	Tier 4	
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 4	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7)	Tier 4	QL (28 EA per 28 days)
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	Tier 4	

Drug	Status	Notes
BEKYREE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 4	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 4	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 4	
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 4	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	Tier 4	
CAMILA ORAL TABLET 0.35 MG	Tier 4	
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	Tier 4	QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 4	QL (91 EA per 84 days)
CAZIANT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	Tier 4	
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	Tier 4	
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	Tier 4	
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	Tier 4	
CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 4	
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 4	
CYRED EQ ORAL TABLET 0.15-0.03 MG	Tier 4	
CYRED ORAL TABLET 0.15-0.03 MG	Tier 4	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 4	
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 4	
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 4	QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	Tier 4	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (Azurette (28))	Tier 4	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg (Apri)	Tier 4	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4) (Beyaz)	Tier 4	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7) (Tydemy)	Tier 4	

Drug		Status	Notes
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Gianvi (28))	Tier 4	
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Ocella)	Tier 4	
ECONTRA EZ ORAL TABLET 1.5 MG		Tier 4	QL (6 EA per 365 days)
ECONTRA ONE-STEP ORAL TABLET 1.5 MG		Tier 4	QL (6 EA per 365 days)
ELINEST ORAL TABLET 0.3-30 MG-MCG		Tier 4	
ELLA ORAL TABLET 30 MG		Tier 4	QL (6 EA per 365 days)
EMOQUETTE ORAL TABLET 0.15-0.03 MG		Tier 4	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)		Tier 4	
ENSKYCE ORAL TABLET 0.15-0.03 MG		Tier 4	
ERRIN ORAL TABLET 0.35 MG		Tier 4	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG		Tier 4	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	Tier 4	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Kelnor 1-50)	Tier 4	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG		Tier 4	
FAYOSIM ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG		Tier 4	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG		Tier 4	
GIANVI (28) ORAL TABLET 3-0.02 MG		Tier 4	
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)		Tier 4	
HAILEY ORAL TABLET 1.5-30 MG-MCG		Tier 4	
HEATHER ORAL TABLET 0.35 MG		Tier 4	
INCASSIA ORAL TABLET 0.35 MG		Tier 4	
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)		Tier 4	QL (91 EA per 84 days)
ISIBLOOM ORAL TABLET 0.15-0.03 MG		Tier 4	
JASMIEL (28) ORAL TABLET 3-0.02 MG		Tier 4	
JENCYCLA ORAL TABLET 0.35 MG		Tier 4	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)		Tier 4	QL (91 EA per 84 days)
JULEBER ORAL TABLET 0.15-0.03 MG		Tier 4	

Drug		Status	Notes
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG		Tier 4	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG		Tier 4	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)		Tier 4	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)		Tier 4	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)		Tier 4	
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)		Tier 4	
KALLIGA ORAL TABLET 0.15-0.03 MG		Tier 4	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5		Tier 4	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG		Tier 4	
KELNOR 1-50 ORAL TABLET 1-50 MG-MCG		Tier 4	
KURVELO (28) ORAL TABLET 0.15-0.03 MG		Tier 4	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	(Amethia Lo)	Tier 4	QL (91 EA per 84 days)
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	(Fayosim)	Tier 4	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Amethia)	Tier 4	QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG		Tier 4	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG		Tier 4	
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)		Tier 4	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)		Tier 4	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)		Tier 4	
LARISSIA ORAL TABLET 0.1-20 MG-MCG		Tier 4	
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)		Tier 4	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG		Tier 4	

Drug		Status	Notes
LESSINA ORAL TABLET 0.1-20 MG-MCG		Tier 4	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)		Tier 4	
levonorgestrel oral tablet 1.5 mg	(Aftera)	Tier 4	QL (6 EA per 365 days)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	Tier 4	
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	Tier 4	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	Tier 4	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Introvale)	Tier 4	QL (91 EA per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	Tier 4	
LEVORA-28 ORAL TABLET 0.15-0.03 MG		Tier 4	
LILLOW (28) ORAL TABLET 0.15-0.03 MG		Tier 4	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		Tier 4	
LORYNA (28) ORAL TABLET 3-0.02 MG		Tier 4	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG		Tier 4	
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG		Tier 4	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG		Tier 4	
LYZA ORAL TABLET 0.35 MG		Tier 4	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG		Tier 4	
MELODETTA 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)		Tier 4	
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)		Tier 4	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG		Tier 4	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG		Tier 4	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)		Tier 4	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)		Tier 4	

Drug		Status	Notes
MILI ORAL TABLET 0.25-35 MG-MCG		Tier 4	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG		Tier 4	
MY CHOICE ORAL TABLET 1.5 MG		Tier 4	QL (6 EA per 365 days)
MY WAY ORAL TABLET 1.5 MG		Tier 4	QL (6 EA per 365 days)
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG		Tier 4	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		Tier 4	
NEW DAY ORAL TABLET 1.5 MG		Tier 4	QL (6 EA per 365 days)
NIKKI (28) ORAL TABLET 3-0.02 MG		Tier 4	
NORA-BE ORAL TABLET 0.35 MG		Tier 4	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	(Wymzya Fe)	Tier 4	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	(Kaitlib Fe)	Tier 4	
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	Tier 4	
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	Tier 4	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	Tier 4	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	Tier 4	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	Tier 4	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	(Melodetta 24 Fe)	Tier 4	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	Tier 4	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Tri Femynor)	Tier 4	
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	(Estarylla)	Tier 4	
NORLYDA ORAL TABLET 0.35 MG		Tier 4	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		Tier 4	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)		Tier 4	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG		Tier 4	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Tier 4	
OCELLA ORAL TABLET 3-0.03 MG		Tier 4	

Drug	Status	Notes
OGESTREL (28) ORAL TABLET 0.5-50 MG-MCG	Tier 4	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	Tier 4	QL (6 EA per 365 days)
OPTION-2 ORAL TABLET 1.5 MG	Tier 4	QL (6 EA per 365 days)
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	Tier 4	
PHILITH ORAL TABLET 0.4-35 MG-MCG	Tier 4	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 4	
PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG, 1-35 MG-MCG	Tier 4	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	Tier 4	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	Tier 4	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	Tier 4	
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Tier 4	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	Tier 4	QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG	Tier 4	
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 4	
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 4	QL (91 EA per 84 days)
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	Tier 4	
SRONYX ORAL TABLET 0.1-20 MG-MCG	Tier 4	
SYEDA ORAL TABLET 3-0.03 MG	Tier 4	
TAKE ACTION ORAL TABLET 1.5 MG	Tier 4	QL (6 EA per 365 days)
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 4	
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 4	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 4	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Tier 4	
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 4	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 4	

Drug	Status	Notes
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Tier 4	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 4	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 4	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 4	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 4	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 4	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 4	
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 4	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 4	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 4	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 4	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 4	
TULANA ORAL TABLET 0.35 MG	Tier 4	
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	Tier 4	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	Tier 4	
VIENVA ORAL TABLET 0.1-20 MG-MCG	Tier 4	
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 4	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	Tier 4	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	Tier 4	
WERA (28) ORAL TABLET 0.5-35 MG-MCG	Tier 4	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	Tier 4	
ZARAH ORAL TABLET 3-0.03 MG	Tier 4	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	Tier 4	
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	Tier 4	

Drug		Status	Notes
Contraceptives,Transdermal			
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR		Tier 4	QL (3 EA per 28 days)
Diaphragms/Cervical Cap			
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM		Tier 4	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM		Tier 4	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM		Tier 4	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM		Tier 4	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM		Tier 4	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM		Tier 4	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM		Tier 4	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM		Tier 4	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM		Tier 4	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM		Tier 4	
Oxytocics			
methylergonovine oral tablet 0.2 mg	(Methergine)	Tier 1	QL (28 EA per 30 days)
Cough And Cold			
1St Gen Antihistamine & Decongestant Combinations			
APRODINE ORAL TABLET 2.5-60 MG		Tier 5	
CHILDREN'S COLD-ALLERGY (PE) ORAL SOLUTION 1-2.5 MG/5 ML		Tier 5	
COLD AND ALLERGY (BROMPHEN-PE) ORAL SOLUTION 1-2.5 MG/5 ML		Tier 5	
DIMAPHEN (PE) ORAL SOLUTION 1-2.5 MG/5 ML		Tier 5	
ED A-HIST ORAL TABLET 4-10 MG		Tier 5	
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	(Promethazine VC)	Tier 1	
SINUS AND ALLERGY PE ORAL TABLET 4-10 MG		Tier 5	
SUDOGEST SINUS AND ALLERGY ORAL TABLET 4-60 MG		Tier 5	
Antitussives,Non-Narcotic			
benzonatate oral capsule 100 mg	(Tessalon Perles)	Tier 1	
benzonatate oral capsule 200 mg		Tier 1	

Drug		Status	Notes
CHILDREN'S COUGH DM ER ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML		Tier 5	
COUGH DM ER ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML		Tier 5	
dextromethorphan polistirex oral suspension,extended rel 12 hr 30 mg/5 ml	(Children's Cough DM ER)	Tier 5	
Decongestant-Expectorant Combinations			
CHEST CONGESTION RELIEF PE ORAL TABLET 10-400 MG		Tier 5	
CHEST-SINUS CONGESTION RELIEF ORAL TABLET 10-400 MG		Tier 5	
MUCUS RELIEF D (PSEUDOEPHED) ORAL TABLET EXTENDED RELEASE 12 HR 60-600 MG		Tier 5	
MUCUS RELIEF SINUS ORAL TABLET 10-400 MG		Tier 5	
Decongestants, Oral			
NASAL DECONGESTANT (PE) ORAL TABLET 10 MG		Tier 5	
SUDOGEST PE ORAL TABLET 10 MG		Tier 5	
Expectorants			
ADULT TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5 ML		Tier 5	
CHEST CONGESTION RELIEF ORAL TABLET 400 MG		Tier 5	
CHILD MUCUS RELIEF EXPECTORANT ORAL LIQUID 100 MG/5 ML		Tier 5	
guaifenesin oral liquid 100 mg/5 ml	(Adult Tussin Chest Congestion)	Tier 5	
MUCUS RELIEF ER ORAL TABLET EXTENDED RELEASE 12HR 1,200 MG, 600 MG		Tier 5	
MUCUS RELIEF ORAL TABLET 200 MG, 400 MG		Tier 5	
MUCUS-ER MAX ORAL TABLET EXTENDED RELEASE 12HR 1,200 MG		Tier 5	
ROBAFEN ORAL LIQUID 100 MG/5 ML		Tier 5	
SILTUSSIN SA ORAL LIQUID 100 MG/5 ML		Tier 5	
TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5 ML		Tier 5	
TUSSIN EXPECTORANT ORAL LIQUID 100 MG/5 ML		Tier 5	

Drug	Status	Notes
TUSSIN MUCUS-CHEST CONGESTION ORAL LIQUID 100 MG/5 ML	Tier 5	
Narcotic Antituss-1St Gen. Antihistamine-Decongest		
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Narcotic Antituss-Decongestant-Expectorant Comb		
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
VIRTUSSIN DAC ORAL SYRUP 30-10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
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); Age (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5 ml	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Anticholinergic Comb.		
hydrocodone-homatropine oral tablet 5-1.5 mg	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Expectorant Combination		
codeine-guaifenesin oral liquid 10-100 mg/5 ml (G Tussin AC)	Tier 1	Age (Min 12 Years)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
GUAIATUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
Non-Narc Antitus-1St Gen Antihist-Decon-Analges Cb		
COLD HEAD CONGESTION NIGHTTIME ORAL TABLET 2-5-10-325 MG	Tier 5	
Non-Narc Antituss-1St Gen Antihist-Analgesic Comb.		
NIGHTTIME COLD-FLU ORAL CAPSULE 6.25-15-325 MG	Tier 5	
Non-Narc Antituss-1St Gen. Antihistamine-Decongest		
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	Tier 1	

Drug	Status	Notes
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml (Bromfed DM)	Tier 1	
BROTAPP DM ORAL ELIXIR 1-15-5 MG/5 ML	Tier 5	
CHILDREN'S COLD AND COUGH (PE) ORAL SOLUTION 1-2.5-5 MG/5 ML	Tier 5	
COLD AND COUGH ELIXIR ORAL SOLUTION 1-2.5-5 MG/5 ML	Tier 5	
DIMAPHEN DM ORAL SOLUTION 1-2.5-5 MG/5 ML	Tier 5	
ENDACOF - DM ORAL SOLUTION 1-2.5-5 MG/5 ML	Tier 5	
PEDIATRIC COUGH AND COLD ORAL LIQUID 1-15-5 MG/5 ML	Tier 5	
Non-Narc Antitussive-1St Gen Antihistamine Comb.		
promethazine-dm oral syrup 6.25-15 mg/5 ml	Tier 1	
Non-Narcotic Antituss-Decongestant-Expectorant Cmb		
ROBAFEN CF (PHENYLEPHRINE) ORAL LIQUID 5-10-100 MG/5 ML	Tier 5	
TUSSIN CF (PE-DM-GUAIF) ORAL LIQUID 5-10-100 MG/5 ML	Tier 5	
TUSSIN CF COUGH-COLD ORAL LIQUID 5-10-100 MG/5 ML	Tier 5	
VANATAB DM ORAL TABLET 5-9-198 MG	Tier 5	
Non-Narcotic Antitussive And Expectorant Comb.		
ADULT TUSSIN COUGH CONGEST DM ORAL LIQUID 10-100 MG/5 ML	Tier 5	
ADULT TUSSIN DM ORAL SYRUP 10-100 MG/5 ML	Tier 5	
CHEST CONGESTION RELIEF DM ORAL TABLET 20-400 MG	Tier 5	
CHEST CONGESTION-COUGH RELIEF ORAL TABLET 20-400 MG	Tier 5	
CHILD MUCUS RELIEF COUGH ORAL LIQUID 5-100 MG/5 ML	Tier 5	
CHILDREN'S MUCINEX COUGH ORAL LIQUID 5-100 MG/5 ML	Tier 5	
COUGH SYRUP DM ORAL SYRUP 10-100 MG/5 ML	Tier 5	
dextromethorphan-guaifenesin oral syrup 10-100 mg/5 ml (Adult Tussin DM)	Tier 5	
MUCINEX DM ORAL TABLET EXTENDED RELEASE 12 HR 60-1,200 MG	Tier 5	

Drug	Status	Notes
MUCINEX FAST-MAX DM MAX ORAL LIQUID 5-100 MG/5 ML	Tier 5	
MUCUS DM MAX ER ORAL TABLET EXTENDED RELEASE 12 HR 60-1,200 MG	Tier 5	
MUCUS DM ORAL TABLET EXTENDED RELEASE 12 HR 30-600 MG	Tier 5	
MUCUS RELIEF COUGH ORAL LIQUID 5-100 MG/5 ML	Tier 5	
MUCUS RELIEF DM COUGH ORAL TABLET 20-400 MG	Tier 5	
MUCUS RELIEF DM MAX ORAL LIQUID 5-100 MG/5 ML	Tier 5	
MUCUS RELIEF DM ORAL TABLET 20-400 MG	Tier 5	
ROBAFEN DM COUGH ORAL LIQUID 10-100 MG/5 ML	Tier 5	
ROBAFEN DM COUGH-CHEST CONGEST ORAL SYRUP 10-100 MG/5 ML	Tier 5	
SILTUSSIN DM DAS ORAL LIQUID 10-100 MG/5 ML	Tier 5	
SILTUSSIN-DM ORAL SYRUP 10-100 MG/5 ML	Tier 5	
TUSNEL DIABETIC ORAL LIQUID 10-100 MG/5 ML	Tier 5	
TUSSIN DM COUGH AND CHEST ORAL LIQUID 5-100 MG/5 ML	Tier 5	
TUSSIN DM COUGH AND CHEST ORAL SYRUP 10-100 MG/5 ML	Tier 5	
TUSSIN DM MAX ORAL LIQUID 10-200 MG/5 ML	Tier 5	
TUSSIN DM ORAL LIQUID 10-100 MG/5 ML	Tier 5	
TUSSIN DM ORAL SYRUP 10-100 MG/5 ML	Tier 5	
Non-Narcotic Antitussive-Decongestant-Analgesic Cb		
DAY MULTI-SYMP FLU-SEVERE COLD ORAL POWDER IN PACKET 10-20-500 MG	Tier 5	
DAYTIME COLD-FLU RELIEF (PE) ORAL CAPSULE 5-10-325 MG	Tier 5	
Nose Preparations, Vasoconstrictors(Otc)		
NASAL DECONGESTANT (OXYMETAZL) NASAL SPRAY,NON-AEROSOL 0.05 %	Tier 5	

Drug		Status	Notes
NASAL SPRAY (OXYMETAZOLINE) NASAL SPRAY,NON-AEROSOL 0.05 %		Tier 5	
NASAL SPRAY 12HR(OXYMETAZOLINE NASAL MIST 0.05 %		Tier 5	
NASAL SPRAY 12HR(OXYMETAZOLINE NASAL SPRAY,NON-AEROSOL 0.05 %		Tier 5	
SINUS RELIEF (OXYMETAZOLINE) NASAL MIST 0.05 %		Tier 5	
Sympathomimetic Agents			
CHILDREN'S SILFEDRINE ORAL LIQUID 15 MG/5 ML		Tier 5	
NASAL DECONGESTANT (PSEUDOEPH) ORAL TABLET 30 MG		Tier 5	
pseudoephedrine hcl oral tablet 30 mg	(Nasal Decongestant (pseudoeph))	Tier 5	
SUDOGEST ORAL TABLET 30 MG		Tier 5	
SUPHEDRIN ORAL TABLET 30 MG		Tier 5	
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			
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	(Neuac)	Tier 1	
clindamycin-benzoyl peroxide topical gel 1-5 %	(Benzaclin)	Tier 1	
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %		Tier 1	
Rosacea Agents, Topical			
metronidazole topical cream 0.75 %	(Rosadan)	Tier 1	
metronidazole topical gel 0.75 %	(Rosadan)	Tier 1	
metronidazole topical gel 1 %	(Metrogel)	Tier 1	
metronidazole topical gel with pump 1 %	(Metrogel)	Tier 1	
metronidazole topical lotion 0.75 %	(MetroLotion)	Tier 1	
ROSADAN TOPICAL CREAM 0.75 %		Tier 1	

Drug		Status	Notes
Topical Preparations,Antibacterials			
hydrocortisone-iodoquinol topical cream 1-1 %		Tier 1	
PERICLEAN TOPICAL CLEANSER 0.43 %		Tier 1	
REVITADERM WOUND CARE TOPICAL GEL 0.1 %		Tier 1	
SILVASORB TOPICAL GEL,EXTENDED RELEASE		Tier 1	
SILVER GEL TOPICAL GEL		Tier 1	
silver nitrate topical solution 0.5 %		Tier 1	
Vitamin A Derivatives			
adapalene topical cream 0.1 %	(Differin)	Tier 1	Age (Max 25 Years)
adapalene topical gel 0.1 %, 0.3 %	(Differin)	Tier 1	Age (Max 25 Years)
adapalene topical gel with pump 0.3 %	(Differin)	Tier 1	Age (Max 25 Years)
ALTRENO TOPICAL LOTION 0.05 %		Tier 2	Age (Max 25 Years)
AVITA TOPICAL CREAM 0.025 %		Tier 1	Age (Max 25 Years)
AVITA TOPICAL GEL 0.025 %		Tier 1	Age (Max 25 Years)
DIFFERIN TOPICAL LOTION 0.1 %		Tier 2	Age (Max 25 Years)
tretinoin microspheres topical gel 0.04 %, 0.1 %	(Retin-A Micro)	Tier 1	Age (Max 25 Years)
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	(Retin-A Micro Pump)	Tier 1	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 1	Age (Max 25 Years)
Dermatology - Antiinfective			
Insect Repellants			
CUTTER BACKWOODS DRY TOPICAL AEROSOL,SPRAY 25 %		Tier 5	
CUTTER BACKWOODS TOPICAL AEROSOL,SPRAY 25 %		Tier 5	
CUTTER BACKWOODS TOPICAL SPRAY,NON-AEROSOL 25 %		Tier 5	
CUTTER LEMON EUCALYPTUS TOPICAL SPRAY,NON-AEROSOL 30 %		Tier 5	
CUTTER SKINSATIONS TOPICAL SPRAY,NON-AEROSOL 7 %		Tier 5	
INSECT REPELLENT (DEET) TOPICAL AEROSOL,SPRAY 15 %		Tier 5	
OFF ACTIVE TOPICAL AEROSOL,SPRAY 15 %		Tier 5	
OFF DEEP WOODS SPORTSMEN TOPICAL SPRAY,NON-AEROSOL 25 %, 98.25 %		Tier 5	
OFF DEEP WOODS TOPICAL AEROSOL,SPRAY 25 %		Tier 5	

Drug		Status	Notes
OFF DEEP WOODS TOPICAL SPRAY,NON-AEROSOL 25 %		Tier 5	
OFF FAMILYCARE (WITH DEET) TOPICAL AEROSOL POWDER 15 %		Tier 5	
REPEL 100 TOPICAL SPRAY,NON-AEROSOL 98.11 %		Tier 5	
REPEL HUNTER'S TOPICAL AEROSOL,SPRAY 25 %		Tier 5	
REPEL LEMON EUCALYPTUS TOPICAL SPRAY,NON-AEROSOL 30 %		Tier 5	
REPEL SPORTSMEN DRY TOPICAL AEROSOL,SPRAY 25 %		Tier 5	
REPEL SPORTSMEN MAX TOPICAL AEROSOL,SPRAY 40 %		Tier 5	
REPEL SPORTSMEN MAX TOPICAL LOTION 40 %		Tier 5	
REPEL SPORTSMEN MAX TOPICAL SPRAY,NON-AEROSOL 40 %		Tier 5	
REPEL SPORTSMEN TOPICAL AEROSOL,SPRAY 25 %		Tier 5	
TOTAL HOME INSECT REPELLENT TOPICAL AEROSOL,SPRAY 30 %		Tier 5	
ULTRATHON TOPICAL AEROSOL,SPRAY 25 %		Tier 5	
Topical Antibiotics			
ANTIBIOTIC (BACITRACIN ZINC) TOPICAL OINTMENT 500 UNIT/GRAM		Tier 5	
bacitracin topical ointment 500 unit/gram	(Bacitraycin Plus)	Tier 5	
bacitracin topical packet 500 unit/gram		Tier 5	
bacitracin zinc topical ointment 500 unit/gram	(Antibiotic (bacitracin zinc))	Tier 5	
bacitracin zinc topical packet 500 unit/gram		Tier 5	
clindamycin phosphate topical foam 1 %	(Evoclin)	Tier 1	
clindamycin phosphate topical gel 1 %	(Cleocin T)	Tier 1	
clindamycin phosphate topical lotion 1 %	(Cleocin T)	Tier 1	
clindamycin phosphate topical solution 1 %	(Cleocin T)	Tier 1	QL (180 ML per 1 FILL)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	Tier 1	
DOUBLE ANTIBIOTIC (B.TRACN ZN) TOPICAL OINTMENT 500-10,000 UNIT/GRAM		Tier 1	
ERY PADS TOPICAL SWAB 2 %		Tier 1	
erythromycin with ethanol topical gel 2 %	(Erygel)	Tier 1	
erythromycin with ethanol topical solution 2 %		Tier 1	QL (180 ML per 1 FILL)
erythromycin-benzoyl peroxide topical gel 3-5 %	(Benzamycin)	Tier 1	

Drug		Status	Notes
gentamicin topical cream 0.1 %		Tier 1	QL (90 GM per 1 FILL)
gentamicin topical ointment 0.1 %		Tier 1	
mupirocin calcium topical cream 2 %		Tier 1	QL (90 GM per 1 FILL)
mupirocin topical ointment 2 %	(Centany)	Tier 1	
TRIPLE ANTIBIOTIC PLUS TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT/G		Tier 1	
TRIPLE ANTIBIOTIC TOPICAL OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM		Tier 5	
TRIPLE ANTIBIOTIC TOPICAL OINTMENT IN PACKET 3.5-400-5,000 MG-UNIT-UNIT		Tier 5	
Topical Antifungal/Antiinflammatory,Steriod Agent			
clotrimazole-betamethasone topical cream 1-0.05 %		Tier 1	
clotrimazole-betamethasone topical lotion 1-0.05 %		Tier 1	
Topical Antifungals			
ALEVAZOL TOPICAL OINTMENT 1 %		Tier 5	
ANTIFUNGAL (CLOTRIMAZOLE) TOPICAL CREAM 1 %		Tier 1	
ANTIFUNGAL (TOLNAFTATE) TOPICAL CREAM 1 %		Tier 5	
ANTIFUNGAL (TOLNAFTATE) TOPICAL POWDER 1 %		Tier 5	
ANTIFUNGAL CREAM (MICONAZOLE) TOPICAL CREAM 2 %		Tier 5	
ANTIFUNGAL RINGWORM TOPICAL CREAM 1 %		Tier 1	
ATHLETE'S FOOT (CLOTRIMAZOLE) TOPICAL CREAM 1 %		Tier 1	
ATHLETE'S FOOT (TERBINAFINE) TOPICAL CREAM 1 %		Tier 5	
ATHLETE'S FOOT (TOLNAFTATE) TOPICAL AEROSOL POWDER 1 %		Tier 5	
ATHLETIC FOOT CREAM TOPICAL CREAM 1 %		Tier 1	
ciclopirox topical cream 0.77 %	(Ciclodan)	Tier 1	QL (180 GM per 1 FILL)
ciclopirox topical gel 0.77 %		Tier 1	
ciclopirox topical shampoo 1 %	(Loprox)	Tier 1	
ciclopirox topical solution 8 %	(Ciclodan)	Tier 1	QL (19.8 ML per 1 FILL)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	Tier 1	QL (180 ML per 1 FILL)
ciclopirox-ure-camph-menth-euc topical solution 8 %	(Ciclodan Kit)	Tier 1	QL (19.8 ML per 1 FILL)

Drug		Status	Notes
CLOTRIMAZOLE AF TOPICAL CREAM 1 %		Tier 1	
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	Tier 1	
clotrimazole topical solution 1 %		Tier 5	
econazole topical cream 1 %		Tier 1	QL (170 GM per 1 FILL)
ITCH RELIEF (CLOTRIMAZOLE) TOPICAL CREAM 1 %		Tier 1	
JOCK ITCH (CLOTRIMAZOLE) TOPICAL CREAM 1 %		Tier 1	
ketoconazole topical cream 2 %		Tier 1	QL (180 GM per 1 FILL)
ketoconazole topical foam 2 %	(Ketodan)	Tier 1	
ketoconazole topical shampoo 2 %	(Nizoral)	Tier 1	
KETODAN TOPICAL FOAM 2 %		Tier 1	
LAMISIL AF TOPICAL AEROSOL POWDER 1 %		Tier 5	
miconazole nitrate topical cream 2 %	(Antifungal Cream (miconazole))	Tier 5	
naftifine topical cream 1 %		Tier 1	
naftifine topical cream 2 %	(Naftin)	Tier 1	QL (180 GM per 1 FILL)
naftifine topical gel 1 %	(Naftin)	Tier 1	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM		Tier 1	
nystatin topical cream 100,000 unit/gram		Tier 1	
nystatin topical ointment 100,000 unit/gram		Tier 1	
nystatin topical powder 100,000 unit/gram	(Nyamyc)	Tier 1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		Tier 1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%		Tier 1	
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM		Tier 1	
RINGWORM TOPICAL CREAM 1 %		Tier 1	
terbinafine hcl topical cream 1 %	(Athlete's Foot (terbinafine))	Tier 5	
tolnaftate topical cream 1 %	(Antifungal (tolnaftate))	Tier 5	
tolnaftate topical powder 1 %	(Antifungal (tolnaftate))	Tier 5	
TRIPLE DYE TOPICAL SWAB 2.29-2.29-1.14 MG/ML		Tier 1	
Topical Antiparasitics			
LICE KILLING TOPICAL SHAMPOO 0.33-4 %		Tier 5	
LICE TREATMENT (PERMETHRIN) TOPICAL LIQUID 1 %		Tier 5	
LICE TREATMENT TOPICAL LIQUID 1 %		Tier 5	

Drug		Status	Notes
LICE TREATMENT TOPICAL SHAMPOO 0.33-4 %		Tier 5	
lindane topical shampoo 1 %		Tier 1	
NATRAPEL TOPICAL AEROSOL,SPRAY 20 %		Tier 5	
permethrin topical cream 5 %	(Elimite)	Tier 1	
SKLICE TOPICAL LOTION 0.5 %		Tier 2	
spinosad topical suspension 0.9 %	(Natroba)	Tier 1	
ULTRATHON TOPICAL LOTION 34.34 %		Tier 5	
VANALICE TOPICAL GEL 0.3-3.5 %		Tier 5	
Topical Antivirals			
ABREVA TOPICAL CREAM 10 %		Tier 5	
acyclovir topical ointment 5 %	(Zovirax)	Tier 1	
docosanol topical cream 10 %	(Abreva)	Tier 5	
Topical Sulfonamides			
mafenide acetate topical packet 50 gram	(Sulfamylon)	Tier 1	
silver sulfadiazine topical cream 1 %	(SSD)	Tier 1	
SSD TOPICAL CREAM 1 %		Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G		Tier 2	
Dermatology - Antiinflammatory			
Topical Antibiotics/Antiinflammatory,Steroidal			
CORTISPORIN TOPICAL CREAM 3.5-10,000-0.5 MG/G-UNIT/G-%		Tier 2	
CORTISPORIN TOPICAL OINTMENT 1 %		Tier 2	
Topical Anti-Inflammatory Steroidal			
ALA-SCALP TOPICAL LOTION 2 %		Tier 1	
alclometasone topical cream 0.05 %		Tier 1	
alclometasone topical ointment 0.05 %		Tier 1	
amcinonide topical cream 0.1 %		Tier 1	
amcinonide topical lotion 0.1 %		Tier 1	
ANTI-ITCH (HC) TOPICAL CREAM 1 %		Tier 5	
betamethasone dipropionate topical cream 0.05 %		Tier 1	
betamethasone dipropionate topical lotion 0.05 %		Tier 1	
betamethasone dipropionate topical ointment 0.05 %		Tier 1	
betamethasone valerate topical cream 0.1 %		Tier 1	
betamethasone valerate topical lotion 0.1 %		Tier 1	
betamethasone valerate topical ointment 0.1 %		Tier 1	

Drug		Status	Notes
betamethasone, augmented topical cream 0.05 %		Tier 1	
betamethasone, augmented topical gel 0.05 %		Tier 1	
betamethasone, augmented topical lotion 0.05 %		Tier 1	
betamethasone, augmented topical ointment 0.05 %	(Diprolene)	Tier 1	
clobetasol scalp solution 0.05 %		Tier 1	
clobetasol topical cream 0.05 %	(Temovate)	Tier 1	
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	
clocortolone pivalate topical cream 0.1 %	(Cloderm)	Tier 1	
desonide topical ointment 0.05 %		Tier 1	
desoximetasone topical cream 0.05 %, 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 1	
flurandrenolide topical lotion 0.05 %	(Cordran)	Tier 1	
flurandrenolide topical ointment 0.05 %	(Cordran)	Tier 1	
fluticasone propionate topical cream 0.05 %	(Cutivate)	Tier 1	

Drug		Status	Notes
fluticasone propionate topical ointment 0.005 %		Tier 1	
halobetasol propionate topical cream 0.05 %		Tier 1	
halobetasol propionate topical ointment 0.05 %		Tier 1	
hydrocortisone acetate topical cream 1 %	(Vanicream HC)	Tier 5	
hydrocortisone butyrate topical cream 0.1 %	(Locoid)	Tier 1	
hydrocortisone butyrate topical ointment 0.1 %		Tier 1	
hydrocortisone butyrate topical solution 0.1 %	(Locoid)	Tier 1	
hydrocortisone topical cream 1 %	(Anti-Itch (HC))	Tier 5	
hydrocortisone topical cream 2.5 %		Tier 1	
hydrocortisone topical cream in packet 1 %		Tier 5	
hydrocortisone topical lotion 2.5 %		Tier 1	
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	Tier 5	
hydrocortisone topical ointment 2.5 %		Tier 1	
hydrocortisone valerate topical cream 0.2 %		Tier 1	
hydrocortisone valerate topical ointment 0.2 %		Tier 1	
hydrocortisone-aloe vera topical cream 1 %	(Anti-Itch(hydrocortisone)-Aloe)	Tier 5	
hydrocortisone-min oil-wht pet topical ointment 1 %		Tier 1	
mometasone topical cream 0.1 %		Tier 1	
mometasone topical ointment 0.1 %		Tier 1	
mometasone topical solution 0.1 %		Tier 1	
PANDEL TOPICAL CREAM 0.1 %		Tier 2	
prednicarbate topical cream 0.1 %		Tier 1	
prednicarbate topical ointment 0.1 %		Tier 1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %		Tier 1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %		Tier 1	
TEXACORT TOPICAL SOLUTION 2.5 %		Tier 2	
triamcinolone acetonide topical aerosol 0.147 mg/gram	(Kenalog)	Tier 1	
triamcinolone acetonide topical cream 0.025 %		Tier 1	
triamcinolone acetonide topical cream 0.1 %, 0.5 %	(Triderm)	Tier 1	

Drug	Status	Notes
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	Tier 1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	Tier 1	
triamcinolone acetonide topical ointment 0.05 % (Trianex)	Tier 1	
TRIANEX TOPICAL OINTMENT 0.05 %	Tier 1	
TRIDERM TOPICAL CREAM 0.1 %, 0.5 %	Tier 1	
Topical Anti-Inflammatory, Nsaids		
diclofenac sodium topical drops 1.5 %	Tier 1	
diclofenac sodium topical gel 1 % (Voltaren)	Tier 1	
Dermatology - Miscellaneous		
Antiperspirants		
XERAC AC TOPICAL SOLUTION 6.25 %	Tier 5	
Antiseptics,General		
ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 5	
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 5	
alcohol swabs topical pads, medicated (Alcohol Pads)	Tier 5	
ALCOHOL WIPES TOPICAL PADS, MEDICATED	Tier 5	
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED	Tier 5	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED	Tier 5	
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED	Tier 5	
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED	Tier 5	
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 5	
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 5	
IV PREP WIPES TOPICAL PADS, MEDICATED	Tier 5	
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 5	
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 5	
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 5	
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 5	
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 5	

Drug	Status	Notes
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED	Tier 5	
WEBCOL TOPICAL PADS, MEDICATED	Tier 5	
Antiseptics,Miscellaneous		
CASTELLANI PAINT MODIFIED TOPICAL LIQUID 1.5 %	Tier 5	
Deodorants		
M9 ODOR ELIMINATOR LIQUID	Tier 1	
ODOR ELIMINATOR DROPS TOPICAL LIQUID	Tier 1	
ULTRA-FRESH TOPICAL LIQUID	Tier 1	
Emollients		
ALOE VESTA CLEANSING TOPICAL FOAM	Tier 1	
ALOE VESTA PERINEAL TOPICAL SOLUTION	Tier 1	
ammonium lactate topical cream 12 % (Geri-Hydrolac)	Tier 1	
ammonium lactate topical lotion 12 % (Skin Treatment)	Tier 1	
AVO CREAM TOPICAL EMULSION	Tier 1	
BALNEOL TOPICAL LOTION	Tier 1	
BALNEOL TOPICAL LOTION IN PACKET	Tier 1	
CLOVERINE TOPICAL OINTMENT	Tier 1	
GERI-HYDROLAC TOPICAL CREAM 12 %	Tier 1	
HALUCORT TOPICAL GEL	Tier 1	
HYDROLATUM TOPICAL OINTMENT	Tier 1	
HYPER-HEAL TOPICAL CREAM 1 %	Tier 1	
NEUTROGENA SENSITIVE SKN MOIST TOPICAL LOTION	Tier 1	
PERISCENT TOPICAL SOLUTION	Tier 1	
PROTECTIVE OINTMENT TOPICAL OINTMENT	Tier 1	
REJUVENESS TOPICAL COMBO PACK	Tier 1	
SECURA PROTECTIVE TOPICAL OINTMENT	Tier 1	
SENSI-CARE TOPICAL SOLUTION	Tier 1	
SILICONE SCAR TOPICAL KIT 1 %-1.6" X 4.8"	Tier 1	
SKIN TREATMENT TOPICAL LOTION 12 %	Tier 1	
vits a and d-white pet-lanolin topical ointment (A and D (lan, pet))	Tier 5	
WOUND GEL TOPICAL GEL	Tier 1	
WOUND GEL TOPICAL SPRAY,NON-AEROSOL	Tier 1	

Drug		Status	Notes
Iodine Antiseptics			
ANTISEPTIC TOPICAL SOLUTION 10 %		Tier 1	
FIRST AID ANTISEPTIC TOPICAL SOLUTION 10 %		Tier 1	
povidone-iodine topical liquid in packet 10 %		Tier 1	
povidone-iodine topical pads, medicated 10 %		Tier 1	
povidone-iodine topical solution 10 %	(Antiseptic)	Tier 1	
povidone-iodine topical solution 7.5 %	(Betadine Surgical Scrub)	Tier 1	
povidone-iodine topical spray,non-aerosol 10 %		Tier 1	
SCRUB CARE POVIDONE IODINE TOPICAL SOLUTION 10 %		Tier 1	
Irrigants			
acetic acid irrigation solution 0.25 %		Tier 1	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml		Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L		Tier 1	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L		Tier 1	
ringer's irrigation solution		Tier 1	
sodium chloride irrigation solution 0.9 %	(Aqua Care Sodium Chloride)	Tier 1	
sorbitol irrigation solution 3 %, 3.3 %		Tier 1	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml		Tier 1	
water for irrigation, sterile irrigation solution	(Aqua Care Sterile Water)	Tier 1	
Irritants/Counter-Irritants			
ARTHRITIS PAIN RELIEF(CAPSAIC) TOPICAL CREAM 0.075 %, 0.1 %		Tier 5	
capsaicin topical adhesive patch,medicated 0.025 %	(Capsicum)	Tier 5	
capsaicin topical cream 0.025 %		Tier 5	
capsaicin topical cream 0.1 %	(Arthritis Pain Relief(capsaic))	Tier 5	
capsaicin topical liquid 0.15 %	(Capzasin)	Tier 5	
CAPSICUM TOPICAL ADHESIVE PATCH,MEDICATED 0.025 %		Tier 5	
HIGH POTENCY CAPSAICIN TOPICAL CREAM 0.1 %		Tier 5	
ICY HOT MEDICATED SLEEVE TOPICAL BANDAGE 16 %		Tier 1	
ISOPROPYL ALCOHOL-WINTERGREEN TOPICAL LIQUID		Tier 1	

Drug		Status	Notes
MEDICATED HEAT PATCH TOPICAL ADHESIVE PATCH,MEDICATED 0.025 %		Tier 5	
MUSCLE RUB TOPICAL CREAM 15-10 %		Tier 5	
PAIN RELIEF (TROLAMINE SALICY) TOPICAL CREAM 10 %		Tier 5	
ZOSTRIX TOPICAL CREAM 0.033 %		Tier 5	
ZOSTRIX-HP FOOT TOPICAL CREAM 0.1 %		Tier 5	
ZOSTRIX-HP TOPICAL CREAM 0.1 %		Tier 5	
Keratolytics			
ACNE MEDICATION TOPICAL GEL 10 %		Tier 5	
benzoyl peroxide topical gel 10 %	(Acne Medication)	Tier 5	
CONDYLOX TOPICAL GEL 0.5 %		Tier 2	ST: Prior prescription for Podofilox 0.5% solution in 120 days
podofilox topical solution 0.5 %		Tier 1	
Oxidizing Agents			
hydrogen peroxide solution 3 %		Tier 1	
Protectives			
AMERIGEL TOPICAL GEL		Tier 1	
BIONECT TOPICAL CREAM 0.2 %		Tier 1	
BIONECT TOPICAL GEL 0.2 %		Tier 1	
GENADUR TOPICAL LIQUID		Tier 1	
NEW SKIN (BENZETHONIUM) TOPICAL FILM FORMING LIQUID W/APPL 0.2 %		Tier 1	
ONE STEP PERINEAL TOPICAL LOTION 2 %		Tier 1	
white petrolatum topical ointment	(Cloverine)	Tier 1	
white petrolatum topical ointment in packet	(Vaseline White Petroleum)	Tier 1	
zinc oxide topical ointment 20 %		Tier 5	
Topical Anti-Inflammatory Steroid-Local Anesthetic			
ANALPRAM-HC TOPICAL LOTION 2.5-1 %		Tier 2	
hydrocortisone-pramoxine topical cream 2.5-1 %	(Pramosone)	Tier 1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %		Tier 1	
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %		Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %		Tier 2	

Drug		Status	Notes
Topical Antineoplastic & Premalignant Lesion Agnts			
diclofenac sodium topical gel 3 %	(Solaraze)	Tier 1	QL (100 GM per 1 FILL)
fluorouracil topical cream 5 %	(Efudex)	Tier 1	
fluorouracil topical solution 2 %, 5 %		Tier 1	
PANRETIN TOPICAL GEL 0.1 %		Tier 2	
PICATO TOPICAL GEL 0.015 %		Tier 2	ST: Prior prescription for Diclofenac 3%, generic Fluorouracil 5%, or topical Imiquimod 5% in 120 days; QL (3 EA per 28 days)
PICATO TOPICAL GEL 0.05 %		Tier 2	ST: Prior prescription for Diclofenac 3%, generic Fluorouracil 5%, or topical Imiquimod 5% in 120 days; QL (2 EA per 28 days)
TARGRETIN TOPICAL GEL 1 %		Tier 2	PA
VALCHLOR TOPICAL GEL 0.016 %		Tier 2	PA
Topical Local Anesthetics			
ANECREAM TOPICAL CREAM 4 %		Tier 5	
ASPERCREME (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 %		Tier 5	
LIDO KING TOPICAL ADHESIVE PATCH,MEDICATED 4 %		Tier 5	
lidocaine hcl laryngotracheal solution 4 %	(LTA Pre-Attached)	Tier 1	
lidocaine hcl topical cream 3 %	(Lidopin)	Tier 1	
lidocaine hcl topical cream 4 %	(Pain Relief (lidocaine))	Tier 5	
LIDOCAINE PAIN RELIEF TOPICAL ADHESIVE PATCH,MEDICATED 4 %		Tier 5	
lidocaine topical adhesive patch,medicated 4 %	(Aspercreme (lidocaine))	Tier 5	
lidocaine topical adhesive patch,medicated 5 %	(Lidoderm)	Tier 1	QL (3 EA per 1 day)
lidocaine topical cream 3 %		Tier 5	
lidocaine topical cream 4 %	(Anecream)	Tier 5	
lidocaine topical ointment 5 %		Tier 1	ST: Prior prescription for generic Lidocaine 3% cream in 120 days; QL (240 GM per 30 days)
lidocaine-aloe vera topical gel 0.5 %	(Burn Relief with Aloe)	Tier 5	
lidocaine-prilocaine topical cream 2.5-2.5 %		Tier 1	
LIDOCARE TOPICAL ADHESIVE PATCH,MEDICATED 4 %		Tier 5	
LIQUID BANDAGE TOPICAL SOLUTION 0.75-0.2 %		Tier 1	

Drug	Status	Notes
PAIN RELIEF (LIDOCAINE) TOPICAL CREAM 4 %	Tier 5	
SALONPAS (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 %	Tier 5	
Topical Preparations,Miscellaneous		
ASTRINGENT TOPICAL POWDER IN PACKET 952-1,347 MG	Tier 5	
DERMAL WOUND CLEANSER TOPICAL CLEANSER , 0.13 %	Tier 1	
MEDIHONEY (HONEY) TOPICAL PASTE 100 %	Tier 1	
NAIL SCRUB TOPICAL LOTION	Tier 1	
PERINEAL SKIN CLEANSER TOPICAL CLEANSER 0.1 %	Tier 1	
SALINE WOUND WASH (BENZETHONM) TOPICAL CLEANSER 0.13 %	Tier 1	
SECURA MOISTURIZING TOPICAL CLEANSER 0.13 %	Tier 1	
SECURA PERSONAL TOPICAL CLEANSER 0.13 %	Tier 1	
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
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 2	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 2	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 2	PA
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg (Oxsoralen Ultra)	Tier 1	
SKYRIZI SUBCUTANEOUS SYRINGE 75 MG/0.83 ML	Tier 2	PA
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	Tier 2	PA
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 2	PA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 2	PA

Drug		Status	Notes
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML		Tier 2	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML		Tier 2	PA
Antipsoriatics Agents			
calcipotriene scalp solution 0.005 %		Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in 120 days
calcipotriene topical cream 0.005 %	(Dovonex)	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in 120 days
calcipotriene topical ointment 0.005 %		Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in 120 days
calcitriol topical ointment 3 mcg/gram	(Vectical)	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in 120 days
tazarotene topical cream 0.1 %	(Tazorac)	Tier 1	
TAZORAC TOPICAL CREAM 0.05 %		Tier 2	
Topical Agents,Miscellaneous			
BABY WASH TOPICAL CLEANSER		Tier 1	
CETA-KLENZ GENTLE TOPICAL CLEANSER		Tier 1	
CETAPHIL TOPICAL CLEANSER		Tier 1	
MEDERMA AG TOPICAL CLEANSER		Tier 1	
PERIANAL CLEANSING TOPICAL CLEANSER		Tier 1	
PERIFRESH TOPICAL CLEANSER		Tier 1	
SAF-CLENS AF DERMAL WOUND TOPICAL CLEANSER		Tier 1	
Topical Immunosuppressive Agents			
tacrolimus topical ointment 0.03 %, 0.1 %	(Protopic)	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in 120 days
Topical Vit D Analog/Antiinflammatory, Steroidal			
calcipotriene-betamethasone topical ointment 0.005-0.064 %	(Taclonex)	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in 120 days
Diabetes			
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.			
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG		Tier 2	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG		Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 2	QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 2	QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	Tier 2	QL (1 EA per 1 day)
Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)		
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	Tier 2	QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	Tier 2	QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 2	QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	Tier 2	QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 2	QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 2	QL (9 ML per 30 days)
Antihyperglycemc-Sod/Gluc Cotransport2(Sglt2)Inhib		
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 2	QL (30 EA per 30 days)
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	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		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG	Tier 2	QL (1 EA per 1 day)

Drug		Status	Notes
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	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		Tier 1	
nateglinide oral tablet 120 mg, 60 mg	(Starlix)	Tier 1	
repaglinide oral tablet 0.5 mg		Tier 1	
repaglinide oral tablet 1 mg, 2 mg	(Prandin)	Tier 1	
Antihyperglycemic, Insulin-Response Enhancer (N-S)			
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	(Actos)	Tier 1	
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.			
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		Tier 2	ST: Prior prescription for Metformin (IR/ER), Sulfonylurea, Pioglitazone or a combination product containing any 2 of the 3 aforementioned agents in 120 days; QL (1 EA per 1 day)
Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)			
metformin oral tablet 1,000 mg, 500 mg, 850 mg	(Glucophage)	Tier 1	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	(Glucophage XR)	Tier 1	

Drug	Status	Notes
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 2	ST: At least 2 prior prescriptions for Actoplus Met XR, Basaglar Kwikpen U-100, 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, Riomet ER, Tolazamide, Tolbutamide, Toujeo Max Solostar, Toujeo Solostar, Tresiba, Trulicity, or Victoza in 365 days; QL (30 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-Glucocorticoid Receptor Blocker		
KORLYM ORAL TABLET 300 MG	Tier 2	PA
Antihyperglycemic-Sglt2 Inhibitor & Biguanide Comb		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 2	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	QL (2 EA per 1 day)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb		
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	Tier 2	ST: Prior prescription for Metformin (IR, ER), Sulfonylurea, or a Metformin + Sulfonylurea combination in 120 days
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg (Actoplus MET)	Tier 1	ST: Prior prescription for Metformin (IR, ER), Sulfonylurea, or a Metformin + Sulfonylurea combination in 120 days
Blood Sugar Diagnostics		
FREESTYLE INSULINX STRIP	Tier 5	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP	Tier 5	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP	Tier 5	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP	Tier 5	QL (200 EA per 30 days)
FREESTYLE TEST STRIP	Tier 5	QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP	Tier 5	QL (200 EA per 30 days)
Diabetic Supplies		
2TEK CONTROL (HIGH-NORMAL) SOLUTION	Tier 1	
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION	Tier 5	
ACCU-CHEK COMBO SYSTEM KIT	Tier 1	
ACCU-CHEK COMPACT PLUS CONTROL SOLUTION	Tier 5	
ACCU-CHEK FASTCLIX LANCING DEV KIT	Tier 5	
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	Tier 5	
ACCU-CHEK MULTICLIX LANCET KIT	Tier 5	
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	Tier 5	
ACCU-CHEK SOFT DEV LANCETS KIT	Tier 5	
ACCUTREND GLUCOSE CONTROL SOLUTION	Tier 5	
ADJUSTABLE LANCING DEVICE	Tier 5	
ADVANCED LANCING DEVICE KIT	Tier 5	
ADVOCATE CONTROL SOLUTION HIGH SOLUTION	Tier 5	
ADVOCATE LANCING DEVICE	Tier 5	
ADVOCATE LOW CONTROL SOLUTION	Tier 5	
ADVOCATE RAPID-SAFE LANCING	Tier 5	

Drug	Status	Notes
ADVOCATE REDI-CODE DUO METER DEVICE	Tier 1	
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION	Tier 5	
ADVOCATE REDI-CODE+ CTRL LOW SOLUTION	Tier 5	
AGAMATRIX CONTROL HIGH SOLUTION	Tier 5	
AGAMATRIX CONTROL NORM-HI SOLUTION	Tier 1	
AGAMATRIX CONTROL SOLN-LEVEL 2 SOLUTION	Tier 5	
AGAMATRIX CONTROL SOLN-LEVEL 4 SOLUTION	Tier 5	
ALKALINE BATTERIES	Tier 5	
ALTERNATE SITE LANCING DEVICE	Tier 5	
AQUA LANCE LANCING DEVICE	Tier 5	
ASSURE 4 CONTROL SOLUTION COMBO PACK	Tier 5	
ASSURE DOSE NORMAL CONTROL SOLUTION	Tier 5	
ASSURE DOSE NORM-HI CONTROL SOLUTION	Tier 5	
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION	Tier 1	
AT HOME A1C DEVICE	Tier 1	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	Tier 1	
AUTO-LANCET MINI	Tier 5	
AUTOLET IMPRESSION LANC DEV KIT	Tier 5	
AUTOLET LANCING DEVICE	Tier 5	
AUTOLET PLUS LANCING DEVICE	Tier 5	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	Tier 1	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN	Tier 1	
AUTOSOFT 30 INFUSION SET	Tier 5	
AUTOSOFT 90 INFUSION SET	Tier 5	
AUTOSOFT XC INFUSION SET 23" INFUSION SET	Tier 5	
AUTOSOFT XC INFUSION SET 32" INFUSION SET	Tier 5	
AUTOSOFT XC INFUSION SET 43" INFUSION SET	Tier 5	
BD MAGNI-GUIDE SYRINGE MAGNIFI	Tier 5	
blood glucose contrl hi,normal solution (2Tek Control (High-Normal))	Tier 5	

Drug		Status	Notes
blood glucose control, normal solution	(Accu-Chek SmartView Contrl Sol)	Tier 5	
blood glucose ctl high,nml,low solution	(Myglucohealth Control Solution)	Tier 5	
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION		Tier 5	
BREEZE 2 CONTROL SOLUTION, NML SOLUTION		Tier 5	
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION		Tier 5	
CARELANCE ULT LANCING DEVICE		Tier 5	
CAREONE LANCING DEVICE		Tier 5	
CARESENS CONTROL A AND B SOLUTION		Tier 1	
CARESENS CONTROL A NORMAL SOLUTION		Tier 5	
CARESENS PREM LANCING DEVICE		Tier 5	
CARETOUCH KETONE-GLUCOSE MONIT DEVICE		Tier 5	
CARETOUCH LANCING DEVICE		Tier 5	
CARTRIDGE STAMPED IR 1200 SUBCUTANEOUS CARTRIDGE		Tier 1	
CEQUR SIMPLICITY DEVICE 2 UNIT		Tier 1	
CHEMSTRIP BG LOG BOOK		Tier 5	
CHOICE DM CLARUS NORM CONTROL SOLUTION		Tier 5	
CLEO 90 INFUSION SET 24" INFUSION SET		Tier 5	
CLEO 90 INFUSION SET 31" INFUSION SET		Tier 5	
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION		Tier 5	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION		Tier 5	
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION		Tier 5	
COMFORT INFUSION SET 23" INFUSION SET		Tier 1	
COMFORT INFUSION SET 32" INFUSION SET		Tier 5	
COMFORT INFUSION SET 43" INFUSION SET		Tier 1	
COMFORT SHORT INSULIN PUMP 23" INFUSION SET		Tier 5	
COMFORT SHORT INSULIN PUMP 32" INFUSION SET		Tier 5	
COMFORT SHORT INSULIN PUMP 43" INFUSION SET		Tier 5	

Drug	Status	Notes
CONTACT DETACH INFUS SET 23" INFUSION SET	Tier 5	
CONTACT DETACH INFUS SET 32" INFUSION SET	Tier 5	
CONTACT DETACH INFUS SET 43" INFUSION SET	Tier 5	
CONTOUR CONTROL SOLUTION, HIGH SOLUTION	Tier 5	
CONTOUR CONTROL SOLUTION, LOW SOLUTION	Tier 5	
CONTOUR CONTROL SOLUTION, NML SOLUTION	Tier 5	
CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION	Tier 5	
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	Tier 5	
COOL CONTROL A SOLUTION SOLUTION	Tier 5	
COOL CONTROL B SOLUTION SOLUTION	Tier 5	
DIATRUE CONTROL SOLN NORMAL SOLUTION	Tier 5	
DIATRUE CONTROL SOLUTION HIGH SOLUTION	Tier 5	
DIATRUE CONTROL SOLUTION LOW SOLUTION	Tier 5	
DROPLET LANCING DEVICE	Tier 5	
EASY MINI EJECT LANCING DEVICE	Tier 5	
EASY PLUS II HIGH CONTROL SOLUTION	Tier 5	
EASY PLUS II LOW CONTROL SOLUTION	Tier 5	
EASY STEP HIGH CONTROL SOLN SOLUTION	Tier 5	
EASY STEP LOW CONTROL SOLUTION SOLUTION	Tier 5	
EASY STEP NORMAL CONTROL SOLN SOLUTION	Tier 5	
EASY TALK HIGH CONTROL SOLUTION	Tier 5	
EASY TALK LOW CONTROL SOLUTION	Tier 5	
EASY TOUCH HIGH-LOW CONTROL SOLUTION	Tier 5	
EASY TOUCH LANCING DEVICE	Tier 5	
EASY TRAK HIGH CONTROL SOLUTION	Tier 5	

Drug	Status	Notes
EASY TRAK LOW CONTROL SOLUTION	Tier 5	
EASYGLUCO PLUS NORMAL CONTROL SOLUTION	Tier 5	
EASYMAX 15 LEVEL 1 SOLUTION	Tier 5	
EASYMAX 15 LEVEL 2 SOLUTION	Tier 5	
EASYMAX LOW CONTROL SOLUTION	Tier 5	
EASYMAX NORMAL CONTROL SOLUTION	Tier 5	
ELEMENT COMPACT HIGH CONTROL SOLUTION	Tier 5	
ELEMENT COMPACT NORMAL CONTROL SOLUTION	Tier 5	
ELEMENT HIGH CONTROL SOLUTION	Tier 5	
ELEMENT LOW CONTROL SOLUTION	Tier 5	
ELEMENT NORMAL CONTROL SOLUTION	Tier 5	
EMBRACE EVO LEVEL 1 SOLUTION	Tier 5	
EMBRACE GLUCOSE CONTROL HIGH SOLUTION	Tier 5	
EMBRACE GLUCOSE CONTROL LOW SOLUTION	Tier 5	
EMBRACE PRO SOLUTION	Tier 1	
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION	Tier 5	
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	Tier 5	
ENLITE SERTER	Tier 5	
ENLITE SYSTEM	Tier 1	
EVENCARE G2 SOLUTION	Tier 5	
EVENCARE G3 CONTROL SOLUTION	Tier 5	
EVENCARE MINI GLUCOSE CONTROL SOLUTION	Tier 5	
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION	Tier 5	
EVENCARE SOLUTION	Tier 5	
EVOLUTION NORMAL CONTROL SOLUTION	Tier 5	
EZ SMART CONTROL SOLUTION	Tier 5	
EZ-VAC	Tier 5	
FORA 6 CONNECT MULTIFUNCTN MTR DEVICE	Tier 5	
FORA D40G GLUCOSE-BP MONITOR DEVICE	Tier 1	
FORA GTEL MULTI-FUNCTN MONITOR DEVICE	Tier 5	
FORA HIGH CONTROL SOLUTION	Tier 5	

Drug	Status	Notes
FORA LANCING DEVICE	Tier 5	
FORA LOW CONTROL SOLUTION	Tier 5	
FORA NORMAL CONTROL SOLUTION	Tier 5	
FORACARE GDH HIGH CONTROL SOLUTION	Tier 5	
FORACARE GDH LOW CONTROL SOLUTION	Tier 5	
FORACARE GDH NORMAL CONTROL SOLUTION	Tier 5	
FORTISCARE HIGH SOLUTION	Tier 5	
FORTISCARE LOW SOLUTION	Tier 5	
FORTISCARE NORMAL SOLUTION	Tier 5	
FREESTYLE CONTROL SOLUTION	Tier 5	
FREESTYLE FREEDOM LITE KIT	Tier 5	
FREESTYLE INSULINX	Tier 5	
FREESTYLE LITE METER KIT	Tier 5	
FREESTYLE PRECISION NEO METER	Tier 5	
GE100 CONTROL SOLUTION NORMAL SOLUTION	Tier 5	
GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION	Tier 5	
GLUCOCARD 01 NORMAL CONTROL SOLUTION	Tier 5	
GLUCOCARD EXPRESSION SOLUTION	Tier 5	
GLUCOCARD SHINE SOLUTION	Tier 5	
GLUCOCOM AUTOLINK	Tier 5	
GLUCOCOM CONTROL HIGH SOLUTION	Tier 5	
GLUCOCOM CONTROL NORMAL SOLUTION	Tier 5	
GLUCOSE CONTROL SOLUTION	Tier 5	
GLUCOSE KETONE CONTROL SOLN SOLUTION	Tier 5	
GUARDIAN RT CHARGER	Tier 5	
GUARDIAN RT MONITOR SYSTEM	Tier 5	
GUARDIAN RT STARTER KIT KIT	Tier 5	
GUARDIAN RT TEST PLUG DEVICE	Tier 5	
GUARDIAN RT TRANSMITTER TAPE	Tier 5	
HARMONY CONTROL L1,L3 SOLUTION	Tier 5	
HEALTHPRO GLUCOSE MONITOR	Tier 1	
HEALTHPRO HIGH-LOW CONTROL SOLUTION	Tier 5	
HEALTHY ACCENTS AUTOLET	Tier 5	
HYPOLANCE AST LANCING KIT	Tier 5	
INCONTROL LANCING DEVICE	Tier 5	

Drug		Status	Notes
INFINITY CONTROL SOLUTION HIGH SOLUTION		Tier 5	
INFINITY CONTROL SOLUTION LOW SOLUTION		Tier 5	
INFINITY CONTROL SOLUTION NORM SOLUTION		Tier 5	
INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION		Tier 5	
INPEN (FOR HUMALOG) SUBCUTANEOUS INSULIN PEN		Tier 1	
INPEN (FOR NOVOLOG OR FIASP) SUBCUTANEOUS INSULIN PEN		Tier 1	
INSET 30 INFUSION SET 23" INFUSION SET		Tier 5	
INSET INFUSION SET 23" INFUSION SET		Tier 5	
INSUL-CAP		Tier 5	
INSUL-EZE		Tier 5	
lancing device	(Adjustable Lancing Device)	Tier 5	
LANCING DEVICE WITH LANCETS		Tier 5	
lancing device with lancets kit	(Accu-Chek FastClix Lancing Dev)	Tier 5	
LANCING SYSTEM		Tier 5	
LANZO LANCING DEVICE KIT		Tier 5	
LITE TOUCH LANCING DEVICE		Tier 5	
MEDISENSE COMBO PACK		Tier 5	
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK		Tier 5	
MEDISENSE GLUCOSE KETONE COMBO PACK		Tier 5	
MEDISENSE MID CONTROL SOLUTION		Tier 5	
MEDPOINT NORMAL CONTROL SOLUTION		Tier 5	
MEDTRONIC REMOTE CONTROL		Tier 5	
METER-CHECK SOLUTION		Tier 5	
MICRODOT HIGH-LOW CONTROL SOLUTION		Tier 5	
MICRODOT NORMAL CONTROL SOLUTION		Tier 5	
MICROLET 2 LANCING DEVICE KIT		Tier 5	
MICROLET NEXT LANCING DEVICE KIT		Tier 5	
MINI LANCING DEVICE		Tier 5	
MINIMED 530G INSULIN PUMP		Tier 1	
MINIMED 630G INSULIN PUMP		Tier 1	

Drug	Status	Notes
MINIMED 670G INSULIN PUMP	Tier 1	
MINIMED INFUSION SET INFUSION SET	Tier 5	
MINIMED INFUSION SET-MMT 390 INFUSION SET	Tier 5	
MINIMED INFUSION SET-MMT 391 INFUSION SET	Tier 5	
MINIMED INFUSION SET-MMT 392 INFUSION SET	Tier 5	
MINIMED INFUSION SET-MMT 393 INFUSION SET	Tier 5	
MINIMED QUICK-SERTER-MMT 305	Tier 5	
MINIMED QUICK-SERTER-MMT 395	Tier 1	
MIO INFUSION SET INFUSION SET	Tier 5	
MULTI-LANCET DEVICE 2 KIT	Tier 5	
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION	Tier 5	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	Tier 1	
OMNIPOD DASH 5 PACK POD SUBCUTANEOUS CARTRIDGE	Tier 1	
OMNIPOD DASH PDM KIT	Tier 1	
OMNIPOD INSULIN MANAGEMENT	Tier 1	
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE	Tier 1	
ON CALL EXPRESS CONTROL SOLUTION	Tier 5	
ON CALL LANCING DEVICE	Tier 5	
ON CALL PLUS CONTROL SOLUTION	Tier 5	
ON CALL PLUS LANCING DEVICE	Tier 5	
ON CALL VIVID CONTROL SOLUTION	Tier 5	
ONETOUCH DELICA LANC DEVICE KIT	Tier 5	
ONETOUCH DELICA PLUS LANC DEV KIT	Tier 5	
ONETOUCH PING INSULIN PUMP	Tier 1	
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE	Tier 5	
ONETOUCH ULTRA CONTROL SOLUTION	Tier 5	
ONETOUCH VERIO HIGH CONTROL SOLUTION	Tier 5	
ONETOUCH VERIO MID CONTROL SOLUTION	Tier 5	
OPTUMRX SOLUTION	Tier 1	
OVAL TAPE	Tier 5	
PARADIGM REAL-TIME TRANSMIT-SN	Tier 1	

Drug	Status	Notes
PARADIGM REMOTE CONTROL	Tier 5	
PRECISION GLUCOSE CONTROL SOLN COMBO PACK	Tier 5	
PRECISION GLUCOSE/KETONE CONTR COMBO PACK	Tier 5	
PRECISION XTRA MONITOR	Tier 5	
PREMIER COMPACT GLUCOSE METER KIT	Tier 1	
PRODIGY CONTROL SOLUTION, LOW SOLUTION	Tier 5	
PRODIGY CONTROL SOLUTION,HIGH SOLUTION	Tier 5	
PRODIGY LANCING DEVICE	Tier 5	
QUICK-SET PARADIGM INFUSION SET	Tier 5	
REFUAH PLUS GLUCOSE CONTROL SOLUTION	Tier 5	
RELIAMED MINI LANCING DEVICE	Tier 5	
REPLACEMENT PEDIATRIC MONITOR	Tier 5	
REVEL PEDIATRIC PROGRAM PUMP	Tier 1	
REVEL PROGRAMMABLE PUMP	Tier 1	
RIGHTEST CONTROL SOLUTION HIGH SOLUTION	Tier 5	
RIGHTEST CONTROL SOLUTION NORM SOLUTION	Tier 5	
RIGHTEST GC250S CNTRL SOL NORM SOLUTION	Tier 5	
RIGHTEST GD500 LANCING DEVICE	Tier 5	
SAFE-CLIP BY MAIL DEVICE	Tier 5	
SAFE-CLIP NEEDLE STORAGE DEV DEVICE	Tier 5	
SEN-SERTER	Tier 5	
SIL-SERTER	Tier 1	
SMARTDIABETES VANTAGE	Tier 5	
SMARTEST CONTROL SOLUTION	Tier 5	
SOF-SERTER INSERTION DEVICE	Tier 5	
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION	Tier 5	
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION	Tier 5	
SOLUS V2 LANCING DEVICE KIT	Tier 5	
SURE COMFORT LANCING PEN	Tier 5	
SUREFLEX DEVICE WITH LANCETS KIT	Tier 5	
SUREFLEX LANCING DEVICE	Tier 5	
SURE-PEN LANCING DEVICE	Tier 5	
SURE-T PARADIGM INFUSION SET	Tier 5	

Drug	Status	Notes
SURE-TEST EASYPLUS MINI SOLUTION	Tier 5	
T:30 INFUSION SET INFUSION SET	Tier 5	
T:90 INFUSION SET 23" INFUSION SET	Tier 5	
T:90 INFUSION SET 43" INFUSION SET	Tier 5	
T:FLEX INSULIN DELIVERY PUMP	Tier 1	
T:FLEX SUBCUTANEOUS CARTRIDGE	Tier 1	
T:SLIM G4 INSULIN PUMP	Tier 1	
T:SLIM G4 SUBCUTANEOUS CARTRIDGE	Tier 1	
T:SLIM INSULIN DELIVERY SYSTEM	Tier 1	
T:SLIM SUBCUTANEOUS CARTRIDGE	Tier 1	
T:SLIM X2 BASAL-IQ INSULIN PMP	Tier 1	
T:SLIM X2 INSULIN PUMP	Tier 1	
TD GOLD LEVEL 1 CONTROL SOLUTION	Tier 5	
TD GOLD LEVEL 2 CONTROL SOLUTION	Tier 5	
TD GOLD LEVEL 3 CONTROL SOLUTION	Tier 5	
TELCARE CONTROL SOLUTION	Tier 5	
TRUE METRIX LEVEL 1 SOLUTION	Tier 5	
TRUE METRIX LEVEL 2 SOLUTION	Tier 5	
TRUE METRIX LEVEL 3 SOLUTION	Tier 5	
TRUECONTROL LEVEL 0 SOLUTION	Tier 5	
TRUECONTROL LEVEL 1 SOLUTION	Tier 5	
TRUEDRAW LANCING DEVICE	Tier 5	
TRUSTEEL INFUSION SET 23" INFUSION SET	Tier 5	
TRUSTEEL INFUSION SET 32" INFUSION SET	Tier 5	
ULTI-LANCE	Tier 5	
ULTI-LANCE KIT	Tier 5	
ULTRATRAK HIGH-LOW CONTROL SOLUTION	Tier 5	
ULTRATRAK NORMAL CONTROL SOLUTION	Tier 5	
ULTRATRAK ULTIMATE SOLUTION	Tier 5	
UNISTIK 2 DEVICE KIT	Tier 5	
UNISTIK 2 EXTRA KIT	Tier 5	
UNISTIK 2 NORMAL LANCET,DEVICE KIT	Tier 5	
UNISTIK 3 COMFORT DEVICE KIT	Tier 5	
UNISTIK 3 KIT	Tier 5	
UNISTIK 3 NEONATAL DEVICE KIT	Tier 5	

Drug	Status	Notes
UNISTIK 3 NEONATAL KIT	Tier 5	
UNISTRIP HIGH CONTROL SOLUTION	Tier 5	
UNISTRIP LOW CONTROL SOLUTION	Tier 5	
VARISOFT INFUSION SET 23" INFUSION SET	Tier 5	
VARISOFT INFUSION SET 32" INFUSION SET	Tier 5	
VARISOFT INFUSION SET 43" INFUSION SET	Tier 5	
VERASENS CONTROL SOLN-LEVEL 1 SOLUTION	Tier 5	
V-GO 20 DEVICE	Tier 1	
V-GO 30 DEVICE	Tier 1	
V-GO 40 DEVICE	Tier 1	
VIVAGUARD INO CONTROL SOLUTION SOLUTION	Tier 5	
VIVAGUARD INO GLUCOSE METER	Tier 1	
VIVAGUARD LANCING DEVICE	Tier 5	
WAVESENSE CONTROL SOLUTION SOLUTION	Tier 5	
Diabetic Ulcer Preparations,Topical		
REGRANEX TOPICAL GEL 0.01 %	Tier 1	
Hyperglycemics		
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2	QL (4 EA per 1 FILL)
glucose oral tablet,chewable 4 gram (Dex4 Glucose)	Tier 5	
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	
Insulins		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Tier 2	QL (40 ML per 28 days)

Drug		Status	Notes
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)		Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)		Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)		Tier 2	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		Tier 5	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		Tier 5	QL (30 ML per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 5	QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		Tier 5	QL (40 ML per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML		Tier 5	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)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	(Novolog Mix 70-30FlexPen U-100)	Tier 1	QL (30 ML per 28 days)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	(Novolog Mix 70-30 U-100 Insuln)	Tier 1	QL (40 ML per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		Tier 5	QL (40 ML per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		Tier 5	QL (30 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 5	ST: Prior prescription for Humulin N or Humulin N Kwikpen in 120 days; QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		Tier 5	ST: Prior prescription for Humulin N or Humulin N Kwikpen in 120 days; QL (40 ML per 28 days)

Drug	Status	Notes
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 5	ST: Prior prescription for Humulin R in 120 days; QL (40 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)
Urine Glucose Test Aids		
DIASTIX STRIP	Tier 5	
NO-STICK GLUCOSE STRIP	Tier 5	
Urine Glucose/Acetone Test Aids,Strips		
KETO-DIASTIX STRIP	Tier 5	
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	
Otic Preparations,Anti-Inflammatory-Antibiotics		
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	Tier 2	
Electrolyte Regulation		
Arginine Vasopressin (Avp) Receptor Antagonists		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 2	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	Tier 2	PA

Drug		Status	Notes
Electrolyte Depleters			
calcium acetate(phosphat bind) oral capsule 667 mg		Tier 1	
calcium acetate(phosphat bind) oral tablet 667 mg		Tier 1	
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML		Tier 1	
MAGNEBIND 300 ORAL TABLET 250-300 MG		Tier 5	
MAGNEBIND 400 ORAL TABLET 400-200-1 MG		Tier 5	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	Tier 1	
sevelamer carbonate oral tablet 800 mg	(Renvela)	Tier 1	
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML		Tier 1	
sodium polystyrene sulfonate oral powder		Tier 1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML		Tier 1	
Electrolyte Maintenance			
PEDIATRIC ELECTROLYTE ORAL SOLUTION		Tier 5	
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	
potassium chloride oral capsule, extended release 10 meq, 8 meq		Tier 1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		Tier 1	
potassium chloride oral packet 20 meq	(Klor-Con)	Tier 1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	(K-Tab)	Tier 1	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	Tier 1	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	Tier 1	
Sodium/Saline Preparations			
NORMAL SALINE FLUSH INJECTION SYRINGE		Tier 1	

Drug		Status	Notes
sodium chlor 0.9% bacteriostat injection solution 0.9 %		Tier 1	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		Tier 1	
sodium chloride 0.9 % injection solution		Tier 1	
sodium chloride injection syringe 0.9 %		Tier 1	
sodium chloride oral tablet 1 gram		Tier 5	
sodium chloride tablet,soluble 1,000 mg		Tier 5	
Endocrine Disorder - Fertility			
Drugs To Treat Impotency			
tadalafil oral tablet 2.5 mg, 5 mg	(Cialis)	Tier 1	PA; BPH ONLY; QL (1 EA per 1 day)
Fertility Stimulating Preparations,Non-Fsh			
clomiphene citrate oral tablet 50 mg	(Serophene)	Tier 1	PA
Human Chorionic Gonadotropin (Hcg)			
chorionic gonadotropin, human intramuscular recon soln 10,000 unit	(Novarel)	Tier 2	PA
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT		Tier 2	PA
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT		Tier 2	PA
Pregnancy Facilitating/Maintaining Agent,Hormonal			
CRINONE VAGINAL GEL 8 %		Tier 2	PA
ENDOMETRIN VAGINAL INSERT 100 MG		Tier 2	PA
Endocrine Disorder - Other			
Antidiuretic And Vasopressor Hormones			
DDAVP NASAL SOLUTION 0.1 MG/ML (REFRIGERATE)		Tier 2	
desmopressin injection solution 4 mcg/ml	(DDAVP)	Tier 1	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	(DDAVP)	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	
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.			
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG		Tier 2	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG		Tier 2	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG		Tier 2	PA

Drug		Status	Notes
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)		Tier 2	PA
leuprolide subcutaneous kit 1 mg/0.2 ml		Tier 1	PA
leuprolide subcutaneous solution 1 mg/0.2 ml		Tier 1	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG		Tier 2	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG		Tier 2	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG		Tier 2	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG		Tier 2	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG		Tier 2	PA
VANTAS IMPLANT KIT 50 MG (50 MCG/DAY)		Tier 2	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG		Tier 2	PA
Bone Formation Stim. Agents - Parathyroid Hormone			
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML		Tier 2	PA
Bone Formation Stimulating Agts - Pth Rel Peptides			
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		Tier 2	PA
Bone Resorption Inhibitor & Vitamin D Combinations			
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT		Tier 2	
Bone Resorption Inhibitors			
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	
ibandronate oral tablet 150 mg	(Boniva)	Tier 1	
raloxifene oral tablet 60 mg	(Evista)	Tier 1	PA; QL (1 EA per 1 day)

Drug		Status	Notes
Calcimimetic,Parathyroid Calcium Enhancer			
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	Tier 1	QL (2 EA per 1 day)
cinacalcet oral tablet 90 mg	(Sensipar)	Tier 1	QL (4 EA per 1 day)
Growth Hormone Receptor Antagonists			
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		Tier 2	
Growth Hormones			
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
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG		Tier 2	PA
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG		Tier 2	PA
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	
Insulin-Like Growth Factor-1 (Igf-1) Hormones			
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML		Tier 2	PA
Leptin Hormone Analogs			
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)		Tier 2	QL (1 EA per 1 day)
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants			
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG		Tier 2	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG		Tier 2	PA
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML		Tier 2	PA
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents			
ORILISSA ORAL TABLET 150 MG, 200 MG		Tier 2	PA
Lhrh(Gnrh)Agnst Pit.Sup-Central Precocious Puberty			
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG		Tier 2	PA

Drug		Status	Notes
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)		Tier 2	PA
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)		Tier 2	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG		Tier 2	PA
Pituitary Suppressive Agents			
cabergoline oral tablet 0.5 mg		Tier 1	
danazol oral capsule 100 mg, 200 mg, 50 mg		Tier 1	
Endocrine Disorder - Thyroid			
Antithyroid Preparations			
methimazole oral tablet 10 mg, 5 mg	(Tapazole)	Tier 1	
propylthiouracil oral tablet 50 mg		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	
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	(Euthyrox)	Tier 1	
levothyroxine oral tablet 300 mcg	(Levo-T)	Tier 1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	Tier 1	
NP THYROID ORAL TABLET 15 MG, 30 MG, 60 MG, 90 MG		Tier 1	
thyroid (pork) oral tablet 15 mg, 30 mg, 60 mg, 90 mg	(NP Thyroid)	Tier 1	
Eye - General Disorders			
Eye Antibiotic-Corticoid Combinations			
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	Tier 1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml		Tier 1	

Drug		Status	Notes
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%		Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %		Tier 2	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	(TobraDex)	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %		Tier 2	
Eye Antihistamines			
ALAWAY OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %)		Tier 5	
azelastine ophthalmic (eye) drops 0.05 %		Tier 1	
CHILDREN'S ALAWAY OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %)		Tier 5	
epinastine ophthalmic (eye) drops 0.05 %		Tier 1	
olopatadine ophthalmic (eye) drops 0.1 %	(Pataday)	Tier 1	
Eye Antiinflammatory Agents			
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %		Tier 2	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		Tier 1	
diclofenac sodium ophthalmic (eye) drops 0.1 %		Tier 1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %		Tier 2	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %		Tier 2	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	Tier 1	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		Tier 1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		Tier 2	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %		Tier 2	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		Tier 2	
ketorolac ophthalmic (eye) drops 0.4 %	(Acular LS)	Tier 1	
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	Tier 1	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %		Tier 2	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		Tier 2	

Drug	Status	Notes
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 2	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 % (Lotemax)	Tier 1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 2	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 2	
prednisolone acetate ophthalmic (eye) drops,suspension 1 % (Pred Forte)	Tier 1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	Tier 1	
Eye Antivirals		
trifluridine ophthalmic (eye) drops 1 %	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 2	
Eye Local Anesthetics		
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	Tier 1	
proparacaine ophthalmic (eye) drops 0.5 % (Alcaine)	Tier 1	
tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %	Tier 1	
tetracaine hcl ophthalmic (eye) drops 0.5 % (Altacaine)	Tier 1	
Eye Sulfonamides		
BLEPH-10 OPHTHALMIC (EYE) DROPS 10 %	Tier 1	
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	Tier 2	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	Tier 2	
sulfacetamide sodium ophthalmic (eye) drops 10 % (Bleph-10)	Tier 1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	Tier 1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	Tier 1	
Eye Vasoconstrictors (Rx Only)		
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	Tier 1	
Ophthalmic Antibiotics		
AK-POLY-BAC OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	Tier 1	
bacitracin ophthalmic (eye) ointment 500 unit/gram	Tier 1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram (AK-Poly-Bac)	Tier 1	

Drug		Status	Notes
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %		Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %		Tier 2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	(Ciloxan)	Tier 1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		Tier 1	
gatifloxacin ophthalmic (eye) drops 0.5 %	(Zymaxid)	Tier 1	
GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)		Tier 1	
gentamicin ophthalmic (eye) drops 0.3 %		Tier 1	
levofloxacin ophthalmic (eye) drops 0.5 %		Tier 1	
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	Tier 1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	(Moxeza)	Tier 1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		Tier 1	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G		Tier 1	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	Tier 1	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM		Tier 1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	(Polytrim)	Tier 1	
tobramycin ophthalmic (eye) drops 0.3 %	(Tobrex)	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %		Tier 2	
Ophthalmic Anti-Inflammatory Immunomodulator-Type			
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		Tier 2	QL (60 EA per 30 days)
Ophthalmic Mast Cell Stabilizers			
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %		Tier 2	
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %		Tier 2	
cromolyn ophthalmic (eye) drops 4 %		Tier 1	

Drug		Status	Notes
Ophthalmic Preparations, Miscellaneous			
MURO 128 OPHTHALMIC (EYE) DROPS 2 %, 5 %		Tier 5	
MURO 128 OPHTHALMIC (EYE) OINTMENT 5 %		Tier 5	
sodium chloride ophthalmic (eye) drops 5 %	(Muro 128)	Tier 5	
sodium chloride ophthalmic (eye) ointment 5 %	(Muro 128)	Tier 5	
Eye - Glaucoma			
Carbonic Anhydrase Inhibitors			
acetazolamide oral capsule, extended release 500 mg		Tier 1	
acetazolamide oral tablet 125 mg, 250 mg		Tier 1	
Miotics/Other Intraoc. Pressure Reducers			
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %		Tier 2	
apraclonidine ophthalmic (eye) drops 0.5 %		Tier 1	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		Tier 2	
betaxolol ophthalmic (eye) drops 0.5 %		Tier 1	
bimatoprost ophthalmic (eye) drops 0.03 %		Tier 1	QL (1 ML per 12 days)
brimonidine ophthalmic (eye) drops 0.15 %	(Alphagan P)	Tier 1	
brimonidine ophthalmic (eye) drops 0.2 %		Tier 1	
carteolol ophthalmic (eye) drops 1 %		Tier 1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %		Tier 2	
dorzolamide ophthalmic (eye) drops 2 %	(Trusopt)	Tier 1	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	(Cosopt)	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	QL (2.5 ML per 25 days)
metipranolol ophthalmic (eye) drops 0.3 %		Tier 1	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	(Isopto Carpine)	Tier 1	

Drug		Status	Notes
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %		Tier 2	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	(Timoptic)	Tier 1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	(Timoptic-XE)	Tier 1	
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	Tier 1	QL (2.5 ML per 25 days)
Mydriatics			
atropine ophthalmic (eye) drops 1 %	(Isopto Atropine)	Tier 1	
atropine ophthalmic (eye) ointment 1 %		Tier 1	
cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %	(Cyclogyl)	Tier 1	
tropicamide ophthalmic (eye) drops 0.5 %		Tier 1	
tropicamide ophthalmic (eye) drops 1 %	(Mydriacyl)	Tier 1	
Eye - Miscellaneous			
Artificial Tears			
ARTIFICIAL TEARS (POLYVIN ALC) OPHTHALMIC (EYE) DROPS 1.4 %		Tier 5	
ARTIFICIAL TEARS(PVALCH-POVID) OPHTHALMIC (EYE) DROPS 0.5-0.6 %		Tier 5	
DRY EYE RELIEF OPHTHALMIC (EYE) DROPS 1-0.2-0.2 %		Tier 5	
GENTEAL TEARS MILD OPHTHALMIC (EYE) DROPS 0.1-0.3 %		Tier 5	
GENTEAL TEARS MODERATE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1-0.3 %		Tier 5	
GENTEAL TEARS MODERATE OPHTHALMIC (EYE) DROPS 0.1-0.3-0.2 %		Tier 5	
GENTEAL TEARS SEVERE GEL OPHTHALMIC (EYE) GEL 0.3 %		Tier 5	
LUBRICANT EYE (PG-PEG 400) OPHTHALMIC (EYE) DROPS 0.4-0.3 %		Tier 5	
LUBRICANT EYE (PG-PEG 400)(PF) OPHTHALMIC (EYE) DROPPERETTE 0.4-0.3 %		Tier 5	
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPS 0.5 %		Tier 5	
LUBRICATING PLUS OPHTHALMIC (EYE) DROPPERETTE 0.5 %		Tier 5	
LUBRICATING RELIEF OPHTHALMIC (EYE) DROPS 0.4-0.3 %		Tier 5	
REFRESH CELLUVISC OPHTHALMIC (EYE) DROPPERETTE,GEL 1 %		Tier 5	

Drug	Status	Notes
REFRESH CLASSIC (PF) OPHTHALMIC (EYE) DROPPERETTE 1.4-0.6 %	Tier 5	
REFRESH OPTIVE ADVANCED OPHTHALMIC (EYE) DROPS 0.5-1-0.5 %	Tier 5	
REFRESH OPTIVE MEGA-3 (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5-1-0.5 %	Tier 5	
REFRESH OPTIVE SENSITIVE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5-0.9 %	Tier 5	
REFRESH RELIEVA OPHTHALMIC (EYE) DROPS 0.5-0.9 %	Tier 5	
SYSTANE BALANCE OPHTHALMIC (EYE) DROPS 0.6 %	Tier 5	
SYSTANE COMPLETE OPHTHALMIC (EYE) DROPS 0.6 %	Tier 5	
SYSTANE GEL OPHTHALMIC (EYE) GEL 0.3 %	Tier 5	
THERATEARS OPHTHALMIC (EYE) DROPPERETTE 0.25 %	Tier 5	
THERATEARS OPHTHALMIC (EYE) DROPPERETTE,GEL 1 %	Tier 5	
THERATEARS OPHTHALMIC (EYE) DROPS 0.25 %	Tier 5	
ULTRA LUBRICANT EYE OPHTHALMIC (EYE) DROPS 0.4-0.3 %	Tier 5	
Eye Diagnostic Agents		
BIOGLO OPHTHALMIC (EYE) STRIP 1 MG	Tier 1	
GLOSTRIPS OPHTHALMIC (EYE) STRIP 1 MG	Tier 1	
GREEN GLO OPHTHALMIC (EYE) STRIP 1.5 MG	Tier 1	
Eye Preparations, Miscellaneous (Otc)		
ARTIFICIAL TEARS (PETRO/MIN) OPHTHALMIC (EYE) OINTMENT 83-15 %	Tier 5	
CLEANSING EYELID TOPICAL PADS, MEDICATED	Tier 1	
EYELID WIPES (WITH CHAMOMILE) TOPICAL TOWELETTE	Tier 1	
LUBRICANT EYE OPHTHALMIC (EYE) OINTMENT 57.3-42.5 %	Tier 5	
LUBRIFRESH PM OPHTHALMIC (EYE) OINTMENT 83-15 %	Tier 5	
REFRESH LACRI-LUBE OPHTHALMIC (EYE) OINTMENT 56.8-42.5 %	Tier 5	

Drug		Status	Notes
SYSTANE NIGHTTIME OPHTHALMIC (EYE) OINTMENT 94-3 %		Tier 5	
Ophthalmic Cystine Depleting Agents			
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %		Tier 2	PA
Gout And Related Diseases			
Colchicine			
colchicine oral capsule 0.6 mg	(Mitigare)	Tier 1	QL (2 EA per 1 day)
Hyperuricemia Tx - Purine Inhibitors			
allopurinol oral tablet 100 mg, 300 mg	(Zyloprim)	Tier 1	
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	Tier 1	ST: Prior prescription for Allopurinol in 120 days; QL (30 EA per 30 days)
Uricosuric Agents			
probenecid oral tablet 500 mg		Tier 1	
probenecid-colchicine oral tablet 500-0.5 mg		Tier 1	
Hematological Disorders			
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	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Jantoven)	Tier 1	
Antifibrinolytic Agents			
aminocaproic acid oral solution 250 mg/ml (25 %)	(Amicar)	Tier 1	
aminocaproic acid oral tablet 1,000 mg, 500 mg	(Amicar)	Tier 1	
tranexamic acid oral tablet 650 mg	(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	
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT		Tier 2	
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	

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

Drug	Status	Notes
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	
NUWIQ INTRAVENOUS RECON SOLN 1000 (+/-) UNIT, 2,000 (+/-) UNIT, 2,500 UNIT, 250 (+/-) UNIT, 3,000 UNIT, 4,000 UNIT, 500 (+/-) UNIT	Tier 2	
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 2	
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 2	
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	
Blood Factors,Miscellaneous		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 2	
Citrates As Anticoagulants		
anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml	Tier 1	
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 2	QL (74 EA per 30 days)
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)
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 2	QL (51 EA per 30 days)
Factor Ix Complex (Pcc) Preparations		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	

Drug	Status	Notes
Factor Ix Preparations		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 2	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 2	
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 2	
MONONINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	Tier 2	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 2	
Factor X Preparations		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 2	
Factor Xiii Preparations		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 2	
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 2	
Hematinics,Other		
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
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 2	PA
Hemorrheologic Agents		
pentoxifylline oral tablet extended release 400 mg	Tier 1	

Drug		Status	Notes
Heparin And Related Preparations			
enoxaparin subcutaneous solution 300 mg/3 ml	(Lovenox)	Tier 1	QL (30 ML per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	(Lovenox)	Tier 1	
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	Tier 1	QL (24 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	Tier 1	QL (15 ML per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	Tier 1	QL (12 ML per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	Tier 1	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML		Tier 2	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML		Tier 2	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML		Tier 2	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML		Tier 2	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML		Tier 2	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML		Tier 2	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML		Tier 2	QL (18 ML per 30 days)
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML		Tier 1	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/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 lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml		Tier 1	
heparin lock flush (porcine) intravenous syringe 100 unit/ml		Tier 1	
HEPARIN LOCK FLUSH INTRAVENOUS SYRINGE 10 UNIT/ML		Tier 1	

Drug		Status	Notes
HEPARIN LOCK INTRAVENOUS SOLUTION 100 UNIT/ML		Tier 1	
heparin, porcine (pf) injection solution 1,000 unit/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	
heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml		Tier 1	
Leukocyte (Wbc) Stimulants			
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 2	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML		Tier 2	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 2	PA
LEUKINE INJECTION RECON SOLN 250 MCG		Tier 2	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		Tier 2	PA
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML		Tier 2	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML		Tier 2	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 2	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML		Tier 2	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 2	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 2	PA
Platelet Aggregation Inhibitors			
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG		Tier 5	QL (100 EA per 1 FILL)
ASPIR-81 ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG		Tier 5	QL (100 EA per 1 FILL)
aspirin oral tablet,chewable 81 mg	(Children's Aspirin)	Tier 5	QL (100 EA per 1 FILL)
aspirin oral tablet,delayed release (dr/ec) 81 mg	(Adult Aspirin Regimen)	Tier 5	QL (100 EA per 1 FILL)

Drug		Status	Notes
ASPIR-LOW ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG		Tier 5	
BRILINTA ORAL TABLET 60 MG, 90 MG		Tier 2	QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG		Tier 5	QL (100 EA per 1 FILL)
cilostazol oral tablet 100 mg, 50 mg		Tier 1	
clopidogrel oral tablet 300 mg		Tier 1	QL (4 EA per 30 days)
clopidogrel oral tablet 75 mg	(Plavix)	Tier 1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg		Tier 1	
prasugrel oral tablet 10 mg, 5 mg	(Effient)	Tier 1	QL (1 EA per 1 day)
Platelet Reducing Agents			
anagrelide oral capsule 0.5 mg	(Agrylin)	Tier 1	
anagrelide oral capsule 1 mg		Tier 1	
Sickle Cell Anemia Agents			
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		Tier 2	
SIKLOS ORAL TABLET 1,000 MG		Tier 2	ST: Prior prescriptions for Droxia and Hydroxyurea in 365 days
SIKLOS ORAL TABLET 100 MG		Tier 2	QL (2 EA per 1 day)
Thrombopoietin Receptor Agonists			
PROMACTA ORAL POWDER IN PACKET 12.5 MG		Tier 2	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG		Tier 2	PA
Topical Hemostatics			
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2		Tier 1	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT		Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT		Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT		Tier 1	
THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL 20,000 UNIT		Tier 1	
THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 "		Tier 1	
Vitamin K Preparations			
phytonadione (vitamin k1) injection solution 10 mg/ml	(Vitamin K1)	Tier 1	
phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml		Tier 1	
phytonadione (vitamin k1) oral tablet 5 mg	(Mephyton)	Tier 1	

Drug		Status	Notes
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML		Tier 1	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML		Tier 1	
Hormonal Deficiency			
Androgenic Agents			
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR		Tier 2	PA
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)		Tier 2	PA
methyltestosterone oral capsule 10 mg	(Android)	Tier 1	PA
oxandrolone oral tablet 10 mg, 2.5 mg	(Oxandrin)	Tier 1	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	Tier 1	PA
testosterone enanthate intramuscular oil 200 mg/ml		Tier 1	PA
testosterone transdermal gel 50 mg/5 gram (1 %)	(Testim)	Tier 1	PA
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	(Fortesta)	Tier 1	PA
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	Tier 1	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), 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 1	PA
Estrogen & Selective Estrogen Recept Mod(Serm)Comb			
DUAVEE ORAL TABLET 0.45-20 MG		Tier 2	
Estrogen/Androgen Combinations			
estrogens-methyltestosterone oral tablet 0.625-1.25 mg	(Covaryx H.S.)	Tier 1	
estrogens-methyltestosterone oral tablet 1.25-2.5 mg	(Covaryx)	Tier 1	
Estrogenic Agents			
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG		Tier 1	
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	

Drug		Status	Notes
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)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	Tier 1	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	Tier 1	QL (2 EA per 7 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	Tier 1	QL (1 EA per 7 days)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	(Delestrogen)	Tier 1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	(Amabelz)	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 2	
MIMVEY ORAL TABLET 1-0.5 MG		Tier 1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(Fyavolv)	Tier 1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG		Tier 2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		Tier 2	
Lhrh (Gnrh) Agonist Analog And Progestin Comb			
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG -5 MG (30)		Tier 2	PA
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90)		Tier 2	PA
Progestational Agents			
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	Tier 1	
norethindrone acetate oral tablet 5 mg	(Aygestin)	Tier 1	
progesterone intramuscular oil 50 mg/ml		Tier 1	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	Tier 1	

Drug	Status	Notes
Immunization		
Antisera		
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 2	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 2	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 2	PA
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 2	PA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 2	PA
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 2	PA
Influenza Virus Vaccines		
AFLURIA QD 2019-20(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 4	QL (0.5 ML per 180 days)
AFLURIA QD 2019-20(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	Tier 4	QL (0.25 ML per 180 days)
AFLURIA QUAD 2019-20(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 4	QL (0.5 ML per 180 days)
FLUAD 2019-2020 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 4	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUARIX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 4	QL (0.5 ML per 180 days)
FLUBLOK QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	Tier 4	QL (0.5 ML per 180 days); Age (Min 18 Years)
FLUCELVAX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 4	QL (0.5 ML per 180 days)

Drug	Status	Notes
FLUCELVAX QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 4	QL (0.5 ML per 180 days)
FLULAVAL QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 4	QL (0.5 ML per 180 days)
FLULAVAL QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 4	QL (0.5 ML per 180 days)
FLUMIST QUAD 2019-2020 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Tier 4	QL (1 EA per 180 days)
FLUZONE HIGH-DOSE 2019-20 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	Tier 4	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 4	QL (0.5 ML per 180 days)
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 4	QL (0.5 ML per 180 days)
FLUZONE QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 4	QL (0.5 ML per 180 days)
FLUZONE QUAD PEDI 2019-20 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	Tier 4	QL (0.25 ML per 180 days)
Viral/Tumorigenic Vaccines		
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	Tier 2	
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	Tier 2	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	Tier 2	
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 2	PA
imiquimod topical cream in packet 5 % (Aldara)	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
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	Tier 2	PA

Drug		Status	Notes
Immunosuppressives			
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG		Tier 2	
azathioprine oral tablet 50 mg	(Imuran)	Tier 1	
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	Tier 1	
cyclosporine modified oral capsule 50 mg		Tier 1	
cyclosporine modified oral solution 100 mg/ml	(Gengraf)	Tier 1	
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	Tier 1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG		Tier 1	
GENGRAF ORAL SOLUTION 100 MG/ML		Tier 1	
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	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG		Tier 2	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG		Tier 2	
SANDIMMUNE ORAL SOLUTION 100 MG/ML		Tier 2	
sirolimus oral solution 1 mg/ml	(Rapamune)	Tier 1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	(Rapamune)	Tier 1	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	Tier 1	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG		Tier 2	
Infectious Disease - Bacterial			
Absorbable Sulfonamides			
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML		Tier 1	

Drug	Status	Notes
Betalactams		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 2	PA
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	
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	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefprozil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporins - 3Rd Generation		
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefixime oral capsule 400 mg (Suprax)	Tier 1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Suprax)	Tier 1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	Tier 1	
cefpodoxime oral tablet 100 mg, 200 mg	Tier 1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	Tier 2	
Chemotherapeutics, Antibacterial, Misc.		
HYOPHEN ORAL TABLET 81.6-0.12-10.8 MG	Tier 1	
methenamine hippurate oral tablet 1 gram (Hiprex)	Tier 1	
methenamine mandelate oral tablet 0.5 g, 1 gram	Tier 1	

Drug		Status	Notes
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	(Urogesic-Blue)	Tier 1	
trimethoprim oral tablet 100 mg		Tier 1	
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	
USTELL ORAL CAPSULE 120-0.12 MG		Tier 1	
Macrolides			
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 2	ST: Prior prescription for Vancomycin oral capsules in 120 days; QL (20 EA per 30 days)
E.E.S. 400 ORAL TABLET 400 MG		Tier 1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 500 MG		Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG		Tier 1	
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	
erythromycin oral capsule,delayed release(dr/ec) 250 mg		Tier 1	
erythromycin oral tablet 250 mg, 500 mg		Tier 1	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	(Ery-Tab)	Tier 1	

Drug		Status	Notes
Nitrofuran Derivatives			
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	(Macrodantin)	Tier 1	
nitrofurantoin macrocrystal oral capsule 25 mg	(Macrodantin)	Tier 1	QL (4 EA per 1 day)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	Tier 1	
nitrofurantoin oral suspension 25 mg/5 ml	(Furadantin)	Tier 1	
Oxazolidinones			
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	Tier 1	
linezolid oral tablet 600 mg	(Zyvox)	Tier 1	
SIVEXTRO ORAL TABLET 200 MG		Tier 2	ST: Prior prescription for Linezolid 600mg tablets in 120 days; QL (6 EA per 6 days)
Penicillins			
amoxicillin oral capsule 250 mg, 500 mg		Tier 1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		Tier 1	
amoxicillin oral tablet 500 mg, 875 mg		Tier 1	
amoxicillin oral tablet,chewable 125 mg, 250 mg		Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	Tier 1	
amoxicillin-pot clavulanate oral tablet 250-125 mg		Tier 1	
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	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML		Tier 2	ST: Prior prescription for generic augmentin suspension of a different strength in 120 days; QL (150 ML per 30 days)

Drug		Status	Notes
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	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml		Tier 1	
penicillin v potassium oral tablet 250 mg, 500 mg		Tier 1	
Quinolones			
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML		Tier 2	
ciprofloxacin hcl oral tablet 100 mg, 750 mg		Tier 1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	(Cipro)	Tier 1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	(Cipro)	Tier 1	
levofloxacin oral solution 250 mg/10 ml		Tier 1	
levofloxacin oral tablet 250 mg		Tier 1	
levofloxacin oral tablet 500 mg, 750 mg	(Levaquin)	Tier 1	
moxifloxacin oral tablet 400 mg		Tier 1	
ofloxacin oral tablet 300 mg, 400 mg		Tier 1	
Tetracyclines			
demeclocycline oral tablet 150 mg, 300 mg		Tier 1	
doxycycline hyclate oral capsule 100 mg, 50 mg	(Morgidox)	Tier 1	QL (2 EA per 1 day)
doxycycline hyclate oral tablet 100 mg		Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 50 mg	(Monodox)	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	(Oracea)	Tier 1	ST: Prior prescription for Doxycycline Monohydrate 50mg capsules in 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	(Vibramycin)	Tier 1	
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg		Tier 1	QL (2 EA per 1 day)
minocycline oral capsule 100 mg, 75 mg		Tier 1	
minocycline oral capsule 50 mg	(Minocin)	Tier 1	

Drug		Status	Notes
minocycline oral tablet 100 mg, 50 mg, 75 mg		Tier 1	
tetracycline oral capsule 250 mg, 500 mg		Tier 1	
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML		Tier 2	
Infectious Disease - Fungal			
Antifungal Agents			
clotrimazole mucous membrane troche 10 mg		Tier 1	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	(Diflucan)	Tier 1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Diflucan)	Tier 1	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	Tier 1	
itraconazole oral capsule 100 mg	(Sporanox)	Tier 1	
itraconazole oral solution 10 mg/ml	(Sporanox)	Tier 1	
ketoconazole oral tablet 200 mg		Tier 1	
terbinafine hcl oral tablet 250 mg		Tier 1	
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	Tier 1	
voriconazole oral tablet 200 mg, 50 mg	(Vfend)	Tier 1	
Antifungal Antibiotics			
griseofulvin microsize oral suspension 125 mg/5 ml		Tier 1	
nystatin oral suspension 100,000 unit/ml		Tier 1	
nystatin oral tablet 500,000 unit		Tier 1	
Infectious Disease - Miscellaneous			
Aminoglycosides			
neomycin oral tablet 500 mg		Tier 1	
TOBI PODHALER INHALATION CAPSULE 28 MG		Tier 2	PA
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		Tier 2	PA
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	Tier 1	PA
Antibacterial Agents,Miscellaneous			
glycine urologic solution irrigation solution 1.5 %	(Glycine Urologic)	Tier 1	
Antileprotics			
dapsone oral tablet 100 mg, 25 mg		Tier 1	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		Tier 2	PA; QL (2 EA per 1 day)
Anti-Mycobacterium Agents			
ethambutol oral tablet 100 mg		Tier 4	
ethambutol oral tablet 400 mg	(Myambutol)	Tier 4	
isoniazid oral solution 50 mg/5 ml		Tier 4	

Drug		Status	Notes
isoniazid oral tablet 100 mg, 300 mg		Tier 4	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM		Tier 4	
pyrazinamide oral tablet 500 mg		Tier 4	
rifabutin oral capsule 150 mg	(Mycobutin)	Tier 4	
TRECATOR ORAL TABLET 250 MG		Tier 4	
Antitubercular Antibiotics			
cycloserine oral capsule 250 mg		Tier 4	
pretomanid oral tablet 200 mg		Tier 2	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG		Tier 4	
RIFAMATE ORAL CAPSULE 300-150 MG		Tier 4	
rifampin oral capsule 150 mg, 300 mg	(Rifadin)	Tier 4	
SIRTURO ORAL TABLET 100 MG		Tier 4	PA
Lincosamides			
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	Tier 1	
clindamycin palmitate hcl oral recon soln 75 mg/5 ml	(Clindamycin Pediatric)	Tier 1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML		Tier 1	
Rifamycins And Related Derivative Antibiotics			
XIFAXAN ORAL TABLET 550 MG		Tier 2	PA
Vancomycin And Derivatives			
FIRVANQ ORAL RECON SOLN 25 MG/ML		Tier 2	QL (300 ML per 1 FILL)
vancomycin oral capsule 125 mg	(Vancocin)	Tier 1	QL (56 EA per 1 FILL)
vancomycin oral capsule 250 mg	(Vancocin)	Tier 1	QL (112 EA per 1 FILL)
vancomycin oral recon soln 50 mg/ml	(Firvanq)	Tier 1	QL (600 ML per 1 FILL)
Infectious Disease - Parasitic			
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial			
tinidazole oral tablet 250 mg, 500 mg		Tier 1	
Amebacides			
paromomycin oral capsule 250 mg		Tier 1	
Anaerobic Antiprotozoal-Antibacterial Agents			
metronidazole oral capsule 375 mg	(Flagyl)	Tier 1	
metronidazole oral tablet 250 mg, 500 mg	(Flagyl)	Tier 1	
Anthelmintics			
albendazole oral tablet 200 mg	(Albenza)	Tier 1	
EMVERM ORAL TABLET,CHEWABLE 100 MG		Tier 2	PA
ivermectin oral tablet 3 mg	(Stromectol)	Tier 1	
praziquantel oral tablet 600 mg	(Biltricide)	Tier 1	

Drug		Status	Notes
Antimalarial Drugs			
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	Tier 1	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	Tier 1	
chloroquine phosphate oral tablet 250 mg		Tier 1	QL (36 EA per 16 days)
chloroquine phosphate oral tablet 500 mg		Tier 1	QL (18 EA per 16 days)
DARAPRIM ORAL TABLET 25 MG		Tier 2	PA
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	Tier 1	QL (100 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG		Tier 2	QL (2 EA per 1 FILL)
mefloquine oral tablet 250 mg		Tier 1	
primaquine oral tablet 26.3 mg		Tier 2	
quinine sulfate oral capsule 324 mg	(Qualaquin)	Tier 1	
Antiprotozoal Drugs,Miscellaneous			
atovaquone oral suspension 750 mg/5 ml	(Mepron)	Tier 1	
NEBUPENT INHALATION RECON SOLN 300 MG		Tier 2	
pentamidine inhalation recon soln 300 mg	(Nebupent)	Tier 1	
Infectious Disease - Viral			
Antiretroviral-Integrase Inhibitor And Nnrti Comb.			
JULUCA ORAL TABLET 50-25 MG		Tier 2	QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.			
DOVATO ORAL TABLET 50-300 MG		Tier 2	QL (1 EA per 1 day)
Antiretroviral-Nucleoside,Nucleotide,Protease Inh.			
SYMTUZA ORAL TABLET 800-150-200-10 MG		Tier 2	QL (1 EA per 1 day)
Antiviral Monoclonal Antibodies			
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML		Tier 2	
Antiviral Nucleotide Analogs			
remdesivir (eua) intravenous solution 100 mg/20 ml (5 mg/ml)		Tier 1	
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	
famciclovir oral tablet 125 mg, 250 mg, 500 mg		Tier 1	
oseltamivir oral capsule 45 mg	(Tamiflu)	Tier 1	
oseltamivir oral suspension for reconstitution 6 mg/ml	(Tamiflu)	Tier 1	

Drug		Status	Notes
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION		Tier 2	
ribavirin inhalation recon soln 6 gram	(Virazole)	Tier 1	
rimantadine oral tablet 100 mg	(Flumadine)	Tier 1	
TAMIFLU ORAL CAPSULE 30 MG, 75 MG		Tier 1	
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	Tier 1	
valganciclovir oral tablet 450 mg	(Valcyte)	Tier 1	
XOFLUZA ORAL TABLET 20 MG, 40 MG		Tier 2	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)
PREZCOBIX ORAL TABLET 800-150 MG-MG		Tier 2	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML		Tier 2	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG		Tier 2	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 600 MG		Tier 2	QL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG		Tier 2	QL (16 EA per 1 day)
PREZISTA ORAL TABLET 800 MG		Tier 2	QL (1 EA per 1 day)
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog			
CIMDUO ORAL TABLET 300-300 MG		Tier 2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG		Tier 2	QL (1 EA per 1 day)
TEMIXYS ORAL TABLET 300-300 MG		Tier 2	QL (1 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG		Tier 2	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)
lamivudine-zidovudine oral tablet 150-300 mg	(Combivir)	Tier 1	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.			
SELZENTRY ORAL SOLUTION 20 MG/ML		Tier 2	QL (31 ML per 1 day)
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)

Drug		Status	Notes
Antivirals, Hiv-Specific, Fusion Inhibitors			
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		Tier 2	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Non-Nucleoside, Rti			
EDURANT ORAL TABLET 25 MG		Tier 2	QL (1 EA per 1 day)
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)
PIFELTRO ORAL TABLET 100 MG		Tier 2	QL (2 EA per 1 day)
RESCRIPTOR ORAL TABLET 200 MG		Tier 2	
SUSTIVA ORAL CAPSULE 200 MG, 50 MG		Tier 2	
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) 125 mg, 200 mg		Tier 1	
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg		Tier 1	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)
lamivudine oral solution 10 mg/ml	(Epivir)	Tier 1	QL (960 ML per 30 days)
lamivudine oral tablet 150 mg	(Epivir)	Tier 1	QL (2 EA per 1 day)
lamivudine oral tablet 300 mg	(Epivir)	Tier 1	QL (1 EA per 1 day)
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg		Tier 1	QL (2 EA per 1 day)
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)		Tier 2	
zidovudine oral capsule 100 mg	(Retrovir)	Tier 1	QL (6 EA per 1 day)
zidovudine oral syrup 10 mg/ml	(Retrovir)	Tier 1	QL (1920 ML per 30 days)
zidovudine oral tablet 300 mg		Tier 1	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleotide Analog, Rti			
tenofovir disoproxil fumarate oral tablet 300 mg	(Viread)	Tier 1	QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		Tier 2	QL (240 GM per 30 days)

Drug		Status	Notes
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		Tier 2	QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitor Comb			
KALETRA ORAL TABLET 100-25 MG		Tier 2	QL (2 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG		Tier 2	QL (4 EA per 1 day)
lopinavir-ritonavir oral solution 400-100 mg/5 ml	(Kaletra)	Tier 1	QL (480 ML per 30 days)
Antivirals, Hiv-Specific, Protease Inhibitors			
atazanavir oral capsule 150 mg, 200 mg	(Reyataz)	Tier 1	QL (2 EA per 1 day)
atazanavir oral capsule 300 mg	(Reyataz)	Tier 1	QL (1 EA per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG		Tier 2	
EVOTAZ ORAL TABLET 300-150 MG		Tier 2	QL (1 EA per 1 day)
fosamprenavir oral tablet 700 mg	(Lexiva)	Tier 1	QL (4 EA per 1 day)
INVIRASE ORAL TABLET 500 MG		Tier 2	QL (4 EA per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML		Tier 2	QL (1800 ML per 30 days)
NORVIR ORAL CAPSULE 100 MG		Tier 2	
NORVIR ORAL POWDER IN PACKET 100 MG		Tier 2	QL (12 EA per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML		Tier 2	QL (480 ML per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG		Tier 2	QL (5 EA per 1 day)
ritonavir oral tablet 100 mg	(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)
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti			
ATRIPLA ORAL TABLET 600-200-300 MG		Tier 2	QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG		Tier 2	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG		Tier 2	QL (1 EA per 1 day)

Drug		Status	Notes
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)
STRIBILD ORAL TABLET 150-150-200-300 MG		Tier 2	QL (1 EA per 1 day)
Arv Comb-Nrtis & Integrase Inhibitor			
TRIUMEQ ORAL TABLET 600-50-300 MG		Tier 2	QL (1 EA per 1 day)
Cytochrome P450 Inhibitors			
TYBOST ORAL TABLET 150 MG		Tier 2	QL (1 EA per 1 day)
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.			
HARVONI ORAL TABLET 45-200 MG		Tier 2	PA
ledipasvir-sofosbuvir oral tablet 90-400 mg	(Harvoni)	Tier 1	PA
sofosbuvir-velpatasvir oral tablet 400-100 mg	(Epclusa)	Tier 1	PA
Hepatitis B Treatment Agents			
adefovir oral tablet 10 mg	(Hepsera)	Tier 1	QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML		Tier 2	QL (630 ML per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	Tier 1	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)
lamivudine oral tablet 100 mg	(Epivir HBV)	Tier 1	QL (1 EA per 1 day)
Hepatitis C Treatment Agents			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		Tier 2	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		Tier 2	PA
ribavirin oral capsule 200 mg		Tier 1	
ribavirin oral tablet 200 mg		Tier 1	
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb			
MAVYRET ORAL TABLET 100-40 MG		Tier 2	PA
Inflammatory Disease			
Anti-Arthritic And Chelating Agents			
D-PENAMINE ORAL TABLET 125 MG		Tier 1	PA
penicillamine oral tablet 250 mg	(Depen Titratabs)	Tier 1	PA

Drug	Status	Notes
Anti-Arthritic, Folate Antagonist Agents		
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	Tier 2	ST: Prior prescription for Methotrexate tablets or solution for injection in 120 days if 13 years of age or older; QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	Tier 2	ST: Prior prescription for Methotrexate tablets or solution for injection in 120 days if 13 years of age or older; QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	Tier 2	ST: Prior prescription for Methotrexate tablets or solution for injection in 120 days if 13 years of age or older; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	Tier 2	ST: Prior prescription for Methotrexate tablets or solution for injection in 120 days if 13 years of age or older; QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	Tier 2	ST: Prior prescription for Methotrexate tablets or solution for injection in 120 days if 13 years of age or older; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	Tier 2	ST: Prior prescription for Methotrexate tablets or solution for injection in 120 days if 13 years of age or older; QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	Tier 2	ST: Prior prescription for Methotrexate tablets or solution for injection in 120 days if 13 years of age or older; QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	Tier 2	ST: Prior prescription for Methotrexate tablets or solution for injection in 120 days if 13 years of age or older; QL (2.4 ML per 28 days)

Drug	Status	Notes
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	Tier 2	ST: Prior prescription for Methotrexate tablets or solution for injection in 120 days if 13 years of age or older; QL (0.6 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 2	
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 2	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 2	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 2	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 2	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	Tier 2	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 2	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 2	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 2	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 2	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 2	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	Tier 2	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	Tier 2	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 2	PA

Drug	Status	Notes
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 2	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 2	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 2	PA
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
leflunomide oral tablet 10 mg, 20 mg (Arava)	Tier 1	
Anti-Inflammatory,Phosphodiesterase-4(Pde4) Inhib.		
OTEZLA ORAL TABLET 30 MG	Tier 2	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	Tier 2	PA
Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 2	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	Tier 2	PA
Bradykinin B2 Receptor Antagonists		
icatibant subcutaneous syringe 30 mg/3 ml (Firazyr)	Tier 1	PA
C1 Esterase Inhibitors		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 2	PA
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	Tier 2	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 2	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 2	PA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Tier 2	PA
Glucocorticoids		
budesonide oral capsule,delayed,extend.release 3 mg (Entocort EC)	Tier 1	
cortisone oral tablet 25 mg	Tier 1	
DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG	Tier 1	
dexamethasone oral elixir 0.5 mg/5 ml	Tier 1	

Drug		Status	Notes
dexamethasone oral solution 0.5 mg/5 ml		Tier 1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg	(Decadron)	Tier 1	
dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg		Tier 1	
dexamethasone oral tablets,dose pack 1.5 mg (21 tabs)	(DexPak 6 Day)	Tier 1	ST: Prior prescription for generic Dexamethasone 1.5mg tablets in 120 days
dexamethasone oral tablets,dose pack 1.5 mg (35 tabs)	(DexPak 10 day)	Tier 1	ST: Prior prescription for generic Dexamethasone 1.5mg tablets in 120 days
dexamethasone oral tablets,dose pack 1.5 mg (51 tabs)	(DexPak 13 Day)	Tier 1	ST: Prior prescription for generic Dexamethasone 1.5mg tablets in 120 days
DEXPAK 10 DAY ORAL TABLETS,DOSE PACK 1.5 MG (35 TABS)		Tier 1	ST: Prior prescription for generic Dexamethasone 1.5mg tablets in 120 days
DEXPAK 13 DAY ORAL TABLETS,DOSE PACK 1.5 MG (51 TABS)		Tier 1	ST: Prior prescription for generic Dexamethasone 1.5mg tablets in 120 days
DEXPAK 6 DAY ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS)		Tier 1	ST: Prior prescription for generic Dexamethasone 1.5mg tablets in 120 days
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	Tier 1	
MEDROL ORAL TABLET 2 MG		Tier 2	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Medrol)	Tier 1	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	Tier 1	
MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS), 5 MG (48 TABS)		Tier 2	
MILLIPRED ORAL TABLET 5 MG		Tier 2	
prednisolone oral solution 15 mg/5 ml		Tier 1	
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml)		Tier 1	
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	(Pediapred)	Tier 1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	(Orapred ODT)	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		Tier 2	
prednisone oral solution 5 mg/5 ml		Tier 1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		Tier 1	

Drug	Status	Notes
prednisone oral tablets,dose pack 10 mg, 5 mg	Tier 1	
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS)	Tier 1	ST: Prior prescription for generic Dexamethasone 1.5mg tablets in 120 days
Gold Salts		
RIDAURA ORAL CAPSULE 3 MG	Tier 2	
Interleukin-6 (Il-6) Receptor Inhibitors		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 2	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 2	PA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 2	PA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 2	PA
Janus Kinase (Jak) Inhibitors		
OLUMIANT ORAL TABLET 1 MG, 2 MG	Tier 2	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	Tier 2	PA
Mineralocorticoids		
fludrocortisone oral tablet 0.1 mg	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		
CHILDREN'S IBUPROFEN ORAL SUSPENSION 100 MG/5 ML	Tier 5	
CHILDREN'S PROFEN IB ORAL SUSPENSION 100 MG/5 ML	Tier 1	
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	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	Tier 1	
flurbiprofen oral tablet 100 mg	Tier 1	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Tier 1	

Drug		Status	Notes
IBU-200 ORAL TABLET 200 MG		Tier 5	
IBUPROFEN IB ORAL TABLET 200 MG		Tier 5	
ibuprofen oral capsule 200 mg	(Advil Liqui-Gel)	Tier 5	
ibuprofen oral suspension 100 mg/5 ml	(Children's Profen IB)	Tier 1	
ibuprofen oral tablet 200 mg	(IBU-200)	Tier 5	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	(IBU)	Tier 1	
INDOCIN ORAL SUSPENSION 25 MG/5 ML		Tier 2	
indomethacin oral capsule 25 mg, 50 mg		Tier 1	
indomethacin oral capsule, extended release 75 mg		Tier 1	
INFANT'S IBUPROFEN ORAL DROPS,SUSPENSION 50 MG/1.25 ML		Tier 5	
ketoprofen oral capsule 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 (1 ml)		Tier 1	
ketorolac intramuscular cartridge 60 mg/2 ml		Tier 1	
ketorolac intramuscular solution 60 mg/2 ml		Tier 1	
ketorolac oral tablet 10 mg		Tier 1	QL (20 EA per 5 days)
meclofenamate oral capsule 100 mg, 50 mg		Tier 1	
meloxicam oral tablet 15 mg, 7.5 mg	(Mobic)	Tier 1	
nabumetone oral tablet 500 mg, 750 mg		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	
naproxen sodium oral tablet, er multiphase 24 hr 500 mg	(Naprelan CR)	Tier 1	
oxaprozin oral tablet 600 mg	(Daypro)	Tier 1	
piroxicam oral capsule 10 mg, 20 mg	(Feldene)	Tier 1	
PROVIL ORAL TABLET 200 MG		Tier 5	
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	

Drug		Status	Notes
Local Anesthesia			
Local Anesthetics			
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %		Tier 1	
lidocaine hcl mucous membrane jelly 2 %		Tier 1	
lidocaine hcl mucous membrane jelly in applicator 2 %	(Glydo)	Tier 1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)		Tier 1	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %		Tier 1	
Lower Gastrointestinal Disorders - Bowel Inflammat			
Bowel Antiinflamatory Agents			
sulfadiazine oral tablet 500 mg		Tier 1	
Chronic Inflam. Colon Dx, 5-A-Salicylat,Rectal Tx			
mesalamine rectal enema 4 gram/60 ml	(Rowasa)	Tier 1	
mesalamine rectal suppository 1,000 mg	(Canasa)	Tier 1	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	(Rowasa)	Tier 1	
Drug Tx-Chronic Inflam. Colon Dx,5-Aminosalicylat			
balsalazide oral capsule 750 mg	(Colazal)	Tier 1	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	Tier 1	
sulfasalazine oral tablet 500 mg	(Azulfidine)	Tier 1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	Tier 1	
Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth			
ANA-LEX KIT RECTAL KIT 2-2 %		Tier 1	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %	(Analpram-HC)	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 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	
PROCTOFOAM HC RECTAL FOAM 1-1 %		Tier 2	

Drug		Status	Notes
Irritable Bowel Agents,Guanylate Cylase-C Agonist			
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		Tier 2	QL (1 EA per 1 day)
Rectal Preparations			
ANUCORT-HC RECTAL SUPPOSITORY 25 MG		Tier 1	
hydrocortisone acetate rectal suppository 25 mg	(Anucort-HC)	Tier 1	
hydrocortisone acetate rectal suppository 30 mg	(Proctocort)	Tier 1	
Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)			
COLOCORT RECTAL ENEMA 100 MG/60 ML		Tier 1	
hydrocortisone rectal enema 100 mg/60 ml	(Colocort)	Tier 1	
Lower Gastrointestinal Disorders - Other			
Ammonia Inhibitors			
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG		Tier 2	
ENULOSE ORAL SOLUTION 10 GRAM/15 ML		Tier 1	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML		Tier 1	
RAVICTI ORAL LIQUID 1.1 GRAM/ML		Tier 2	PA
sodium phenylbutyrate oral powder 0.94 gram/gram	(Buphenyl)	Tier 1	PA
sodium phenylbutyrate oral tablet 500 mg	(Buphenyl)	Tier 1	PA
Antidiarrheals			
ANTI-DIARRHEAL (LOPERAMIDE) ORAL CAPSULE 2 MG		Tier 5	
ANTI-DIARRHEAL (LOPERAMIDE) ORAL LIQUID 1 MG/7.5 ML		Tier 5	
ANTI-DIARRHEAL (LOPERAMIDE) ORAL TABLET 2 MG		Tier 5	
BISMATROL ORAL SUSPENSION 262 MG/15 ML		Tier 5	
BISMATROL ORAL TABLET,CHEWABLE 262 MG		Tier 5	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml		Tier 1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	Tier 1	
loperamide oral liquid 1 mg/7.5 ml	(Anti-Diarrheal (loperamide))	Tier 5	

Drug		Status	Notes
opium tincture oral tincture 10 mg/ml (morphine)		Tier 1	
paregoric oral liquid 2 mg/5 ml		Tier 1	
PEPTIC RELIEF ORAL TABLET,CHEWABLE 262 MG		Tier 5	
PINK BISMUTH ORAL TABLET,CHEWABLE 262 MG		Tier 5	
STOMACH RELIEF ORAL SUSPENSION 262 MG/15 ML		Tier 5	
STOMACH RELIEF ORAL TABLET,CHEWABLE 262 MG		Tier 5	
STOMACH RELIEF ORIGINAL ORAL SUSPENSION 262 MG/15 ML		Tier 5	
Bile Salts			
ursodiol oral capsule 300 mg	(Actigall)	Tier 1	
ursodiol oral tablet 250 mg	(URSO 250)	Tier 1	
ursodiol oral tablet 500 mg	(URSO Forte)	Tier 1	
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog			
OCALIVA ORAL TABLET 10 MG, 5 MG		Tier 2	PA
Laxatives And Cathartics			
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG		Tier 2	QL (2 EA per 1 day)
bisacodyl oral tablet,delayed release (dr/ec) 5 mg	(Bisa-Lax (bisacodyl))	Tier 5	
BISA-LAX (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG		Tier 5	
CLEARLAX ORAL POWDER 17 GRAM/DOSE		Tier 5	
CLEARLAX ORAL POWDER IN PACKET 17 GRAM		Tier 5	
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML		Tier 2	
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML		Tier 1	
DOCU ORAL LIQUID 50 MG/5 ML		Tier 5	
docusate sodium oral capsule 100 mg	(Docusil)	Tier 5	
docusate sodium oral liquid 50 mg/5 ml	(Docu)	Tier 5	
DOCUSIL ORAL CAPSULE 100 MG		Tier 5	
DOK ORAL CAPSULE 100 MG		Tier 5	
DOK ORAL TABLET 100 MG		Tier 5	
DOK PLUS ORAL TABLET 8.6-50 MG		Tier 5	
DUCODYL (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG		Tier 5	
FIBER (CALCIUM POLYCARBOPHIL) ORAL TABLET 625 MG		Tier 5	

Drug	Status	Notes
FIBER (PSYLLIUM HUSK/SUGAR) ORAL POWDER 3.4 GRAM/11 GRAM, 3.4 GRAM/12 GRAM	Tier 5	
FIBER (WITH ASPARTAME) ORAL POWDER 3.4 GRAM/5.8 GRAM	Tier 5	
FIBER LAXATIVE (CA POLYCARBO) ORAL TABLET 625 MG	Tier 5	
FIBER LAXATIVE (METHYLCELLULO) ORAL TABLET 500 MG	Tier 5	
FIBER ORAL POWDER	Tier 5	
FIBER THERAPY (M-CELL/SUGAR) ORAL POWDER 2 GRAM/19 GRAM	Tier 5	
FIBEREX F15 ORAL LIQUID 15 GRAM/30 ML	Tier 1	
FIBER-LAX ORAL TABLET 625 MG	Tier 5	
FIBER-STAT ORAL LIQUID 15 GRAM/30 ML, 5.5 G/15 ML	Tier 1	
FIBER-TABS ORAL TABLET 625 MG	Tier 5	
FLEET LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG	Tier 5	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	Tier 1	
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	Tier 1	
GAVILYTE-N ORAL RECON SOLN 420 GRAM	Tier 1	
GENTLE LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG	Tier 5	
GENTLELAX ORAL POWDER 17 GRAM/DOSE	Tier 1	
GLYCOLAX ORAL POWDER 17 GRAM/DOSE	Tier 5	
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM	Tier 2	
HEALTHYLAX ORAL POWDER IN PACKET 17 GRAM	Tier 1	
HYFIBER WITH FOS ORAL LIQUID 12 GRAM/30 ML	Tier 1	PA
KAO-TIN (DOCUSATE CALCIUM) ORAL CAPSULE 240 MG	Tier 5	
KONSYL FIBER ORAL TABLET 625 MG	Tier 5	
KONSYL FORMULA-D ORAL POWDER 3.4 GRAM/ 6.5 GRAM	Tier 5	
KONSYL SUGAR-FREE ORAL POWDER 6 GRAM/6 GRAM	Tier 5	

Drug		Status	Notes
KONSYL SUGAR-FREE ORAL POWDER IN PACKET 6 GRAM		Tier 5	
KRISTALOSE ORAL PACKET 20 GRAM		Tier 2	ST: Prior prescription for generic Lactulose solution in 120 days; QL (2 EA per 1 day)
lactulose oral solution 10 gram/15 ml	(Constulose)	Tier 1	
lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml		Tier 1	
LAXACLEAR ORAL POWDER 17 GRAM/DOSE		Tier 1	
LAXATIVE (BISACODYL) ORAL TABLET 5 MG		Tier 5	
LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG		Tier 5	
LAXATIVE (SENNOSIDES) ORAL TABLET 25 MG		Tier 5	
LAXATIVE PEG 3350 ORAL POWDER 17 GRAM/DOSE		Tier 1	
magnesium citrate oral solution	(Citrate of Magnesia)	Tier 5	
magnesium hydroxide oral suspension 400 mg/5 ml	(Milk of Magnesia)	Tier 5	
MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5 ML		Tier 5	
mineral oil oral oil	(Mineral Oil Extra Heavy)	Tier 5	
NATURAL FIBER LAXATIVE (SUGAR) ORAL POWDER , 3.4 GRAM/7 GRAM		Tier 5	
NATURAL FIBER LAXATIVE THERAPY ORAL POWDER		Tier 5	
NATURAL VEG LAXATIVE(SENNOSID) ORAL TABLET 8.6 MG		Tier 5	
NATURA-LAX ORAL POWDER 17 GRAM/DOSE		Tier 1	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	Tier 1	
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	Tier 1	
polyethylene glycol 3350 oral powder 17 gram/dose	(GentleLax)	Tier 5	
polyethylene glycol 3350 oral powder in packet 17 gram	(HealthyLax)	Tier 5	
POWDERLAX ORAL POWDER 17 GRAM/DOSE		Tier 1	
POWDERLAX ORAL POWDER IN PACKET 17 GRAM		Tier 1	
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM		Tier 2	

Drug	Status	Notes
PURELAX ORAL POWDER 17 GRAM/DOSE	Tier 1	
PURELAX ORAL POWDER IN PACKET 17 GRAM	Tier 1	
REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3.4 GRAM/12 GRAM, 3.4 GRAM/7 GRAM	Tier 5	
REGULOID, SUGAR FREE ORAL POWDER	Tier 5	
SENNA LAX ORAL TABLET 8.6 MG	Tier 5	
SENNA LAXATIVE ORAL TABLET 8.6 MG	Tier 5	
SENNA ORAL TABLET 8.6 MG	Tier 5	
SENNA PLUS ORAL TABLET 8.6-50 MG	Tier 5	
SENNA-S ORAL TABLET 8.6-50 MG	Tier 5	
SENNA-TIME S ORAL TABLET 8.6-50 MG	Tier 5	
SENNO ORAL TABLET 8.6 MG	Tier 5	
sennosides-docusate sodium oral tablet 8.6-50 mg (DOK Plus)	Tier 5	
SILACE ORAL LIQUID 50 MG/5 ML	Tier 5	
SILACE ORAL SYRUP 60 MG/15 ML	Tier 5	
SMOOTHLAX ORAL POWDER 17 GRAM/DOSE	Tier 1	
SMOOTHLAX ORAL POWDER IN PACKET 17 GRAM	Tier 1	
STOOL SOFTENER (DOCUSATE CAL) ORAL CAPSULE 240 MG	Tier 5	
STOOL SOFTENER ORAL CAPSULE 100 MG, 250 MG	Tier 5	
STOOL SOFTENER ORAL SYRUP 60 MG/15 ML	Tier 5	
STOOL SOFTENER ORAL TABLET 100 MG	Tier 5	
STOOL SOFTENER-LAXATIVE ORAL TABLET 8.6-50 MG	Tier 5	
STOOL SOFTENER-STIMULANT LAXAT ORAL TABLET 8.6-50 MG	Tier 5	
TRILYTE WITH FLAVOR PACKETS ORAL RECON SOLN 420 GRAM	Tier 1	
WOMEN'S GENTLE LAXATIVE(BISAC) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG	Tier 5	
WOMEN'S LAXATIVE (BISACODYL) ORAL TABLET 5 MG	Tier 5	

Drug		Status	Notes
Laxatives, Local/Rectal			
bisacodyl rectal suppository 10 mg	(Gentle Laxative (bisacodyl))	Tier 5	
DOCUSOL RECTAL ENEMA 283 MG		Tier 5	
ENEMA DISPOSABLE RECTAL ENEMA 19-7 GRAM/118 ML		Tier 5	
ENEMA RECTAL ENEMA 19-7 GRAM/118 ML		Tier 5	
ENEMEEZ PLUS RECTAL ENEMA 283-20 MG/5 ML		Tier 5	
ENEMEEZ RECTAL ENEMA 283 MG/5 ML		Tier 5	
FLEET BISACODYL RECTAL ENEMA 10 MG/30 ML		Tier 5	
FLEET GLYCERIN (CHILD) RECTAL SUPPOSITORY		Tier 5	
GENTLE LAXATIVE (BISACODYL) RECTAL SUPPOSITORY 10 MG		Tier 5	
READY-TO-USE ENEMA RECTAL ENEMA 19-7 GRAM/118 ML		Tier 5	
Narcotic Antagonists, Peripherally-Acting			
MOVANTIK ORAL TABLET 12.5 MG, 25 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 2	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG		Tier 2	PA
Miscellaneous Agents			
Anaphylaxis Therapy Agents			
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml	(Auvi-Q)	Tier 1	QL (4 EA per 1 FILL)
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	Tier 1	QL (4 EA per 1 FILL)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML		Tier 2	QL (4 EA per 1 FILL)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML		Tier 2	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML		Tier 2	QL (4 EA per 1 FILL)
Parasympathetic Agents			
bethanechol chloride oral tablet 10 mg, 5 mg		Tier 1	
bethanechol chloride oral tablet 25 mg, 50 mg	(Urecholine)	Tier 1	
guanidine oral tablet 125 mg		Tier 1	

Drug		Status	Notes
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	Tier 1	
Pku Treatment Agents - Phenylalanine Ammonia Lyase			
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML		Tier 2	PA
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase			
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG		Tier 2	PA
KUVAN ORAL TABLET,SOLUBLE 100 MG		Tier 2	PA
Neoplastic Disease			
Alkylating Agents			
cyclophosphamide oral capsule 25 mg, 50 mg		Tier 1	
hydroxyurea oral capsule 500 mg	(Hydrea)	Tier 1	
LEUKERAN ORAL TABLET 2 MG		Tier 2	
melphalan oral tablet 2 mg	(Alkeran)	Tier 1	
MYLERAN ORAL TABLET 2 MG		Tier 2	
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	(Temodar)	Tier 1	PA
Antiandrogenic Agents			
abiraterone oral tablet 250 mg	(Zytiga)	Tier 1	PA
bicalutamide oral tablet 50 mg	(Casodex)	Tier 1	
ERLEADA ORAL TABLET 60 MG		Tier 2	PA
flutamide oral capsule 125 mg		Tier 1	
nilutamide oral tablet 150 mg	(Nilandron)	Tier 1	QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG		Tier 2	PA
XTANDI ORAL CAPSULE 40 MG		Tier 2	PA
ZYTIGA ORAL TABLET 500 MG		Tier 2	PA
Antimetabolites			
capecitabine oral tablet 150 mg	(Xeloda)	Tier 1	PA; QL (28 EA per 21 days)
capecitabine oral tablet 500 mg	(Xeloda)	Tier 1	PA; QL (112 EA per 21 days)
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG		Tier 2	PA
mercaptopurine oral tablet 50 mg		Tier 1	
methotrexate sodium (pf) injection recon soln 1 gram		Tier 1	
methotrexate sodium (pf) injection solution 25 mg/ml		Tier 1	
methotrexate sodium injection solution 25 mg/ml		Tier 1	
methotrexate sodium oral tablet 2.5 mg		Tier 1	

Drug		Status	Notes
PURIXAN ORAL SUSPENSION 20 MG/ML		Tier 2	ST: Prior prescription for Mercaptopurine tablets in 120 days
TABLOID ORAL TABLET 40 MG		Tier 2	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG		Tier 2	
Antineoplastic Aromatase Inhibitors			
anastrozole oral tablet 1 mg	(Arimidex)	Tier 1	
exemestane oral tablet 25 mg	(Aromasin)	Tier 1	
letrozole oral tablet 2.5 mg	(Femara)	Tier 1	PA
Antineoplastic - Braf Kinase Inhibitors			
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG		Tier 2	PA; QL (6 EA per 1 day)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		Tier 2	PA
ZELBORAF ORAL TABLET 240 MG		Tier 2	PA; QL (8 EA per 1 day)
Antineoplastic - Hedgehog Pathway Inhibitor			
DAURISMO ORAL TABLET 100 MG, 25 MG		Tier 2	PA
ERIVEDGE ORAL CAPSULE 150 MG		Tier 2	PA; QL (1 EA per 1 day)
ODOMZO ORAL CAPSULE 200 MG		Tier 2	PA
Antineoplastic - Janus Kinase (Jak) Inhibitors			
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		Tier 2	PA
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors			
COTELLIC ORAL TABLET 20 MG		Tier 2	PA; QL (63 EA per 28 days)
MEKINIST ORAL TABLET 0.5 MG, 2 MG		Tier 2	PA
MEKTOVI ORAL TABLET 15 MG		Tier 2	PA; 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
AFINITOR ORAL TABLET 10 MG		Tier 2	PA
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg	(Afinitor)	Tier 1	PA
Antineoplastic - Topoisomerase I Inhibitors			
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG		Tier 2	

Drug	Status	Notes
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 2	PA
Antineoplastic Immunomodulator Agents		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 2	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	Tier 2	
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 2	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 2	QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Tier 2	QL (2 EA per 365 days)
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	Tier 2	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 2	PA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 2	PA
BOSULIF ORAL TABLET 100 MG	Tier 2	PA; QL (4 EA per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	Tier 2	PA; QL (1 EA per 1 day)
BRUKINSA ORAL CAPSULE 80 MG	Tier 2	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 2	PA
CALQUENCE ORAL CAPSULE 100 MG	Tier 2	PA
CAPRELSA ORAL TABLET 100 MG	Tier 2	PA; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG	Tier 2	PA; QL (1 EA per 1 day)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	Tier 2	PA; QL (112 EA per 28 days)
erlotinib oral tablet 100 mg, 150 mg, 25 mg (Tarceva)	Tier 1	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 2	PA

Drug	Status	Notes
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 2	PA
ICLUSIG ORAL TABLET 15 MG	Tier 2	PA; QL (2 EA per 1 day)
ICLUSIG ORAL TABLET 45 MG	Tier 2	PA; QL (1 EA per 1 day)
imatinib oral tablet 100 mg (Gleevec)	Tier 1	PA; QL (3 EA per 1 day)
imatinib oral tablet 400 mg (Gleevec)	Tier 1	PA; QL (2 EA per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 2	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	Tier 2	PA
INLYTA ORAL TABLET 1 MG	Tier 2	PA; QL (6 EA per 1 day)
INLYTA ORAL TABLET 5 MG	Tier 2	PA; QL (4 EA per 1 day)
INREBIC ORAL CAPSULE 100 MG	Tier 2	PA
IRESSA ORAL TABLET 250 MG	Tier 2	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	Tier 2	PA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Tier 2	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 2	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 2	PA
NEXAVAR ORAL TABLET 200 MG	Tier 2	PA; QL (4 EA per 1 day)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 2	PA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Tier 2	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 2	PA
RYDAPT ORAL CAPSULE 25 MG	Tier 2	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 2	PA
STIVARGA ORAL TABLET 40 MG	Tier 2	PA; QL (3 EA per 1 day)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 2	PA; QL (1 EA per 1 day)
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 2	PA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	Tier 2	PA

Drug	Status	Notes
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 2	PA; QL (4 EA per 1 day)
TURALIO ORAL CAPSULE 200 MG	Tier 2	PA
TYKERB ORAL TABLET 250 MG	Tier 2	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	PA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 2	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 2	PA
VOTRIENT ORAL TABLET 200 MG	Tier 2	PA; QL (4 EA per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 2	PA
XOSPATA ORAL TABLET 40 MG	Tier 2	PA
ZEJULA ORAL CAPSULE 100 MG	Tier 2	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 2	PA
ZYKADIA ORAL TABLET 150 MG	Tier 2	PA
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 2	PA
ZOLINZA ORAL CAPSULE 100 MG	Tier 2	
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 2	PA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 2	PA
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
TIBSOVO ORAL TABLET 250 MG	Tier 2	PA
Antineoplastics,Miscellaneous		
etoposide oral capsule 50 mg	Tier 1	
LYSODREN ORAL TABLET 500 MG	Tier 2	
MATULANE ORAL CAPSULE 50 MG	Tier 2	
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	Tier 2	PA
tretinoin (antineoplastic) oral capsule 10 mg	Tier 1	
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 160 MG/WEEK (20 MG X 8), 60 MG/WEEK (20 MG X 3), 80 MG/WEEK (20 MG X 4)	Tier 2	PA

Drug		Status	Notes
Chemotherapy Rescue/Antidote Agents			
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		Tier 1	
Radioactive Therapeutic Agents			
sodium iodide-123 oral capsule 7.4 mbq (200 microci)		Tier 1	
Selective Estrogen Receptor Modulators (Serm)			
SOLTAMOX ORAL SOLUTION 10 MG/5 ML		Tier 2	PA
tamoxifen oral tablet 10 mg, 20 mg		Tier 1	PA
toremifene oral tablet 60 mg	(Fareston)	Tier 1	PA
Selective Retinoid X Receptor Agonists (Rxr)			
bexarotene oral capsule 75 mg	(Targretin)	Tier 1	PA
Steroid Antineoplastics			
EMCYT ORAL CAPSULE 140 MG		Tier 2	
megestrol oral tablet 20 mg, 40 mg		Tier 1	
Neurological Disease - Miscellaneous			
Agents To Treat Multiple Sclerosis			
AUBAGIO ORAL TABLET 14 MG, 7 MG		Tier 2	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		Tier 2	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		Tier 2	PA
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG		Tier 2	PA
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	(Glatopa)	Tier 1	PA
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML		Tier 1	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML		Tier 2	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)		Tier 2	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)		Tier 2	PA
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG		Tier 2	PA
Amyotrophic Lateral Sclerosis Agents			
riluzole oral tablet 50 mg	(Rilutek)	Tier 1	

Drug		Status	Notes
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	
Movement Disorders(Drug Therapy)			
tetrabenazine oral tablet 12.5 mg, 25 mg	(Xenazine)	Tier 1	PA
Oral/Pharyngeal Disorders			
Dental Aids And Preparations			
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Paroex Oral Rinse)	Tier 1	
ORALONE DENTAL PASTE 0.1 %		Tier 1	
Q-CARE RX Q2 KIT 0.12 %		Tier 1	
Q-CARE RX Q4 KIT 0.12 %		Tier 1	
triamcinolone acetonide dental paste 0.1 %	(Oralone)	Tier 1	
Nose Preparations, Miscellaneous (Rx)			
ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)		Tier 1	
Periodontal Collagenase Inhibitors			
doxycycline hyclate oral tablet 20 mg		Tier 1	
Other Drugs			
Antineoplastic - Protein Methyltransferase Inhibit			
TAZVERIK ORAL TABLET 200 MG		Tier 2	PA
Appetite Stim. For Anorexia,Cachexia,Wasting Synd.			
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)		Tier 1	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)		Tier 1	ST: Prior prescription for Megestrol 40mg/mL suspension in 120 days
Blood Testing Preparations,In-Vitro			
ACCUTREND CHOLESTEROL CONTROL SOLUTION		Tier 1	
ACCUTREND CHOLESTEROL TEST STRIP		Tier 1	
ACCUTREND PLUS		Tier 1	
CARETOUCH KETONE TEST STRIP STRIP		Tier 5	
COAGUCHEK PT STRIP		Tier 1	
COAGUCHEK XS		Tier 1	
COAGUCHEK XS PRO		Tier 1	
COAGUCHEK XS STRIP		Tier 1	
FORA 6 CONNECT KETONE STRIP STRIP		Tier 5	

Drug	Status	Notes
FORA GTEL KETONE TEST STRIP STRIP	Tier 5	
PRECISION XTRA B-KETONE STRIP	Tier 5	QL (200 EA per 30 days)
Bulk Chemicals		
hydrogen peroxide (bulk) solution 30 %	Tier 1	
Conception Assistance Supplies		
CONCEPTION KIT	Tier 1	
Condoms		
AIMSCO LATEX CONDOM DEVICE	Tier 4	
CONDOMS-PREM LUBRICATED DEVICE	Tier 4	
DUREX AVANTI BARE REAL FEEL	Tier 4	
FANTASY CONDOM DEVICE	Tier 4	
FC2 FEMALE CONDOM	Tier 4	
KIMONO CONDOMS(NON-LUBRICATED) DEVICE	Tier 4	
KIMONO MAXX CONDOMS DEVICE	Tier 4	
KIMONO MICROTHIN AQUA LUBE CON DEVICE	Tier 4	
KIMONO MICROTHIN CONDOMS DEVICE	Tier 4	
KIMONO MICROTHIN LARGE CONDOMS DEVICE	Tier 4	
KIMONO TEXTURED CONDOMS DEVICE	Tier 4	
TRUSTEX LATEX CONDOM DEVICE	Tier 4	
TRUSTEX LUBRICATED CONDOMS DEVICE	Tier 4	
TRUSTEX NON-LUB CONDOMS DEVICE	Tier 4	
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	Tier 4	
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	Tier 4	
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	Tier 4	
Dental Supplies		
DENTAL TRAVEL PACK DENTAL KIT	Tier 1	
EZO CUSHIONS LOWER HEAVY DENTAL PAD	Tier 1	
EZO CUSHIONS UPPER HEAVY DENTAL PAD	Tier 1	
HURRIVIEW DENTAL SWAB	Tier 1	
HURRIVIEW II DENTAL SWAB	Tier 1	
Diagnostic Test Devices And Supplies		
ID NOW COVID-19 CONTRL SWAB KT KIT	Tier 4	
ID NOW COVID-19 TEST KIT KIT	Tier 4	

Drug	Status	Notes
Dietary Supplement, Miscellaneous		
BENECALORIE ORAL LIQUID 7.5 KCAL/ML	Tier 1	PA
BOOST BREEZE NUTRITIONAL ORAL LIQUID 0.04-1.05 GRAM-KCAL/ML	Tier 1	PA
BOOST CALORIE SMART ORAL LIQUID	Tier 1	PA
BOOST HIGH PROTEIN ORAL LIQUID 0.06 GRAM- 1 KCAL/ML	Tier 1	PA
BOOST HIGH PROTEIN ORAL POWDER	Tier 1	PA
BOOST KID ESSENTIALS ORAL LIQUID 0.03-1 GRAM-KCAL/ML, 0.04-1.5 GRAM-KCAL/ML	Tier 1	PA
BOOST KID ESSENTIALS W-FIBER ORAL LIQUID 0.04-1.5 GRAM-KCAL/ML	Tier 1	PA
BOOST ORAL LIQUID 0.04 GRAM- 1 KCAL/ML	Tier 1	PA
BOOST PLUS ORAL LIQUID 0.06 GRAM- 1.5 KCAL/ML	Tier 1	PA
BOOST VHC ORAL LIQUID 0.09-2.25 GRAM-KCAL/ML	Tier 1	PA
COMPLEAT FEEDING TUBE LIQUID 0.05 GRAM- 1.06 KCAL/ML	Tier 1	PA
COMPLEAT ORGANIC BLEND CHICKEN ORAL LIQUID	Tier 1	PA
COMPLEAT ORGANIC BLENDS PLANT ORAL LIQUID	Tier 1	PA
COMPLEAT PED ORG BLEND CHICKEN ORAL LIQUID	Tier 1	PA
COMPLEAT PED ORG BLENDS PLANT ORAL LIQUID	Tier 1	PA
COMPLEAT PEDIATRIC ORAL LIQUID 0.03-1 GRAM-KCAL/ML	Tier 1	PA
COMPLEAT PEDIATRIC REDUCED CAL ORAL LIQUID 0.03-0.6 GRAM-KCAL/ML	Tier 1	PA
COMPLETE NUTRITIONAL DRINK ORAL LIQUID 0.04-1.05 GRAM-KCAL/ML	Tier 1	PA
DUOCAL ORAL POWDER	Tier 1	PA
EGG-PRO ORAL POWDER	Tier 1	
ENSURE ACTIVE HEART HEALTH ORAL LIQUID	Tier 1	PA
ENSURE ACTIVE HIGH PROTEIN ORAL LIQUID	Tier 1	PA
ENSURE ACTIVE LIGHT ORAL LIQUID	Tier 1	PA

Drug	Status	Notes
ENSURE ACTIVE MUSCLE HEALTH ORAL LIQUID	Tier 1	PA
ENSURE ACTIVE PROTEIN-MUSCLE ORAL LIQUID	Tier 1	PA
ENSURE CLEAR ORAL LIQUID	Tier 1	PA
ENSURE CLINICAL STRENGTH ORAL LIQUID 0.05-1.5 GRAM-KCAL/ML	Tier 1	PA
ENSURE COMPACT ORAL LIQUID	Tier 1	PA
ENSURE HIGH PROTEIN ORAL LIQUID	Tier 1	PA
ENSURE HIGH PROTEIN ORAL POWDER	Tier 1	PA
ENSURE MAX PROTEIN ORAL LIQUID	Tier 1	PA
ENSURE MUSCLE HEALTH ORAL LIQUID	Tier 1	PA
ENSURE ORAL LIQUID	Tier 1	PA
ENSURE ORAL POWDER	Tier 1	PA
ENSURE ORIGINAL ORAL LIQUID , 0.04-1.05 GRAM-KCAL/ML	Tier 1	PA
ENSURE ORIGINAL ORAL POWDER	Tier 1	PA
ENSURE PLUS ORAL LIQUID 0.05-1.5 GRAM-KCAL/ML	Tier 1	PA
ENSURE PRE-SURGERY ORAL LIQUID 0.68 KCAL/ML	Tier 1	PA
ENSURE/FIBER ORAL LIQUID	Tier 1	PA
EO28 SPLASH ORAL LIQUID	Tier 1	PA
FIBERSOURCE HN FEEDING TUBE LIQUID 0.05 GRAM- 1.2 KCAL/ML	Tier 1	PA
HI-CAL ORAL LIQUID	Tier 1	PA
HIGH-PROTEIN NUTRITIONAL SHAKE ORAL LIQUID	Tier 1	PA
ISOSOURCE 1.5 CAL FEEDING TUBE LIQUID 0.07 GRAM-1.5 KCAL/ML	Tier 1	PA
ISOSOURCE HN FEEDING TUBE LIQUID 0.05 GRAM- 1.2 KCAL/ML	Tier 1	PA
JEVITY 1 CAL ORAL LIQUID 0.04 GRAM-1.06 KCAL/ML	Tier 1	PA
JEVITY 1.2 CAL ORAL LIQUID 0.06 GRAM-1.2 KCAL/ML	Tier 1	PA
JEVITY 1.5 CAL ORAL LIQUID 0.06 GRAM-1.5 KCAL/ML	Tier 1	PA
LIQUACEL 100 ORAL LIQUID 15-100 GRAM-KCAL/30 ML	Tier 1	PA
LIQUACEL 100 ORAL LIQUID IN PACKET 15 GRAM- 100 KCAL/30 ML	Tier 1	PA
LIQUID HOPE ORIGINAL FORMULA ORAL LIQUID	Tier 1	PA

Drug	Status	Notes
LPS NEUTRAL FLAVOR ORAL LIQUID 15 GRAM-105 KCAL/30 ML	Tier 1	PA
MANNXTRA ORAL POWDER	Tier 1	PA
MONOGEN ORAL POWDER	Tier 1	PA
NOURISH ORIGINAL FORMULA ORAL LIQUID	Tier 1	PA
NOVASOURCE RENAL 2 CAL ORAL LIQUID 0.09 GRAM- 2 KCAL/ML	Tier 1	PA
NUTRAFIT ORAL LIQUID	Tier 1	PA
NUTRAFIT PLUS ORAL LIQUID	Tier 1	PA
NUTREN 1.0 WITH FIBER ORAL LIQUID 0.04 GRAM- 1 KCAL/ML	Tier 1	PA
NUTREN JUNIOR FIBER ORAL LIQUID 0.03-1 GRAM-KCAL/ML	Tier 1	PA
NUTREN JUNIOR ORAL LIQUID 0.03-1 GRAM-KCAL/ML	Tier 1	PA
NUTRI-DRINK ORAL LIQUID	Tier 1	PA
NUTRISURE PLUS ORAL LIQUID 0.05-1.5 GRAM-KCAL/ML	Tier 1	PA
NUTRITIONAL DRINK MIX ORAL POWDER	Tier 1	PA
NUTRITIONAL DRINK ORAL LIQUID	Tier 1	PA
NUTRITIONAL DRINK PLUS ORAL LIQUID	Tier 1	PA
NUTRITIONAL SHAKE ORAL LIQUID , 0.04-0.93 GRAM-KCAL/ML, 0.04-1.05 GRAM-KCAL/ML	Tier 1	PA
NUTRITIONAL SHAKE PLUS ORAL LIQUID , 0.05-1.5 GRAM-KCAL/ML	Tier 1	PA
ORANGE CHICKN-CARROT-BRWN RICE ORAL LIQUID	Tier 1	PA
ORGANIC PEDIASMART ORAL POWDER 7 GRAM-237 KCAL/52 GRAM	Tier 1	PA
OSMOLITE 1 CAL ORAL LIQUID 0.04 GRAM-1.06 KCAL/ML	Tier 1	PA
OSMOLITE 1.2 CAL ORAL LIQUID 0.06 GRAM-1.2 KCAL/ML	Tier 1	PA
OSMOLITE 1.5 CAL ORAL LIQUID 0.06 GRAM-1.5 KCAL/ML	Tier 1	PA
PEDIASURE ENTERAL ORAL LIQUID 0.03-1 GRAM-KCAL/ML	Tier 1	PA
PEDIASURE ENTERAL W/FIBER 1.0 ORAL LIQUID 0.03-1 GRAM-KCAL/ML	Tier 1	PA
PEDIASURE GROW-GAIN ORAL LIQUID 0.03-1 GRAM-KCAL/ML	Tier 1	PA
PEDIASURE GROW-GAIN ORGANIC ORAL LIQUID 0.03-1 GRAM-KCAL/ML	Tier 1	PA

Drug	Status	Notes
PEDIASURE HARVEST FEEDING TUBE LIQUID 0.04 GRAM- 1 KCAL/ML	Tier 1	PA
PEDIASURE ORAL LIQUID 0.03-1 GRAM-KCAL/ML, 0.06-1.5 GRAM-KCAL/ML	Tier 1	PA
PEDIASURE PEPTIDE 1.0 CAL ORAL LIQUID 0.03-1 GRAM-KCAL/ML	Tier 1	PA
PEDIASURE PEPTIDE 1.5 CAL ORAL LIQUID 0.045-1.5 GRAM-KCAL/ML	Tier 1	PA
PEDIASURE SIDEKICKS CLEAR ORAL LIQUID 0.03-0.6 GRAM-KCAL/ML	Tier 1	PA
PEDIASURE SIDEKICKS ORAL LIQUID 0.04-0.8 GRAM-KCAL/ML	Tier 1	PA
PEDIASURE WITH FIBER ORAL LIQUID 0.03-1 GRAM-KCAL/ML, 0.06-1.5 GRAM-KCAL/ML	Tier 1	PA
PEDIATRIC BALANCED NUTRITION ORAL LIQUID 0.03-1 GRAM-KCAL/ML	Tier 1	PA
PEDIATRIC DRINK WITH FIBER ORAL LIQUID 0.03-1 GRAM-KCAL/ML	Tier 1	PA
PEDIATRIC PEPTIDE FORMULA 1.5 ORAL LIQUID	Tier 1	PA
PEDIATRIC STANDARD FORMULA 1.2 ORAL LIQUID	Tier 1	PA
PEPTAMEN 1.5 CAL WITH PREBIO1 ORAL LIQUID 0.068 GRAM- 1.5 KCAL/ML	Tier 1	PA
PEPTAMEN AF ORAL SUSPENSION 0.0756-1.2 GRAM-KCAL/ML	Tier 1	PA
PEPTAMEN JUNIOR FIBER ORAL LIQUID 0.03-1 GRAM-KCAL/ML	Tier 1	PA
PEPTAMEN JUNIOR ORAL LIQUID 0.03-1 GRAM-KCAL/ML	Tier 1	PA
PEPTAMEN JUNIOR WITH PREBIO1 ORAL LIQUID 0.03-1 GRAM-KCAL/ML	Tier 1	PA
PEPTIDE FORMULA 1.5 ORAL LIQUID	Tier 1	PA
PIVOT 1.5 CAL FEEDING TUBE LIQUID 0.09 GRAM- 1.5 KCAL/ML	Tier 1	PA
POLYCAL ORAL POWDER 96 GRAM-384 KCAL/100 GRAM	Tier 1	PA
PRE-PROTEIN ORAL LIQUID 15-60 GRAM-KCAL/30 ML	Tier 1	PA
PROCEL 100 ORAL POWDER	Tier 1	PA
PROCEL ORAL POWDER	Tier 1	PA
PROMOD PROTEIN ORAL LIQUID	Tier 1	PA
PROMOTE ORAL LIQUID 0.06 GRAM-1 KCAL/ML	Tier 1	PA

Drug	Status	Notes
PROMOTE WITH FIBER ORAL LIQUID 0.06 GRAM-1 KCAL/ML	Tier 1	PA
PROSOURCE NO CARB ORAL LIQUID 15-60 GRAM-KCAL/30 ML	Tier 1	PA
PROSOURCE NO CARB ORAL LIQUID IN PACKET 15-60 GRAM-KCAL/30 ML	Tier 1	PA
PROSOURCE ORAL LIQUID 10-100 GRAM-KCAL/30 ML	Tier 1	PA
PROSOURCE ORAL POWDER	Tier 1	PA
PROSOURCE PLUS ORAL LIQUID 15-100 GRAM-KCAL/30 ML	Tier 1	PA
PROSOURCE PLUS ORAL LIQUID IN PACKET 15-100 GRAM-KCAL/30 ML	Tier 1	PA
PROSOURCE ZAC ORAL LIQUID 17-70 GRAM-KCAL/30 ML	Tier 1	PA
PRO-STAT AWC ORAL LIQUID 17-100 GRAM-KCAL/30 ML	Tier 1	PA
PRO-STAT AWC ORAL LIQUID IN PACKET 17-100 GRAM-KCAL/30 ML	Tier 1	PA
PRO-STAT RENAL CARE ORAL LIQUID 15-100 GRAM-KCAL/30 ML	Tier 1	PA
PRO-STAT RENAL CARE ORAL LIQUID IN PACKET 15 GRAM- 100 KCAL/30 ML	Tier 1	PA
PRO-STAT SUGAR FREE ORAL LIQUID 15-100 GRAM-KCAL/30 ML	Tier 1	PA
PRO-STAT SUGAR FREE ORAL LIQUID IN PACKET 15 GRAM- 100 KCAL/30 ML	Tier 1	PA
PROTEIN NUTRITIONAL SHAKE ORAL LIQUID	Tier 1	PA
protein oral powder (Boost High Protein)	Tier 1	PA
PROTEINEX ORAL LIQUID 15-60 GRAM-KCAL/30 ML	Tier 1	PA
PROTEINEX-18 ORAL LIQUID 18-72 GRAM-KCAL/30 ML	Tier 1	PA
PROVIDE GOLD REGULAR ORAL LIQUID 15-101 GRAM-KCAL/30 ML	Tier 1	PA
PROVIDE GOLD SUGAR FREE ORAL LIQUID 15-60 GRAM-KCAL/30 ML	Tier 1	PA
QUINOA-KALE-HEMP ORAL LIQUID	Tier 1	PA
RE-GEN ORAL LIQUID	Tier 1	PA
REPLETE FIBER ORAL LIQUID 0.06 GRAM- 1 KCAL/ML	Tier 1	PA
REPLETE ORAL LIQUID 0.06 GRAM-1 KCAL/ML	Tier 1	PA
RESOURCE 2.0 ORAL LIQUID	Tier 1	PA

Drug		Status	Notes
SALMON-OATS-SQUASH ORAL LIQUID		Tier 1	PA
SCANDISHAKE ORAL POWDER		Tier 1	PA
SIMILAC LAMEHADRIN ORAL POWDER 6 GRAM-170 KCAL/41 GRAM		Tier 1	PA
SOL CARB ORAL POWDER 94.5 GRAM-376 KCAL/100 GRAM		Tier 1	
STANDARD FORMULA 1.0 ORAL LIQUID		Tier 1	PA
TWOCAL HN ORAL LIQUID 0.08-2 GRAM-KCAL/ML		Tier 1	PA
Drugs To Treat Hereditary Tyrosinemia			
nitisinone oral capsule 10 mg, 2 mg, 5 mg	(Orfadin)	Tier 1	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG		Tier 2	PA
ORFADIN ORAL CAPSULE 20 MG		Tier 2	PA
ORFADIN ORAL SUSPENSION 4 MG/ML		Tier 2	PA
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing			
CERDELGA ORAL CAPSULE 84 MG		Tier 2	PA
miglustat oral capsule 100 mg	(Zavesca)	Tier 1	PA
General Anesthetics,Inhalant			
isoflurane inhalation liquid 99.9 %	(Terrell)	Tier 1	
sevoflurane inhalation liquid	(Ultane)	Tier 1	
TERRELL INHALATION LIQUID 99.9 %		Tier 1	
General Inhalation Agents			
sodium chloride inhalation solution for nebulization 0.9 %, 10 %		Tier 1	
sodium chloride inhalation solution for nebulization 3 %	(NebuSal)	Tier 1	
sodium chloride inhalation solution for nebulization 7 %	(Hyper-Sal)	Tier 1	
Hearing Aids And Related Devices			
HEARING AID BATTERIES		Tier 1	
Infant Formulas			
ADVANTAGE WITH IRON ORAL POWDER 2.07-5.6 GRAM/100 KCAL		Tier 1	PA
BCAD 1 ORAL POWDER 16.2-500 GRAM-KCAL/100 G		Tier 1	PA
CALCILO XD ORAL POWDER		Tier 1	PA
CYCLINEX-1 ORAL POWDER 7.5-510 G-KCAL/100 G		Tier 1	PA
ELECARE INFANT FORMULA ORAL POWDER 3.1-4.8-10.7 GRAM/100 KCAL		Tier 1	PA

Drug	Status	Notes
ENFAMIL A.R. ORAL POWDER 2.5-5.1-11.3 GRAM/100 KCAL	Tier 1	PA
GERBER GOOD START GENTLE ORAL POWDER 2.2-5.1-11.6 GRAM/100 KCAL	Tier 1	PA
GERBER NATURA STAGE 1 ORAL POWDER 2.07-5.1-12 GRAM/100 KCAL	Tier 1	PA
GERBER NATURA STAGE 2 ORAL POWDER 2.07-5.1-12 GRAM/100 KCAL	Tier 1	PA
GLUTAREX-1 ORAL POWDER 15-480 G-KCAL/100 G	Tier 1	PA
HCY 1 POWDER ORAL POWDER 16.2-500 GRAM-KCAL/100 G	Tier 1	PA
HOMINEX-1 ORAL POWDER 15-480 GRAM-KCAL	Tier 1	PA
I-VALEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM	Tier 1	PA
KETONEX-1 ORAL POWDER 15-480 G-KCAL	Tier 1	PA
MSUD ANALOG ORAL POWDER 13-475 GRAM-KCAL/100 G	Tier 1	PA
NEOCATE INFANT DHA-ARA ORAL POWDER 2.8-5.1 GRAM/100 KCAL	Tier 1	PA
NUTRAMIGEN WITH ENFLORA LGG ORAL POWDER 2.8-5.3-10.3 GRAM/100 KCAL	Tier 1	PA
OA 1 POWDER ORAL POWDER 15.7-500 G-KCAL/100 G	Tier 1	PA
PFD TODDLER ORAL POWDER 530 KCAL/100 GRAM	Tier 1	PA
PRO-PHREE ORAL POWDER 5.5-12.7 GRAM/100 KCAL	Tier 1	PA
PROPIMEX-1 ORAL POWDER 15-480 G-KCAL/100 G	Tier 1	PA
PURE BLISS ORAL POWDER 2.07-5.6 GRAM/100 KCAL	Tier 1	PA
SIMILAC ADVANCE LAMEHADRIN ORAL POWDER 2.16-5.3-10.9 GRAM/100 KCAL	Tier 1	PA
SIMILAC ADVANCE ORAL POWDER 2.2-5.6 GRAM/100 KCAL	Tier 1	PA
SIMILAC ADVANCE WITH IRON ORAL POWDER 2.07-5.6 GRAM/100 KCAL	Tier 1	PA
SIMILAC ALIMENTUM ORAL POWDER 2.75-5.54-10.2 GRAM/100 KCAL	Tier 1	PA
SIMILAC SENSITIVE FUSS AND GAS ORAL POWDER 2.2-5.4-11 GRAM/100 KCAL	Tier 1	PA

Drug		Status	Notes
TYREX-1 ORAL POWDER 15-480 GRAM-KCAL		Tier 1	PA
TYROS 1 ORAL POWDER 16.7-500 G-KCAL		Tier 1	PA
WND 1 ORAL POWDER 6.5-500 G-KCAL/100 G		Tier 1	PA
XMET ANALOG ORAL POWDER 13-475 G-KCAL/100 G		Tier 1	PA
Medical Imaging Supplies			
GRAFCO ULTRASOUND TOPICAL GEL		Tier 1	
H-R ULTRASOUND JELLY TOPICAL GEL		Tier 1	
Metabolic Deficiency Agents			
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML		Tier 2	
levocarnitine (with sugar) oral solution 100 mg/ml	(Carnitor)	Tier 1	PA
levocarnitine oral tablet 330 mg	(Carnitor)	Tier 1	PA
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
Metallic Poison,Agents To Treat			
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	(Exjade)	Tier 1	PA
deferoxamine injection recon soln 2 gram, 500 mg	(Desferal)	Tier 1	PA
FERRIPROX ORAL SOLUTION 100 MG/ML		Tier 2	PA
FERRIPROX ORAL TABLET 1,000 MG, 500 MG		Tier 2	PA
Neutralizing Agents For Disinfectant Cleaners			
HYDE-OUT ALDEHYDE NEUTRALIZER SOLUTION 18-2.4 %		Tier 1	
Nose Preparations, Miscellaneous (Otc)			
LITTLE REMEDIES SALINE MIST NASAL AEROSOL,SPRAY 0.9 %		Tier 1	
NASAL MIST NASAL AEROSOL,SPRAY 0.9 %		Tier 1	
STERILE SALINE NASAL AEROSOL,SPRAY 0.9 %		Tier 1	
Nut.Tx Phenylketonuria (Pku) Formulations			
GLYTACTIN RESTORE 10 PE ORAL LIQUID 2 GRAM-34 KCAL/100 ML		Tier 1	PA

Drug	Status	Notes
GLYTACTIN RTD LITE 15 ORAL LIQUID 6 GRAM-48 KCAL/100 ML	Tier 1	PA
PERIFLEX ADVANCE ORAL POWDER 35-369 GRAM-KCAL/100 G, 35-385 GRAM-KCAL/100 G	Tier 1	PA
PERIFLEX JUNIOR ORAL POWDER 25 GRAM-374 KCAL/100 GRAM, 25 GRAM-394 KCAL/100 GRAM	Tier 1	PA
PHENEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM	Tier 1	PA
PHENEX-2 ORAL POWDER 30-410 GRAM-KCAL/100 G	Tier 1	PA
PHENYLADE 60 ORAL POWDER 60-295 GRAM-KCAL/100G, 60-327 GRAM-KCAL/100 G	Tier 1	PA
PHENYLADE ESSENTIAL ORAL POWDER 25-390 GRAM-KCAL/100 G	Tier 1	PA
PHENYLADE GMP MIX-IN ORAL POWDER 80 GRAM-334 KCAL/100 GRAM	Tier 1	PA
PHENYLADE GMP READY ORAL LIQUID 10 GRAM-110 KCAL/250 ML	Tier 1	PA
PHENYL-FREE 1 ORAL POWDER 16.2-500 GRAM-KCAL/100 G	Tier 1	PA
PHENYL-FREE 2 PKU ORAL POWDER 22 GRAM-410 KCAL/100 GRAM	Tier 1	PA
PHENYL-FREE 2HP PKU ORAL POWDER 40 GRAM-390 KCAL/100 GRAM	Tier 1	PA
PKU COOLER 10 ORAL SUSPENSION 0.12-0.71 G-KCAL/ML	Tier 1	PA
PKU COOLER 15 ORAL SUSPENSION 0.12-0.71 G-KCAL/ML	Tier 1	PA
PKU COOLER 20 ORAL SUSPENSION 0.12-0.71 G-KCAL/ML	Tier 1	PA
PKU LOPHLEX ORAL LIQUID IN PACKET 20-115 GRAM-KCAL/125ML, 20-116 GRAM-KCAL	Tier 1	PA
PKU TRIO ORAL POWDER 30 GRAM-404 KCAL/100 GRAM	Tier 1	PA
Nutritional Therapy, Med Cond Special Formulation		
BCAD 2 ORAL POWDER 24-410 GRAM-KCAL/100 G	Tier 1	PA
BOOST GLUCOSE CONTROL ORAL LIQUID 0.06-1.1 GRAM-KCAL/ML, 0.07-0.8 GRAM-KCAL/ML	Tier 1	PA

Drug	Status	Notes
COMPLEX MSUD AMINO ACID BLEND ORAL POWDER 10-42 GRAM-KCAL/13 G	Tier 1	PA
CYCLINEX-2 ORAL POWDER 15 GRAM-440 KCAL/100 GRAM	Tier 1	PA
DIABETISHIELD ORAL LIQUID 0.03-0.6 GRAM-KCAL/ML	Tier 1	PA
DIABETISOURCE AC ORAL LIQUID 0.06-1.2 GRAM-KCAL/ML	Tier 1	PA
ELECARE JR ORAL POWDER 14.3 GRAM-469 KCAL/100 GRAM	Tier 1	PA
ELECARE ORAL POWDER 14.5 GRAM-475 KCAL/100 GRAM	Tier 1	PA
ENSURE CLEAR ORAL LIQUID 0.035-1 GRAM-KCAL/ML	Tier 1	PA
ENSURE SURGERY ORAL LIQUID 0.08-1.4 GRAM-KCAL/ML	Tier 1	PA
EO28 SPLASH ORAL LIQUID 0.025-1 GRAM-KCAL/ML	Tier 1	PA
ESSENTIAL AMINO ACID MIX ORAL POWDER 79-316 GRAM-KCAL/100 G	Tier 1	PA
GLUCERNA 1 CAL ORAL LIQUID 0.04-1 GRAM-KCAL/ML	Tier 1	PA
GLUCERNA 1.2 CAL ORAL LIQUID 0.06-1.2 GRAM-KCAL/ML	Tier 1	PA
GLUCERNA 1.5 CAL ORAL LIQUID 0.08-1.5 GRAM-KCAL/ML	Tier 1	PA
GLUCERNA ADVANCE ORAL LIQUID	Tier 1	PA
GLUCERNA HUNGER SMART ORAL LIQUID	Tier 1	PA
GLUCERNA ORAL LIQUID	Tier 1	PA
GLUCERNA SHAKE ORAL LIQUID	Tier 1	PA
GLUCERNA SNACK SHAKE ORAL LIQUID	Tier 1	PA
GLUCERNA THERAPEUTIC NUTRITION ORAL LIQUID	Tier 1	PA
GLUCO BURST DIABETIC DRINK ORAL SUSPENSION 0.042-0.8 GRAM-KCAL/ML	Tier 1	PA
GLUTAREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM	Tier 1	PA
GLYTROL ORAL LIQUID	Tier 1	PA
HCU COOLER ORAL SUSPENSION 0.115-0.71 GRAM-KCAL/ML	Tier 1	PA
HCU COOLER WITH OMEGA-3 ORAL SUSPENSION 0.115-0.71 GRAM-KCAL/ML	Tier 1	PA

Drug	Status	Notes
HCU COOLER20 ORAL SUSPENSION 0.115-0.71 GRAM-KCAL/ML	Tier 1	PA
HCU LOPHLEX ORAL LIQUID IN PACKET 20 GRAM-120 KCAL/125 ML	Tier 1	PA
HCY 2 ORAL POWDER 22 GRAM-410 KCAL/100 GRAM	Tier 1	PA
HOMINEX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM	Tier 1	PA
IMPACT 1 CAL ORAL LIQUID 0.06-1 GRAM-KCAL/ML	Tier 1	PA
I-VALEX-2 ORAL POWDER 30-410 GRAM-KCAL	Tier 1	PA
KETOCAL 3:1 ORAL POWDER 15.3-699 GRAM-KCAL	Tier 1	PA
KETOCAL 4:1 (MILK-SOY) ORAL LIQUID 3.09 GRAM-150 KCAL/100 ML	Tier 1	PA
KETOCAL 4:1 (MILK-SOY) ORAL POWDER 14.4 GRAM-701 KCAL/100 GRAM	Tier 1	PA
KETONEX-2 ORAL POWDER 30-410 GRAM-KCAL	Tier 1	PA
LEU-FREE COOLER ORAL LIQUID 11.5 GRAM-79 KCAL/100 ML	Tier 1	PA
LIPISTART ORAL POWDER	Tier 1	PA
METHIONAID ORAL POWDER 60 GRAM-250 KCAL/100 GRAM	Tier 1	PA
MMA-PA COOLER15 ORAL LIQUID 11.5 GRAM-79 KCAL/100 ML	Tier 1	PA
MSUD COOLER ORAL SUSPENSION 0.115-0.71 GRAM-KCAL/ML	Tier 1	PA
MSUD COOLER20 ORAL SUSPENSION 0.115-0.71 GRAM-KCAL/ML	Tier 1	PA
MSUD EXPRESS COOLER ORAL SUSPENSION 0.115-0.71 GRAM-KCAL/ML	Tier 1	PA
MSUD LOPHLEX ORAL LIQUID IN PACKET 20 GRAM-120 KCAL/125 ML	Tier 1	PA
NEOCATE JUNIOR ORAL POWDER 16 GRAM-451 KCAL/100 GRAM	Tier 1	PA
NEOCATE JUNIOR WITH PREBIOTICS ORAL POWDER 16 GRAM-459 KCAL/100 GRAM, 16 GRAM-478 KCAL/100 GRAM	Tier 1	PA
NEOCATE NUTRA ORAL POWDER 8.2-472 GRAM-KCAL	Tier 1	PA
NEPRO CARB STEADY ORAL LIQUID 0.08 GRAM-1.8 KCAL/ML	Tier 1	PA

Drug	Status	Notes
NUTREN PULMONARY ORAL LIQUID	Tier 1	PA
OXEPA FEEDING TUBE LIQUID 0.06 GRAM- 1.5 KCAL/ML	Tier 1	PA
PEPTAMEN JUNIOR 1.5 ORAL LIQUID 0.046 GRAM- 1.5 KCAL/ML	Tier 1	PA
PEPTAMEN ORAL LIQUID 0.04 GRAM- 1 KCAL/ML	Tier 1	PA
PERATIVE ORAL LIQUID 0.067-1.30 GRAM-KCAL/ML	Tier 1	PA
PFD 2 ORAL POWDER 400 KCAL/100 GRAM	Tier 1	PA
PROPIMEX-2 ORAL POWDER 30-410 GRAM-KCAL	Tier 1	PA
PULMOCARE ORAL LIQUID	Tier 1	PA
RENA START ORAL POWDER 7.5 GRAM-494 KCAL/100 GRAM	Tier 1	PA
SUPLENA CARB STEADY ORAL LIQUID 0.04 GRAM-1.8 KCAL/ML	Tier 1	PA
TYLACTIN RTD 15 PE ORAL LIQUID 6 GRAM-80 KCAL/100 ML	Tier 1	PA
TYR ANAMIX NEXT ORAL POWDER 28 GRAM-385 KCAL/100 GRAM	Tier 1	PA
TYR COOLER ORAL SUSPENSION 0.115-0.71 GRAM-KCAL/ML	Tier 1	PA
TYR COOLER20 ORAL SUSPENSION 0.115-0.71 GRAM-KCAL/ML	Tier 1	PA
TYR EXPRESS20 ORAL POWDER IN PACKET 60 GRAM-297 KCAL/100 GRAM	Tier 1	PA
TYR GEL POWDER ORAL POWDER IN PACKET 41.7 GRAM-338 KCAL/100 GRAM	Tier 1	PA
TYR LOPHLEX ORAL LIQUID IN PACKET 20 GRAM-120 KCAL/125 ML	Tier 1	PA
TYREX-2 ORAL POWDER 30 GRAM- 410 KCAL/100 GRAM	Tier 1	PA
TYROS 2 ORAL POWDER 22 GRAM- 410 KCAL/100 GRAM	Tier 1	PA
UCD ANAMIX JUNIOR ORAL POWDER 12 GRAM-385 KCAL/100 GRAM	Tier 1	PA
UCD TRIO ORAL POWDER 15 GRAM- 393 KCAL/100 GRAM	Tier 1	PA
VITAL 1.0 CAL ORAL LIQUID 0.04 GRAM- 1 KCAL/ML	Tier 1	PA
VITAL 1.5 CAL ORAL LIQUID 0.07 GRAM- 1.5 KCAL/ML	Tier 1	PA
VITAL AF 1.2 CAL ORAL LIQUID 0.08 GRAM- 1.2 KCAL/ML	Tier 1	PA

Drug		Status	Notes
VITAL PEPTIDE 1.5 CAL ORAL LIQUID 0.07 GRAM- 1.5 KCAL/ML		Tier 1	PA
VIVONEX RTF ORAL LIQUID 0.05-1 GRAM-KCAL/ML		Tier 1	PA
WND 2 ORAL POWDER 8.2-410 G-KCAL/100 G		Tier 1	PA
XMET MAXAMAID ORAL POWDER 25 GRAM-324 KCAL/100 GRAM		Tier 1	PA
XMET MAXAMUM ORAL POWDER 40 GRAM-305 KCAL/100 GRAM		Tier 1	PA
XTRACAL PLUS ORAL LIQUID IN PACKET 14 GRAM-230 KCAL/45 ML		Tier 1	PA
Ointment/Cream Bases			
AQUA GLYCOLIC FACE TOPICAL CREAM		Tier 1	
DERMABASE TOPICAL CREAM		Tier 1	
FINGER CREAM TOPICAL CREAM		Tier 1	
LIP TREATMENT TOPICAL GEL		Tier 1	
PCCA EMOLLIENT BASE TOPICAL CREAM		Tier 1	
petrolatum, yellow (bulk) gel 100 %		Tier 1	
PETROLEUM JELLY TOPICAL GEL		Tier 1	
PETROLEUM JELLY, WHITE TOPICAL GEL		Tier 1	
RADIAGEL TOPICAL GEL		Tier 1	
VANICREAM TOPICAL CREAM		Tier 1	
VASELINE TOPICAL GEL		Tier 1	
white petrolatum topical gel	(Lip Treatment)	Tier 1	
WHITE PETROLEUM JELLY TOPICAL GEL		Tier 1	
Ovulation Tests			
CLEARBLUE DIGITAL OVULATION KIT		Tier 1	
CLEARBLUE EASY OVULATION TEST KIT		Tier 1	
CLEARBLUE FERTILITY MONITOR KIT		Tier 1	
CLEARBLUE FERTILITY STICKS KIT		Tier 1	
EARLY OVULATION TEST KIT		Tier 1	
ONE STEP OVULATION TEST KIT		Tier 1	
ovulation prediction test kit	(Clearblue Digital Ovulation)	Tier 1	
REVEAL OVULATION PREDICTOR KIT		Tier 1	
REVEAL OVULATION TEST KIT		Tier 1	
Pregnancy And Ovulation Tests			
REVEAL GET PREGNANT QUICK COMBO PACK		Tier 1	
Pregnancy Tests			
DIGITAL PREGNANCY TEST KIT		Tier 1	

Drug		Status	Notes
EARLY PREGNANCY TEST KIT		Tier 1	
EARLY RESULT PREGNANCY TEST KIT		Tier 1	
ONE STEP PREGNANCY TEST KIT		Tier 1	
pregnancy test kit	(Digital Pregnancy Test)	Tier 1	
REVEAL PREGNANCY TEST KIT		Tier 1	
Protein Replacement			
COMPLETE AMINO ACID MIX ORAL POWDER 82-328 GRAM-KCAL/100 G		Tier 1	
IMMULIFE ORAL POWDER		Tier 1	PA
K-PAX IMMUNE BOOSTER ORAL POWDER 24 GRAM-240 KCAL/65 GRAM		Tier 1	PA
K-PAX ORAL POWDER 20-400 GRAM-MCG		Tier 1	
NUTRASENTIALS ORAL POWDER		Tier 1	
Rubber Syringes			
CHILD EAR SYRINGE		Tier 1	
ear syringe	(Child Ear Syringe)	Tier 1	
ENEMA SYRINGE SYRINGE,REUSABLE		Tier 1	
FEMININE BULB SYRINGE SYRINGE,REUSABLE		Tier 1	
FEMININE COMPACT TRAVEL SYRNGE SYRINGE,REUSABLE		Tier 1	
FEMININE FOLDING SYRINGE SYRINGE,REUSABLE		Tier 1	
INFANT EAR SYRINGE		Tier 1	
NASAL ASPIRATOR		Tier 1	
rectal syringe (reusable) syringe,reusable	(Enema Syringe)	Tier 1	
Sexual Dysfunction Devices			
RAPPORT VACUUM THERAPY KIT		Tier 1	
Solvents			
ALCOHOL, RUBBING SOLUTION 70 %		Tier 1	
DY-O-DERM SOLUTION		Tier 1	
INSTACLEAN SOLUTION		Tier 1	
isopropyl alcohol solution 70 %	(Alcohol, Rubbing)	Tier 1	
isopropyl alcohol solution 91 %, 99 %		Tier 1	
Somatostatic Agents			
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml		Tier 1	
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	(Sandostatin)	Tier 1	
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)		Tier 1	

Drug	Status	Notes
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 2	PA
Suspending Agents		
silica gel,amorp syn mc (bulk) powder 100 %	Tier 5	
SUSPENDOL-S LIQUID 0.2-0.2 %	Tier 5	
Thickening Agents, Oral		
DIAFOODS THICK-IT #2 ORAL POWDER	Tier 1	
DIAFOODS THICK-IT #2 ORAL POWDER IN PACKET	Tier 1	
DIAFOODS THICK-IT ORAL POWDER	Tier 1	
DIAFOODS THICK-IT ORAL POWDER IN PACKET	Tier 1	
INSTANT FOOD THICKENER ORAL POWDER	Tier 1	
RESOURCE THICKENUP ORAL PACKET	Tier 1	
RESOURCE THICKENUP ORAL POWDER	Tier 1	
SIMPLYTHICK ORAL GEL 15 GRAM	Tier 1	
SIMPLYTHICK ORAL GEL IN PACKET 120 GRAM, 15 GRAM, 240 GRAM, 30 GRAM	Tier 1	
SIMPLYTHICK ORAL GEL WITH PUMP 15 GRAM	Tier 1	
THICK AND EASY ORAL POWDER	Tier 1	
THICK AND EASY ORAL POWDER IN PACKET	Tier 1	
THICK NOW ORAL POWDER	Tier 1	
THICKEN UP CLEAR ORAL POWDER	Tier 1	
THICK-IT #2 ORAL POWDER	Tier 1	
THICK-IT #2 ORAL POWDER IN PACKET	Tier 1	
THICK-IT ORAL POWDER	Tier 1	
THICK-IT ORAL POWDER IN PACKET	Tier 1	
THIK AND CLEAR ORAL PACKET	Tier 1	
THIK AND CLEAR ORAL POWDER	Tier 1	
Urine Acetone Test Aids		
KETONE CARE STRIP	Tier 5	
KETONE URINE TEST STRIP	Tier 5	
KETOSTIX STRIP	Tier 5	
TRUEPLUS KETONE STRIP	Tier 5	
Urine Multiple Test Aids		
CHEK-STIX CONTROL STRIP	Tier 5	
CHEMSTRIP 10 MD STRIP	Tier 5	

Drug	Status	Notes
CHEMSTRIP 10/SG STRIP	Tier 5	
CHEMSTRIP 2 GP STRIP	Tier 5	
CHEMSTRIP 50B STRIP	Tier 5	
CHEMSTRIP 7 STRIP	Tier 5	
CHEMSTRIP 9 STRIP	Tier 5	
COMBISTIX REAGENT STRIP	Tier 5	
HEMA-COMBISTIX STRIP	Tier 5	
LABSTIX REAGENT STRIP	Tier 5	
MULTISTIX 10 SG STRIP	Tier 5	
MULTISTIX 5 STRIP	Tier 5	
MULTISTIX 7 STRIP	Tier 5	
MULTISTIX 8 SG STRIP	Tier 5	
MULTISTIX 9 SG STRIP	Tier 5	
MULTISTIX 9 STRIP	Tier 5	
MULTISTIX STRIP	Tier 5	
URISTIX 4 STRIP	Tier 5	
URISTIX REAGENT STRIP	Tier 5	
Urine Test Aids,Miscellaneous		
AZO TEST STRIPS STRIP	Tier 1	
Vehicles		
citric acid (bulk) powder	Tier 5	
ORA-BLEND ORAL SUSPENSION	Tier 5	
ORA-BLEND SF ORAL SUSPENSION	Tier 5	
ORA-PLUS ORAL SUSPENSION	Tier 5	
ORA-SWEET ORAL SYRUP	Tier 5	
ORA-SWEET SF ORAL LIQUID	Tier 5	
simple syrup oral syrup	Tier 5	
Wound Healing Agents, Local		
balsam peru-castor oil topical ointment (BPCO)	Tier 1	
BPCO TOPICAL OINTMENT	Tier 1	
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
ESBRIET ORAL CAPSULE 267 MG	Tier 2	PA
ESBRIET ORAL TABLET 267 MG, 801 MG	Tier 2	PA
Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator		
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	Tier 2	PA
KALYDECO ORAL TABLET 150 MG	Tier 2	PA
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	Tier 2	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 2	PA

Drug		Status	Notes
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)		Tier 2	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)		Tier 2	PA
Mucolytics			
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)		Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML		Tier 2	PA
Pulmonary Fibrosis - Systemic Enzyme Inhibitors			
OFEV ORAL CAPSULE 100 MG, 150 MG		Tier 2	PA
Pain Management - Analgesics			
Analgesic, Non-Salicylate & Barbiturate Comb.			
butalbital-acetaminophen oral tablet 50-325 mg	(Tencon)	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 1	
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 1	
VANATOL LQ ORAL SOLUTION 50-325-40 MG/15 ML		Tier 1	
VANATOL S ORAL SOLUTION 50-325-40 MG/15 ML		Tier 1	
VTOL LQ ORAL SOLUTION 50-325-40 MG/15 ML		Tier 1	
ZEBUTAL ORAL CAPSULE 50-325-40 MG		Tier 1	
Analgesic/Antipyretics, Salicylates			
ADDED STRENGTH HEADACHE RELIEF ORAL TABLET 250-250-65 MG		Tier 5	
aspirin oral tablet 325 mg	(Bayer Aspirin)	Tier 5	QL (100 EA per 1 FILL)

Drug		Status	Notes
aspirin oral tablet,delayed release (dr/ec) 325 mg	(E.C. Prin)	Tier 5	QL (100 EA per 1 FILL)
aspirin rectal suppository 300 mg, 600 mg		Tier 5	
BACK AND BODY PAIN RELIEVER ORAL TABLET 500-32.5 MG		Tier 5	
choline,magnesium salicylate oral liquid 500 mg/5 ml		Tier 1	
diflunisal oral tablet 500 mg		Tier 1	
E.C. PRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG		Tier 5	QL (100 EA per 1 FILL)
EXCEDRIN MIGRAINE ORAL TABLET 250-250-65 MG		Tier 5	
EXTRA PAIN RELIEF ORAL TABLET 250-250-65 MG		Tier 5	
EXTRAPRIN ORAL TABLET 250-250-65 MG		Tier 5	
GOODY'S MIGRAINE RELIEF ORAL TABLET 250-250-65 MG		Tier 5	
HEADACHE FORMULA ADDED STR ORAL TABLET 250-250-65 MG		Tier 5	
HEADACHE RELIEF (ASA-ACET-CAF) ORAL TABLET 250-250-65 MG		Tier 5	
MIGRAINE FORMULA ORAL TABLET 250-250-65 MG		Tier 5	
MIGRAINE RELIEF ORAL TABLET 250-250-65 MG		Tier 5	
PAIN RELIEVER (ACETAM-ASPIRIN) ORAL TABLET 250-250-65 MG		Tier 5	
PAIN RELIEVER PLUS ORAL TABLET 250-250-65 MG		Tier 5	
PAIN-OFF ORAL TABLET 250-250-65 MG		Tier 5	
salsalate oral tablet 500 mg, 750 mg	(Disalcid)	Tier 1	
TRI-BUFFERED ASPIRIN ORAL TABLET 325 MG		Tier 5	
Analgesic/Antipyretics,Non-Salicylate			
8 HOUR PAIN RELIEVER ORAL TABLET EXTENDED RELEASE 650 MG		Tier 5	
8HR MUSCLE ACHES-PAIN ORAL TABLET EXTENDED RELEASE 650 MG		Tier 5	
acetaminophen oral solution 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml		Tier 5	
acetaminophen oral tablet 325 mg	(Mapap (acetaminophen))	Tier 5	
acetaminophen oral tablet 500 mg	(Mapap Extra Strength)	Tier 5	

Drug		Status	Notes
acetaminophen oral tablet extended release 650 mg	(8 Hour Pain Reliever)	Tier 5	
acetaminophen rectal suppository 120 mg, 650 mg	(Feverall)	Tier 5	
ARTHRITIS PAIN RELIEF (ACETAM) ORAL TABLET EXTENDED RELEASE 650 MG		Tier 5	
CHILDREN'S ACETAMINOPHEN ORAL SUSPENSION 160 MG/5 ML		Tier 5	
CHILDREN'S ACETAMINOPHEN ORAL TABLET,CHEWABLE 160 MG		Tier 5	
CHILDREN'S MAPAP ORAL TABLET,CHEWABLE 80 MG		Tier 5	
CHILDREN'S PAIN RELIEF ORAL SUSPENSION 160 MG/5 ML		Tier 5	
CHILDREN'S PAIN-FEVER RELIEF ORAL SUSPENSION 160 MG/5 ML		Tier 5	
CHILDREN'S SILAPAP ORAL LIQUID 160 MG/5 ML		Tier 5	
FEVERALL RECTAL SUPPOSITORY 120 MG, 325 MG, 650 MG, 80 MG		Tier 5	
INFANT'S ACETAMINOPHEN ORAL SUSPENSION 160 MG/5 ML		Tier 5	
INFANTS' PAIN AND FEVER ORAL SUSPENSION 160 MG/5 ML		Tier 5	
INFANT'S PAIN RELIEF ORAL DROPS,SUSPENSION 80 MG/0.8 ML		Tier 5	
INFANTS' PAIN RELIEF ORAL SUSPENSION 160 MG/5 ML		Tier 5	
MAPAP (ACETAMINOPHEN) ORAL CAPSULE 500 MG		Tier 5	
MAPAP (ACETAMINOPHEN) ORAL TABLET 325 MG		Tier 5	
MAPAP ARTHRITIS PAIN ORAL TABLET EXTENDED RELEASE 650 MG		Tier 5	
MAPAP EXTRA STRENGTH ORAL TABLET 500 MG		Tier 5	
NON-ASPIRIN PAIN RELIEF ORAL TABLET 500 MG		Tier 5	
PAIN AND FEVER ORAL TABLET 325 MG		Tier 5	
PAIN RELIEF (ACETAMINOPHEN) ORAL TABLET 500 MG		Tier 5	
PAIN RELIEF (ACETAMINOPHEN) ORAL TABLET EXTENDED RELEASE 650 MG		Tier 5	

Drug	Status	Notes
PAIN RELIEF EXTRA STRENGTH ORAL TABLET 500 MG	Tier 5	
PAIN RELIEF REGULAR STRENGTH ORAL TABLET 325 MG	Tier 5	
PAIN RELIEVER EXTRA STRENGTH ORAL TABLET 500 MG	Tier 5	
PAIN RELIEVER ORAL TABLET 325 MG, 500 MG	Tier 5	
PHARBETOL ORAL TABLET 325 MG	Tier 5	
TACTINAL EXTRA STRENGTH ORAL TABLET 500 MG	Tier 5	
TACTINAL ORAL TABLET 325 MG	Tier 5	
TENSION HEADACHE ORAL TABLET 500-65 MG	Tier 5	
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		
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	Tier 1	

Drug	Status	Notes
buprenorphine hcl injection solution 0.3 mg/ml (Buprenex)	Tier 1	ST: Must meet any of the following requirements. 7 DS Abstral IN 120 DAYS;7 DS Acetaminophen With Codeine IN 120 DAYS;7 DS Acetaminophen/caff/dihydrocod IN 120 DAYS;7 DS Apadaz IN 120 DAYS;7 DS Arymo Er IN 120 DAYS;7 DS Aspirin/caffein/dihydrocodeine IN 120 DAYS;7 DS Belbuca IN 120 DAYS;7 DS Benzhydrocodone/acetaminophen IN 120 DAYS;7 DS Buprenex IN 120 DAYS;7 DS Buprenorphine Hcl IN 120 DAYS;7 DS Buprenorphine IN 120 DAYS;7 DS Butalbit/acetamin/caff/codeine IN 120 DAYS;7 DS Capital W-codeine IN 120 DAYS;7 DS Codeine Sulfate IN 120 DAYS;7 DS Codeine/butalbital/asa/caffein IN 120 DAYS;7 DS Demerol IN 120 DAYS;7 DS Dilaudid IN 120 DAYS;7 DS Dilaudid-hp IN 120 DAYS;7 DS Dsuvia IN 120 DAYS;7 DS Embeda IN 120 DAYS;7 DS Fentanyl Citrate IN 120 DAYS;7 DS Fentanyl Citrate/pf IN 120 DAYS;7 DS Fentanyl IN 120 DAYS;7 DS Fentora IN 120 DAYS;7 DS Hydrocodone Bitartrate IN 120 DAYS;7 DS Hydrocodone-acetaminophen IN 120 DAYS;7 DS Hydrocodone/acetaminophen IN 120 DAYS;7 DS Hydrocodone/ibuprofen IN 120 DAYS;7 DS Hydromorphone Hcl IN 120 DAYS;7 DS Hydromorphone Hcl/pf IN 120 DAYS;7 DS Hysingla Er IN 120 DAYS;7 DS Ibuprofen/oxycodone Hcl IN 120 DAYS;7 DS Ionsys IN 120 DAYS;7 DS Kadian IN 120 DAYS;7 DS Lazanda IN 120 DAYS;7 DS Levorphanol Tartrate
VNSNY 07/01/2020		

Drug	Status	Notes
buprenorphine hcl injection syringe 0.3 mg/ml	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription

Drug	Status	Notes
buprenorphine transdermal patch weekly (Butrans) *10 mcg/hour, 15 mcg/hour, 5 mcg/hour, 7.5 mcg/hour*	Tier 1	ST: Must meet any of the following requirements. 7 DS Abstral IN 120 DAYS;7 DS Acetaminophen With Codeine IN 120 DAYS;7 DS Acetaminophen/caff/dihydrocod IN 120 DAYS;7 DS Apadaz IN 120 DAYS;7 DS Arymo Er IN 120 DAYS;7 DS Aspirin/caffein/dihydrocodeine IN 120 DAYS;7 DS Belbuca IN 120 DAYS;7 DS Benzhydrocodone/acetaminophen IN 120 DAYS;7 DS Buprenex IN 120 DAYS;7 DS Buprenorphine Hcl IN 120 DAYS;7 DS Buprenorphine IN 120 DAYS;7 DS Butalbit/acetamin/caff/codeine IN 120 DAYS;7 DS Capital W-codeine IN 120 DAYS;7 DS Codeine Sulfate IN 120 DAYS;7 DS Codeine/butalbital/asa/caffein IN 120 DAYS;7 DS Demerol IN 120 DAYS;7 DS Dilaudid IN 120 DAYS;7 DS Dilaudid-hp IN 120 DAYS;7 DS Dsuvia IN 120 DAYS;7 DS Embeda IN 120 DAYS;7 DS Fentanyl Citrate IN 120 DAYS;7 DS Fentanyl Citrate/pf IN 120 DAYS;7 DS Fentanyl IN 120 DAYS;7 DS Fentora IN 120 DAYS;7 DS Hydrocodone Bitartrate IN 120 DAYS;7 DS Hydrocodone-acetaminophen IN 120 DAYS;7 DS Hydrocodone/acetaminophen IN 120 DAYS;7 DS Hydrocodone/ibuprofen IN 120 DAYS;7 DS Hydromorphone Hcl IN 120 DAYS;7 DS Hydromorphone Hcl/pf IN 120 DAYS;7 DS Hysingla Er IN 120 DAYS;7 DS Ibuprofen/oxycodone Hcl IN 120 DAYS;7 DS Ionsys IN 120 DAYS;7 DS Kadian IN 120 DAYS;7 DS Lazanda IN 120 DAYS;7 DS Levorphanol Tartrate

Drug	Status	Notes
buprenorphine transdermal patch weekly 20 mcg/hour (Butrans)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	Tier 1	
butorphanol tartrate nasal spray,non-aerosol 10 mg/ml	Tier 1	
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
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)
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 transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr (Duragesic)	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 3 days)
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 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
hydromorphone oral tablet extended release 24 hr 32 mg	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
hydromorphone rectal suppository 3 mg	Tier 1	
levorphanol tartrate oral tablet 2 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
meperidine (pf) injection solution 100 mg/ml, 50 mg/ml (Demerol (PF))	Tier 1	
meperidine (pf) injection solution 25 mg/ml	Tier 1	
meperidine injection cartridge 10 mg/ml	Tier 1	

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

Drug	Status	Notes
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg (OxyContin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg (OxyContin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
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	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; 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	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 100 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)

Drug		Status	Notes
tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg		Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
Antimigraine Preparations			
dihydroergotamine injection solution 1 mg/ml	(D.H.E.45)	Tier 1	QL (15 ML per 14 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	Tier 1	ST: Must meet any of the following requirements. 5 DS Rizatriptan Benzoate IN 180 DAYS;5 DS Sumatriptan Succinate IN 180 DAYS; QL (8 ML per 28 days)
rizatriptan oral tablet 10 mg	(Maxalt)	Tier 1	QL (18 EA per 30 days)
rizatriptan oral tablet 5 mg		Tier 1	QL (18 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	Tier 1	QL (18 EA per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		Tier 1	QL (18 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	(Imitrex)	Tier 1	QL (6 EA per 15 days)
sumatriptan succinate oral tablet 100 mg	(Imitrex)	Tier 1	QL (9 EA per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	Tier 1	QL (3 EA per 5 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Refill)	Tier 1	QL (1 ML per 14 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Pen)	Tier 1	QL (1 ML per 14 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	(Imitrex)	Tier 1	QL (5 ML per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml		Tier 1	QL (4 ML per 28 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG		Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in 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 180 days; QL (6 EA per 15 days)
Narc.& Non-Sal.Analgesic,Barbiturate &Xanthine Cmb			
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg	(Fioricet with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg		Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)

Drug		Status	Notes
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)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	(Ascomp with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb			
acetaminophen-codeine oral solution 120-12 mg/5 ml		Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg		Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-30 mg	(Tylenol-Codeine #3)	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 (180 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg	(Lorcet HD)	Tier 1	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral tablet 2.5-325 mg		Tier 1	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-325 mg	(Lorcet (hydrocodone))	Tier 1	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral tablet 7.5-325 mg	(Lorcet Plus)	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)
LORCET PLUS ORAL TABLET 7.5-325 MG		Tier 1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	(Endocet)	Tier 1	QL (12 EA per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg	(Ultracet)	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, 4.2-0.7 MG, 6.3-1 MG		Tier 2	QL (3 EA per 1 day)

Drug		Status	Notes
buprenorphine hcl sublingual tablet 2 mg, 8 mg		Tier 1	QL (3 EA per 1 day)
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	Tier 1	QL (3 EA per 1 day)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		Tier 1	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG		Tier 2	QL (3 EA per 1 day)
Parkinsons Disease			
Antiparkinsonism Drugs,Anticholinergic			
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		Tier 4	
trihexyphenidyl oral elixir 0.4 mg/ml		Tier 4	
trihexyphenidyl oral tablet 2 mg, 5 mg		Tier 4	
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	
bromocriptine oral capsule 5 mg	(Parlodel)	Tier 1	PA
bromocriptine oral tablet 2.5 mg	(Parlodel)	Tier 1	PA
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	
entacapone oral tablet 200 mg	(Comtan)	Tier 1	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR		Tier 2	ST: Prior prescription for immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)

Drug		Status	Notes
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	(Mirapex)	Tier 1	
rasagiline oral tablet 0.5 mg, 1 mg	(Azilect)	Tier 1	QL (1 EA per 1 day)
ropinirole oral tablet 0.25 mg, 3 mg, 5 mg	(Requip)	Tier 1	
ropinirole oral tablet 0.5 mg, 1 mg, 2 mg, 4 mg		Tier 1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 6 mg	(Requip XL)	Tier 1	ST: Prior prescription for immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
ropinirole oral tablet extended release 24 hr 4 mg, 8 mg		Tier 1	ST: Prior prescription for immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
selegiline hcl oral capsule 5 mg		Tier 1	
selegiline hcl oral tablet 5 mg		Tier 1	
Decarboxylase Inhibitors			
carbidopa oral tablet 25 mg	(Lodosyn)	Tier 1	
Seizure Disorder			
Anticonvulsant - Benzodiazepine Type			
clobazam oral suspension 2.5 mg/ml	(Onfi)	Tier 4	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	Tier 4	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Klonopin)	Tier 4	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg		Tier 4	
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG		Tier 4	QL (1 EA per 1 FILL)
DIASTAT RECTAL KIT 2.5 MG		Tier 4	QL (1 EA per 1 FILL)
diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg	(Diastat AcuDial)	Tier 4	QL (1 EA per 1 FILL)
diazepam rectal kit 2.5 mg	(Diastat)	Tier 4	QL (1 EA per 1 FILL)
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 4	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		Tier 4	PA
Anticonvulsant - Cannabinoid Type			
EPIDIOLEX ORAL SOLUTION 100 MG/ML		Tier 2	PA

Drug	Status	Notes
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	Tier 4	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	Tier 4	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (2 EA per 1 day)
BANZEL ORAL SUSPENSION 40 MG/ML	Tier 4	ST: Prior prescription for Divalproex Sodium, Lamictal, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid in 120 days; QL (80 ML per 1 day)
BANZEL ORAL TABLET 200 MG	Tier 4	ST: Prior prescription for Divalproex Sodium, Lamictal, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid in 120 days; QL (16 EA per 1 day)

Drug		Status	Notes
BANZEL ORAL TABLET 400 MG		Tier 4	ST: Prior prescription for Divalproex Sodium, Lamictal, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid in 120 days; QL (8 EA per 1 day)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg	(Carbatrol)	Tier 1	
carbamazepine oral capsule, er multiphase 12 hr 300 mg	(Carbatrol)	Tier 4	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	Tier 4	
carbamazepine oral tablet 200 mg	(Epitol)	Tier 4	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	Tier 4	
carbamazepine oral tablet,chewable 100 mg		Tier 4	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG		Tier 4	
CELONTIN ORAL CAPSULE 300 MG		Tier 4	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 500 MG		Tier 4	
DILANTIN EXTENDED ORAL CAPSULE 100 MG		Tier 4	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG		Tier 4	
DILANTIN ORAL CAPSULE 30 MG		Tier 4	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML		Tier 4	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	Tier 4	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	Tier 4	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	Tier 4	
EPITOL ORAL TABLET 200 MG		Tier 4	
ethosuximide oral capsule 250 mg	(Zarontin)	Tier 4	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	Tier 4	
felbamate oral suspension 600 mg/5 ml	(Felbatol)	Tier 4	ST: Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in 120 days; QL (30 ML per 1 day)
felbamate oral tablet 400 mg	(Felbatol)	Tier 4	ST: Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in 120 days; QL (9 EA per 1 day)

Drug	Status	Notes
felbamate oral tablet 600 mg (Felbatol)	Tier 4	ST: Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in 120 days; QL (6 EA per 1 day)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	Tier 4	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	Tier 4	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (120 EA per 30 days)

Drug	Status	Notes
FYCOMPA ORAL TABLET 4 MG, 6 MG	Tier 4	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (60 EA per 30 days)
gabapentin oral capsule 100 mg, 300 mg, 400 mg (Neurontin)	Tier 4	
gabapentin oral solution 250 mg/5 ml (Neurontin)	Tier 4	
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	Tier 4	
gabapentin oral tablet 600 mg, 800 mg (Neurontin)	Tier 4	
GABITRIL ORAL TABLET 12 MG, 2 MG, 4 MG	Tier 4	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (4 EA per 1 day)

Drug	Status	Notes
GABITRIL ORAL TABLET 16 MG	Tier 4	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (3 EA per 1 day)
KEPPRA ORAL SOLUTION 100 MG/ML	Tier 4	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	Tier 4	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	Tier 4	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG	Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days; QL (3 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 200 MG	Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days; QL (2 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 25 MG, 50 MG	Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days; QL (6 EA per 1 day)
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 4	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	Tier 4	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	Tier 4	

Drug		Status	Notes
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)		Tier 4	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)		Tier 4	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)		Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)		Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)		Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Lamictal)	Tier 4	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)	(Lamictal ODT Starter (Blue))	Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)	(Lamictal ODT Starter (Orange))	Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days
lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)	(Lamictal ODT Starter (Green))	Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days
lamotrigine oral tablet extended release 24hr 100 mg	(Lamictal XR)	Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days; QL (3 EA per 1 day)
lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg	(Lamictal XR)	Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days; QL (2 EA per 1 day)
lamotrigine oral tablet extended release 24hr 25 mg, 50 mg	(Lamictal XR)	Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days; QL (6 EA per 1 day)
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	Tier 4	
lamotrigine oral tablet,disintegrating 100 mg	(Lamictal ODT)	Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days; QL (3 EA per 1 day)

Drug		Status	Notes
lamotrigine oral tablet,disintegrating 200 mg	(Lamictal ODT)	Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days; QL (2 EA per 1 day)
lamotrigine oral tablet,disintegrating 25 mg, 50 mg	(Lamictal ODT)	Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days; QL (6 EA per 1 day)
lamotrigine oral tablets,dose pack 25 mg (35)	(Lamictal Starter (Blue) Kit)	Tier 4	
lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)	(Lamictal Starter (Orange) Kit)	Tier 4	
lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)	(Lamictal Starter (Green) Kit)	Tier 4	
levetiracetam oral solution 100 mg/ml	(Keppra)	Tier 4	
levetiracetam oral solution 500 mg/5 ml (5 ml)		Tier 4	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	Tier 4	
MYSOLINE ORAL TABLET 250 MG, 50 MG		Tier 4	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	Tier 4	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	Tier 4	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG		Tier 4	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (1 EA per 1 day)

Drug		Status	Notes
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG		Tier 4	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (4 EA per 1 day)
PEGANONE ORAL TABLET 250 MG		Tier 4	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG		Tier 4	
phenytoin oral suspension 100 mg/4 ml		Tier 4	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	Tier 4	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	Tier 4	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	Tier 4	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	(Lyrica)	Tier 4	
pregabalin oral solution 20 mg/ml	(Lyrica)	Tier 4	
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 25 MG, 50 MG		Tier 4	ST: Prior prescription for immediate-release Topiramate (tablets, sprinkles, capsules) in 120 days; QL (1 EA per 1 day)
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 150 MG, 200 MG		Tier 4	ST: Prior prescription for immediate-release Topiramate (tablets, sprinkles, capsules) in 120 days; QL (2 EA per 1 day)
ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG		Tier 4	
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG		Tier 4	
SABRIL ORAL TABLET 500 MG		Tier 4	QL (6 EA per 1 day)
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG		Tier 4	
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)		Tier 4	

Drug		Status	Notes
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)		Tier 4	
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)		Tier 4	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG		Tier 4	
tiagabine oral tablet 12 mg, 2 mg, 4 mg	(Gabitril)	Tier 4	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (4 EA per 1 day)
tiagabine oral tablet 16 mg	(Gabitril)	Tier 4	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (3 EA per 1 day)
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG		Tier 4	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG		Tier 4	
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	Tier 4	
topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg	(Qudexy XR)	Tier 4	ST: Prior prescription for immediate-release Topiramate (tablets, sprinkles, capsules) in 120 days; QL (1 EA per 1 day)

Drug		Status	Notes
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg	(Qudexy XR)	Tier 4	ST: Prior prescription for immediate-release Topiramate (tablets, sprinkles, capsules) in 120 days; QL (2 EA per 1 day)
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	Tier 4	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)		Tier 4	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG		Tier 4	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG		Tier 4	ST: Prior prescription for immediate-release Topiramate in 120 days; QL (2 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 25 MG		Tier 4	ST: Prior prescription for immediate-release Topiramate in 120 days; QL (8 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 50 MG		Tier 4	ST: Prior prescription for immediate-release Topiramate in 120 days; QL (4 EA per 1 day)
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)		Tier 4	
valproic acid oral capsule 250 mg		Tier 4	
vigabatrin oral powder in packet 500 mg	(Vigadrone)	Tier 4	QL (6 EA per 1 day)
vigabatrin oral tablet 500 mg	(Sabril)	Tier 4	QL (6 EA per 1 day)
VIGADRONE ORAL POWDER IN PACKET 500 MG		Tier 4	QL (6 EA per 1 day)
VIMPAT ORAL SOLUTION 10 MG/ML		Tier 4	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (1200 ML per 30 days)

Drug		Status	Notes
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		Tier 4	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (2 EA per 1 day)
ZARONTIN ORAL CAPSULE 250 MG		Tier 4	
ZARONTIN ORAL SOLUTION 250 MG/5 ML		Tier 4	
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	Tier 4	
zonisamide oral capsule 50 mg		Tier 4	
Skeletal Muscle Disorder			
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh			
KEVEYIS ORAL TABLET 50 MG		Tier 2	PA
Skeletal Muscle Relaxants			
baclofen oral tablet 10 mg, 20 mg, 5 mg		Tier 1	
carisoprodol oral tablet 250 mg, 350 mg	(Soma)	Tier 1	QL (4 EA per 1 day)
carisoprodol-aspirin oral tablet 200-325 mg		Tier 1	
chlorzoxazone oral tablet 500 mg		Tier 1	
cyclobenzaprine oral tablet 10 mg, 5 mg		Tier 1	
cyclobenzaprine oral tablet 7.5 mg	(Fexmid)	Tier 1	
dantrolene oral capsule 100 mg		Tier 1	
dantrolene oral capsule 25 mg, 50 mg	(Dantrium)	Tier 1	
methocarbamol oral tablet 500 mg		Tier 1	
methocarbamol oral tablet 750 mg	(Robaxin-750)	Tier 1	
orphenadrine citrate oral tablet extended release 100 mg		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)			
NICORELIEF BUCCAL GUM 2 MG		Tier 5	
nicotine (polacrilex) buccal gum 2 mg	(Nicorelief)	Tier 5	
nicotine (polacrilex) buccal gum 4 mg	(Nicorette)	Tier 5	
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	(Nicorette)	Tier 5	

Drug		Status	Notes
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	(Nicorette)	Tier 5	
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	(Nicoderm CQ)	Tier 5	
NICOTROL INHALATION CARTRIDGE 10 MG		Tier 2	QL (1008 EA per 90 days)
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML		Tier 2	QL (160 ML per 90 days)
Smoking Deterrent-Nicotinic Recept.Partial Agonist			
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG		Tier 4	QL (2 EA per 1 day)
CHANTIX ORAL TABLET 0.5 MG, 1 MG		Tier 4	QL (2 EA per 1 day)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)		Tier 4	QL (2 EA per 1 day)
Smoking Deterrents, Other			
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		Tier 4	
Upper Gastrointestinal Disorders - Digestive			
Antiflatulents			
GAS RELIEF (SIMETHICONE) ORAL CAPSULE 125 MG		Tier 5	
GAS RELIEF (SIMETHICONE) ORAL TABLET,CHEWABLE 80 MG		Tier 5	
GAS RELIEF EXTRA STRENGTH ORAL CAPSULE 125 MG		Tier 5	
GAS RELIEF EXTRA STRENGTH ORAL TABLET,CHEWABLE 125 MG		Tier 5	
GAS RELIEF ULTRA STRENGTH ORAL CAPSULE 180 MG		Tier 5	
INFANTS GAS RELIEF ORAL DROPS,SUSPENSION 40 MG/0.6 ML		Tier 5	
MI-ACID GAS RELIEF(SIMETHICON) ORAL TABLET,CHEWABLE 80 MG		Tier 5	
simethicone oral capsule 180 mg	(Gas Relief Ultra Strength)	Tier 5	
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	

Drug		Status	Notes
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT		Tier 2	
Upper Gastrointestinal Disorders - Spastic Disease			
Anticholinergics/Antispasmodics			
dicyclomine oral capsule 10 mg		Tier 1	
dicyclomine oral solution 10 mg/5 ml		Tier 1	
dicyclomine oral tablet 20 mg		Tier 1	
Belladonna Alkaloids			
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG		Tier 1	
hyoscyamine sulfate oral drops 0.125 mg/ml	(Hyosyne)	Tier 1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	(Hyosyne)	Tier 1	
hyoscyamine sulfate oral tablet 0.125 mg	(Oscimin)	Tier 1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	(Oscimin SR)	Tier 1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	(Ed-Spaz)	Tier 1	
hyoscyamine sulfate sublingual tablet 0.125 mg	(Oscimin SL)	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML		Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML		Tier 1	
methscopolamine oral tablet 2.5 mg, 5 mg		Tier 1	
OSCIMIN ORAL TABLET 0.125 MG		Tier 1	
OSCIMIN ORAL TABLET,DISINTEGRATING 0.125 MG		Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG		Tier 1	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG		Tier 1	
phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg	(Phenohytro)	Tier 1	ST: At least 2 prior prescriptions for Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (8 EA per 1 day)

Drug	Status	Notes
PHENOHYTRO ORAL TABLET 16.2-0.1037 -0.0194 MG	Tier 2	ST: At least 2 prior prescriptions for Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (8 EA per 1 day)
Upper Gastrointestinal Disorders - Ulcer Disease		
Antacids		
ACID GONE ANTACID ORAL SUSPENSION 95-358 MG/15 ML	Tier 5	
ADVANCED ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML, 400-400-40 MG/5 ML	Tier 5	
ALMACONE ORAL SUSPENSION 200-200-20 MG/5 ML	Tier 5	
ALMACONE-2 ORAL SUSPENSION 400-400-40 MG/5 ML	Tier 5	
aluminum hydroxide gel oral suspension 320 mg/5 ml	Tier 5	
ANTACID (CALCIUM CARBONATE) ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG), 215 MG CALCIUM (500 MG), 320 MG CALCIUM (750 MG)	Tier 5	
ANTACID ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5 ML, 400-400-40 MG/5 ML	Tier 5	
ANTACID CALCIUM ORAL TABLET,CHEWABLE 215 MG CALCIUM (500 MG)	Tier 5	
ANTACID EXTRA-STRENGTH ORAL SUSPENSION 200-200-20 MG/5 ML	Tier 5	
ANTACID EXTRA-STRENGTH ORAL TABLET,CHEWABLE 300 MG (750 MG)	Tier 5	
ANTACID MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML	Tier 5	
ANTACID ORAL SUSPENSION 200-200-20 MG/5 ML	Tier 5	
ANTACID PLUS ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5 ML, 400-400-40 MG/5 ML	Tier 5	
ANTACID REGULAR STRENGTH ORAL SUSPENSION 200-200-20 MG/5 ML	Tier 5	
ANTACID ULTRA STRENGTH ORAL TABLET,CHEWABLE 400 MG CALCIUM (1,000 MG)	Tier 5	

Drug		Status	Notes
ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML, 400-400-40 MG/5 ML		Tier 5	
ANTACID-SIMETHICONE ORAL SUSPENSION 400-400-40 MG/5 ML		Tier 5	
CALCIUM ANTACID ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG), 300 MG (750 MG), 320 MG CALCIUM (750 MG), 400 MG CALCIUM (1,000 MG)		Tier 5	
CALCIUM ANTACID ULTRA MAX ST ORAL TABLET,CHEWABLE 400 MG CALCIUM (1,000 MG)		Tier 5	
calcium carbonate oral tablet 260 mg calcium (648 mg)		Tier 5	
calcium carbonate oral tablet,chewable 320 mg calcium (750 mg)	(Antacid (calcium carbonate))	Tier 5	
CAL-GEST ANTACID ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG)		Tier 5	
HEARTBURN RELIEF ORAL SUSPENSION 254-237.5 MG/5 ML		Tier 5	
LIQUID ANTACID ORAL SUSPENSION 200-200-20 MG/5 ML		Tier 5	
MAG-AL PLUS ORAL SUSPENSION 200-200-20 MG/5 ML		Tier 5	
magnesium oxide oral tablet 400 mg (241.3 mg magnesium)	(MagOx)	Tier 5	
MI-ACID ORAL SUSPENSION 200-200-20 MG/5 ML, 400-400-40 MG/5 ML		Tier 5	
MINTOX ORAL SUSPENSION 200-200-20 MG/5 ML		Tier 5	
MINTOX PLUS ORAL TABLET,CHEWABLE 200-200-25 MG		Tier 5	
sodium bicarbonate oral tablet 650 mg		Tier 5	
Anticholinergics,Quaternary Ammonium			
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	(Librax (with clidinium))	Tier 1	
glycopyrrolate oral tablet 1 mg, 2 mg		Tier 1	
propantheline oral tablet 15 mg		Tier 1	
Anti-Ulcer Preparations			
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	Tier 1	
sucralfate oral suspension 100 mg/ml	(Carafate)	Tier 1	
sucralfate oral tablet 1 gram	(Carafate)	Tier 1	

Drug		Status	Notes
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			
ACID CONTROL (RANITIDINE) ORAL TABLET 150 MG		Tier 5	
ACID CONTROLLER ORAL TABLET 20 MG		Tier 5	
ACID REDUCER (CIMETIDINE) ORAL TABLET 200 MG		Tier 5	
ACID REDUCER (FAMOTIDINE) ORAL TABLET 10 MG, 20 MG		Tier 5	
ACID REDUCER (RANITIDINE) ORAL TABLET 150 MG, 75 MG		Tier 5	
cimetidine hcl oral solution 300 mg/5 ml		Tier 1	
cimetidine oral tablet 200 mg	(Acid Reducer (cimetidine))	Tier 5	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		Tier 1	
famotidine oral tablet 10 mg	(Acid Reducer (famotidine))	Tier 5	
famotidine oral tablet 40 mg	(Pepcid)	Tier 1	
HEARTBURN RELIEF (FAMOTIDINE) ORAL TABLET 10 MG, 20 MG		Tier 5	
nizatidine oral capsule 150 mg, 300 mg		Tier 1	
nizatidine oral solution 150 mg/10 ml		Tier 1	
ranitidine hcl oral capsule 150 mg, 300 mg		Tier 1	
ranitidine hcl oral syrup 15 mg/ml		Tier 1	
ranitidine hcl oral tablet 150 mg, 75 mg		Tier 5	
ranitidine hcl oral tablet 300 mg		Tier 1	
Intestinal Motility Stimulants			
metoclopramide hcl oral solution 5 mg/5 ml		Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	Tier 1	
Proton-Pump Inhibitors			
ACID REDUCER (OMEPRAZOLE) ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG		Tier 5	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	(Nexium)	Tier 1	QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	(Nexium)	Tier 1	QL (2 EA per 1 day)
HEARTBURN TREATMENT 24 HOUR ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG		Tier 5	

Drug		Status	Notes
HEARTBURN TREATMENT ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG		Tier 1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Heartburn Treatment 24 Hour)	Tier 1	
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	Tier 1	
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	(Prevacid SoluTab)	Tier 1	ST: Prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium in 120 days
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG, 40 MG		Tier 2	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG		Tier 2	ST: Prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium in 120 days; QL (1 EA per 1 day)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		Tier 1	
omeprazole oral tablet,delayed release (dr/ec) 20 mg		Tier 5	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	Tier 1	
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	Tier 1	QL (1 EA per 1 day)
Urinary Tract - Functional Disorders			
Benign Prostatic Hypertrophy/Micturition Agents			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	Tier 1	
dutasteride oral capsule 0.5 mg	(Avodart)	Tier 1	
finasteride oral tablet 5 mg	(Proscar)	Tier 1	
tamsulosin oral capsule 0.4 mg	(Flomax)	Tier 1	
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb			
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	(Jalyn)	Tier 1	ST: Prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL in 120 days
Cystine-Depleting Agents, Nephropathic Cystinosis			
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG		Tier 2	PA

Drug		Status	Notes
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG		Tier 2	PA
Kidney Stone Agents			
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG		Tier 2	
THIOLA ORAL TABLET 100 MG		Tier 2	
Urinary Ph Modifiers			
CYTRA K CRYSTALS ORAL PACKET 3,300-1,002 MG		Tier 1	
CYTRA-2 ORAL SOLUTION 500-334 MG/5 ML		Tier 5	
CYTRA-3 ORAL SOLUTION 550-500-334 MG/5 ML		Tier 5	
CYTRA-K ORAL SOLUTION 1,100-334 MG/5 ML		Tier 5	
PHOSPHA 250 NEUTRAL ORAL TABLET 250 MG		Tier 5	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	Tier 1	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	Tier 1	
potassium citrate oral tablet extended release 5 meq (540 mg)	(Urocit-K 5)	Tier 1	
potassium citrate-citric acid oral solution 1,100-334 mg/5 ml	(Cytra-K)	Tier 5	
sodium citrate-citric acid oral solution 500-334 mg/5 ml	(Cytra-2)	Tier 5	
TRICITRATES ORAL SOLUTION 550-500-334 MG/5 ML		Tier 5	
Urinary Tract Analgesic Agents			
ELMIRON ORAL CAPSULE 100 MG		Tier 2	PA
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)			
phenazopyridine oral tablet 100 mg, 200 mg	(Pyridium)	Tier 1	
Urinary Tract Antispasmodic, M(3) Selective Antag.			
solifenacin oral tablet 10 mg, 5 mg	(Vesicare)	Tier 1	ST: Must meet any of the following requirements. 5 DS Oxybutynin Chloride IN 120 DAYS
Urinary Tract Antispasmodic/Antiincontinence Agent			
flavoxate oral tablet 100 mg		Tier 1	
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	

Drug		Status	Notes
oxybutynin chloride oral tablet extended release 24hr 15 mg		Tier 1	
tolterodine oral tablet 1 mg, 2 mg	(Detrol)	Tier 1	ST: Prior prescription for Oxybutynin (IR, XR) in 120 days
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG		Tier 2	ST: Prior prescription for Oxybutynin (IR, XR) in 120 days
Vaginal Disorders			
Vaginal Antibiotics			
clindamycin phosphate vaginal cream 2 %	(Cleocin)	Tier 1	
metronidazole vaginal gel 0.75 %	(Metrogel Vaginal)	Tier 1	
Vaginal Antifungals			
clotrimazole vaginal cream 1 %	(Clotrimazole-7)	Tier 5	
GYNAZOLE-1 VAGINAL CREAM 2 %		Tier 2	
MICONAZOLE 7 VAGINAL CREAM 2 %		Tier 5	
MICONAZOLE 7 VAGINAL SUPPOSITORY 100 MG		Tier 5	
miconazole nitrate vaginal cream 2 %	(Miconazole 7)	Tier 5	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG		Tier 1	
terconazole vaginal cream 0.4 %, 0.8 %		Tier 1	
terconazole vaginal suppository 80 mg		Tier 1	
Vaginal Estrogen Preparations			
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	Tier 1	
estradiol vaginal tablet 10 mcg	(Yuvafem)	Tier 1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG		Tier 1	
Vitamin And/Or Mineral Deficiency			
Calcium Replacement			
CALCITRATE ORAL TABLET 200 MG (950 MG)		Tier 5	
CALCIUM 500 WITH D ORAL TABLET 500 MG(1,250MG) -400 UNIT		Tier 5	
CALCIUM 600 + D(3) ORAL TABLET 600 MG(1,500MG) -200 UNIT		Tier 5	
CALCIUM 600 ORAL TABLET 600 MG CALCIUM (1,500 MG)		Tier 5	
calcium carbonate oral suspension 500 mg/5 ml (1,250 mg/5 ml)		Tier 5	
calcium carbonate oral tablet 600 mg calcium (1,500 mg)	(Calcium 600)	Tier 5	
calcium carbonate-vitamin d3 oral tablet 600 mg(1,500mg) -400 unit	(Calcium 600 + D(3))	Tier 5	

Drug		Status	Notes
calcium carbonate-vitamin d3 oral tablet,chewable 500-100 mg-unit		Tier 5	
OYSCO 500/D ORAL TABLET 500 MG(1,250MG) -200 UNIT		Tier 5	
OYSCO-500 ORAL TABLET 500 MG CALCIUM (1,250 MG)		Tier 5	
OYSTER SHELL CALCIUM 500 ORAL TABLET 500 MG CALCIUM (1,250 MG)		Tier 5	
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 500 MG(1,250MG) -200 UNIT		Tier 5	
Fluoride Preparations			
DENTA 5000 PLUS DENTAL CREAM 1.1 %		Tier 1	
DENTAGEL DENTAL GEL 1.1 %		Tier 1	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML		Tier 5	
fluoride (sodium) dental gel 1.1 %	(DentaGel)	Tier 1	
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride)	(Ludent Fluoride)	Tier 5	6-72 MONTHS|TIER 4
fluoride (sodium) oral tablet,chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	(Fluoritab)	Tier 5	6-72 MONTHS|TIER 4
SF 5000 PLUS DENTAL CREAM 1.1 %		Tier 1	
SF DENTAL GEL 1.1 %		Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %		Tier 1	
Folic Acid Preparations			
folic acid injection solution 5 mg/ml		Tier 1	
folic acid oral tablet 1 mg		Tier 5	
folic acid oral tablet 400 mcg		Tier 5	< 21 YEARS|TIER 4; PREGNANT FEMALE
Geriatric Vitamin Preparations			
CERTAVITE SENIOR-ANTIOXIDANT ORAL TABLET 0.4-300-250 MG-MCG-MCG		Tier 5	
ELDERTONIC ORAL ELIXIR 0.5-0.6-7-0.7 MG		Tier 5	
Iron Replacement			
CORVITA 150 ORAL TABLET 150-1.25-120-10 MG		Tier 1	
FERATE ORAL TABLET 240 MG (27 MG IRON)		Tier 5	
FEROSUL ORAL TABLET 325 MG (65 MG IRON)		Tier 5	
FERRAPLUS 90 ORAL TABLET 90-1-12-120-50 MG-MG-MCG-MG-MG		Tier 1	

Drug		Status	Notes
FERREX 150 FORTE PLUS ORAL CAPSULE 150-60-25-1 MG-MG-MCG-MG		Tier 1	
FERRO-TIME ORAL TABLET 325 MG (65 MG IRON)		Tier 5	
ferrous fumarate oral tablet 324 mg (106 mg iron)	(Hemocyte)	Tier 5	
ferrous gluconate oral tablet 324 mg (37.5 mg iron), 324 mg (38 mg iron)		Tier 5	
ferrous sulfate oral drops 15 mg iron (75 mg)/ml	(Children's Iron)	Tier 5	
ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml		Tier 5	
ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml		Tier 5	
ferrous sulfate oral tablet 325 mg (65 mg iron)	(FeroSul)	Tier 5	
ferrous sulfate oral tablet,delayed release (dr/ec) 324 mg (65 mg iron), 325 mg (65 mg iron)		Tier 5	
FERROUSUL ORAL TABLET 325 MG (65 MG IRON)		Tier 5	
HEMOCYTE ORAL TABLET 324 MG (106 MG IRON)		Tier 5	
IFEREX 150 ORAL CAPSULE 150 MG IRON		Tier 5	
MULTIGEN PLUS ORAL TABLET 151-60-10-1 MG-MG-MCG-MG		Tier 1	
NEPHRON FA ORAL TABLET 66 MG IRON- 1,000 MCG		Tier 5	
NIFEREX (SUMALATE-QUATREFOLIC) ORAL TABLET 150 MG IRON- 60 MG-1 MG		Tier 5	
STRESS FORMULA WITH IRON ORAL TABLET 500 MG-400 MCG- 18 MG IRON		Tier 5	
VITAFOL ORAL TABLET 65-1 MG		Tier 5	
Magnesium Salts Replacement			
MAG 64 ORAL TABLET,DELAYED RELEASE (DR/EC) 64 MG		Tier 5	
magnesium oxide oral tablet 420 mg		Tier 5	
magnesium oxide oral tablet 500 mg	(Phillips)	Tier 5	
NU-MAG ORAL TABLET,DELAYED RELEASE (DR/EC) 71.5 MG		Tier 5	
Mineral Replacement,Miscellaneous			
PROVIMIN ORAL POWDER		Tier 1	

Drug	Status	Notes
Multivitamin Preparations		
AQUADEKS PEDIATRIC ORAL DROPS 400 MCG/ML	Tier 5	
BIOTECT PLUS ORAL LIQUID	Tier 1	
CERTAVITE-ANTIOXIDANT ORAL TABLET 18-400 MG-MCG	Tier 5	
DEKAS ESSENTIAL ORAL CAPSULE 2,000 UNIT-2000 UNIT-1,000 MCG	Tier 5	
DEKAS ESSENTIAL ORAL LIQUID 2,000 UNIT- 2,000 MCG/ML	Tier 5	
DEKAS PLUS (FOLIC ACID) ORAL CAPSULE 200 MCG-1,000 MCG-10 MG	Tier 5	
DEKAS PLUS (FOLIC ACID) ORAL TABLET,CHEWABLE 200 MCG-1,000 MCG-10 MG	Tier 5	
ICAPS MV ORAL TABLET,DELAYED RELEASE (DR/EC) 100-1.66-0.83 MCG-MG-MG	Tier 5	
ONCOVITE ORAL TABLET	Tier 5	
PROSIGHT ORAL TABLET 5,000-60-30 UNIT-MG-UNIT	Tier 5	
STRESS FORMULA ORAL TABLET	Tier 5	
STRESS FORMULA WITH ZINC ORAL TABLET	Tier 5	
SUPERPLEX-T ORAL TABLET	Tier 5	
TAB-A-VITE ORAL TABLET	Tier 5	
TAB-A-VITE/IRON ORAL TABLET	Tier 5	
THERA M PLUS (FERROUS FUMARAT) ORAL TABLET 9 MG IRON-400 MCG	Tier 5	
THERA ORAL TABLET 400 MCG	Tier 5	
THERA-M ORAL TABLET 9 MG IRON-400 MCG	Tier 5	
TOTAL B/C ORAL TABLET	Tier 5	
TYR COOLER ORAL LIQUID	Tier 1	
VITAMINS AND MINERALS ORAL TABLET	Tier 5	
Pediatric Vitamin Preparations		
ANIMAL SHAPES ORAL TABLET,CHEWABLE	Tier 5	
CHILDS/IRON ORAL TABLET,CHEWABLE	Tier 5	
DEKAS PLUS LIQUID ORAL LIQUID 500 MCG/ML	Tier 5	
FLORIVA ORAL TABLET,CHEWABLE 0.25MG FLUORIDE (0.55 MG), 0.5 MG FLUORIDE (1.1 MG), 1 MG FLUORIDE (2.2 MG)	Tier 5	

Drug	Status	Notes
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML	Tier 1	
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.5 MG/ML	Tier 5	
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Tier 5	
POLY-VI-FLOR ORAL DROPS,SUSPENSION BIPHASIC 0.25 MG/ML FLUORIDE	Tier 5	
POLY-VI-FLOR ORAL TABLET,CHEWABLE 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE	Tier 5	
POLY-VI-FLOR WITH IRON ORAL DROPS,SUSPENSION BIPHASIC 0.25MG FLUORIDE -7 MG IRON/ML	Tier 5	
POLY-VI-FLOR WITH IRON ORAL TABLET,CHEWABLE 0.5 MG FLUORIDE -10 MG IRON	Tier 5	
POLY-VI-SOL ORAL DROPS 750-35-400 UNIT-MG-UNIT/ML	Tier 5	
POLY-VI-SOL WITH IRON ORAL DROPS 750 UNIT-400 UNIT-10 MG/ML	Tier 5	
QUFLORA FE (FERROUS SULFATE) ORAL DROPS 9.5-0.25 MG/ML	Tier 5	
TRI-VI-FLOR ORAL DROPS,SUSPENSION BIPHASIC 0.25 MG/ML FLUORIDE, 0.5 MG/ML FLUORIDE	Tier 5	
TRI-VI-SOL ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML	Tier 5	
Prenatal Vitamin Preparations		
CALCIUM PNV ORAL CAPSULE 28-1-250 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	
ELITE-OB ORAL TABLET 50 MG IRON-1.25 MG	Tier 5	
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON-8.73 MG-6.4 MG	Tier 5	
EXTRA-VIRT PLUS DHA ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 1	

Drug	Status	Notes
FOLIVANE-OB ORAL CAPSULE 85-1 MG	Tier 5	
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG	Tier 5	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG	Tier 1	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	Tier 5	
NIVA-PLUS ORAL TABLET 27 MG IRON- 1 MG	Tier 1	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	Tier 5	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG	Tier 5	
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	Tier 5	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	Tier 5	
O-CAL F.A. ORAL TABLET 27 MG IRON- 1 MG	Tier 5	
O-CAL PRENATAL ORAL TABLET 15 MG IRON- 1,000 MCG	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 5	
PNV-FERROUS FUMARATE-DOCU-FA ORAL TABLET 29 MG IRON- 1 MG-25 MG	Tier 1	
PNV-OMEGA ORAL CAPSULE 28-1-300 MG	Tier 1	
PNV-SELECT ORAL TABLET 27-1 MG	Tier 5	
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 ORAL TABLET 28 MG IRON- 800 MCG	Tier 5	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	Tier 5	
PRENATAL-U ORAL CAPSULE 106.5-1 MG	Tier 1	

Drug	Status	Notes
PRENATE AM ORAL TABLET 1-500 MG	Tier 5	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG	Tier 5	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG - 300 MG	Tier 5	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	Tier 5	
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	Tier 5	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	Tier 5	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	Tier 5	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	Tier 5	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	Tier 5	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	Tier 5	
PREPLUS ORAL TABLET 27 MG IRON-1 MG	Tier 5	
PRETAB ORAL TABLET 29-1 MG	Tier 5	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	Tier 5	
PUREFE OB PLUS ORAL CAPSULE 106 MG IRON- 1 MG	Tier 1	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 5	
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 5	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 5	
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG	Tier 5	
TARON-C DHA ORAL CAPSULE 35-1-200 MG	Tier 5	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG	Tier 1	
THRIVITE-19 ORAL TABLET 29 MG IRON-1 MG -25 MG	Tier 5	
TRICARE ORAL TABLET 27 MG IRON-1 MG	Tier 5	

Drug	Status	Notes
TRINATE ORAL TABLET 28 MG IRON-1 MG	Tier 1	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	Tier 5	
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 5	
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	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON-0.33 MG	Tier 5	
VITAFOL NANO ORAL TABLET 18 MG IRON- 1 MG	Tier 5	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	Tier 5	
VITAFOL-OB ORAL TABLET 65-1 MG	Tier 5	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	Tier 1	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	Tier 5	
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	

Drug		Status	Notes
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG		Tier 1	
VP-PNV-DHA ORAL CAPSULE 28 MG IRON- 1 MG-200 MG		Tier 5	
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG		Tier 5	
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG		Tier 5	
Vitamin A Preparations			
vitamin a oral capsule 10,000 unit, 8,000 unit		Tier 5	
Vitamin B Preparations			
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML		Tier 1	
B COMPLEX-VITAMIN B12 ORAL TABLET		Tier 5	
biotin oral capsule 5 mg	(Meribin)	Tier 5	
biotin oral tablet 5 mg		Tier 5	
FOLTANX RF ORAL CAPSULE 3 MG-35 MG-2 MG -90.314 MG		Tier 5	
NEPHPLEX RX ORAL TABLET 1-60-300-12.5 MG-MG-MCG-MG		Tier 5	
vitamin b complex oral capsule	(Vitamins B Complex)	Tier 5	
VITAMINS B COMPLEX ORAL CAPSULE		Tier 5	
Vitamin B1 Preparations			
thiamine hcl (vitamin b1) injection solution 100 mg/ml		Tier 1	
VITAMIN B-1 ORAL TABLET 100 MG		Tier 5	
Vitamin B12 Preparations			
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml		Tier 1	
cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg	(Vitamin B-12)	Tier 5	
hydroxocobalamin intramuscular solution 1,000 mcg/ml		Tier 1	
VITAMIN B-12 ORAL TABLET 1,000 MCG, 100 MCG, 500 MCG		Tier 5	
Vitamin B6 Preparations			
pyridoxine (vitamin b6) injection solution 100 mg/ml		Tier 1	
pyridoxine (vitamin b6) oral tablet 100 mg, 50 mg	(Vitamin B-6)	Tier 5	
VITAMIN B-6 ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 5	
Vitamin C Preparations			
ascorbic acid (vitamin c) injection solution 500 mg/ml		Tier 1	

Drug		Status	Notes
VITAMIN C ORAL TABLET 250 MG, 500 MG		Tier 5	
VITAMIN C ORAL TABLET,CHEWABLE 250 MG, 500 MG		Tier 5	
Vitamin D Preparations			
calcitriol oral capsule 0.25 mcg, 0.5 mcg	(Rocaltrol)	Tier 1	
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	Tier 1	
cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml)	(D-Vi-Sol)	Tier 5	
cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)	(Vitamin D3)	Tier 5	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	(Vitamin D2)	Tier 1	
ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)	(Calcidol)	Tier 5	
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)		Tier 1	
VITAMIN D3 ORAL CAPSULE 50 MCG (2,000 UNIT)		Tier 5	
VITAMIN D3 ORAL TABLET 25 MCG (1,000 UNIT)		Tier 5	
Vitamin E Preparations			
AQUA-E CONCENTRATE ORAL DROPS 75 UNIT/ML		Tier 5	
Zinc Replacement			
zinc sulfate oral capsule 220 (50) mg	(Zinc-220)	Tier 1	
ZINC-220 ORAL CAPSULE 220 (50) MG		Tier 1	

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