

2020

Formulary of Covered Prescription Drugs
Formulario De Medicamentos
Con Receta Cubiertos

Effective 10/01/2020 - 12/31/2020



SelectHealth from VNSNY CHOICE
October 2020

Foreword

MedImpact is a Pharmacy Benefit Manager for 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 SelectHealth Formulary can be obtained by visiting SelectHealthNY.org/member.

The MedImpact P&T and Formulary Committees use the following criteria in the evaluation of drug selection for 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 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 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: SelectHealth
 Website: SelectHealthNY.org

Plan Phone No. 1-888-678-7741
 Plan Fax No. 1-858-790-7100



Department of Health

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:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: ____/____/____	Member ID:	Is patient transitioning from a facility? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Oral <input type="checkbox"/> IM <input type="checkbox"/> SC <input type="checkbox"/> Transdermal <input type="checkbox"/> IV <input type="checkbox"/> Other			
	For physician administered, will this provider be ordering & administering? If no, supply administering provider:			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please check one of the following:

This is a new medication and/or new health plan for the patient. <input type="checkbox"/> If checked, go to question 1	This is continued therapy previously covered by the patient's current health plan. <input type="checkbox"/> If checked, approx. date initiated ____/____. Go to question 5
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- Does the drug require a dose titration of either multiple strengths and/or multiple doses per day? Yes No
If yes, provide titration schedule: _____
- 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
- 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
			____/____ ____/____	
			____/____ ____/____	

- 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

- Is this a change in dosage/day for the above medication? Yes No
- Does the request require an expedited review?* **Rationale** _____ Yes No
- 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. Expedited review is defined as determination and notification made no greater than three (3) business days from date of request. 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/NationalProviderStand/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 Micromedex 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 SelectHealth de VNSNY CHOICE

Octubre de 2020

Prólogo

MedImpact es un administrador del beneficio de farmacia para 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 SelectHealth se puede obtener visitando SelectHealthNY.org/membersp.

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 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 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 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, específico 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.

5. *Comunicación del farmacéutico y el médico*

La Lista de medicamentos es una herramienta para promover que el uso de medicamentos con receta médica sea rentable. Los Comités de P&T y de la Lista de medicamentos han realizado todos los esfuerzos para crear un documento que cumpla con todas las necesidades terapéuticas; sin embargo, el arte de la medicina hace de esto una tarea enorme. MedImpact da la bienvenida a la participación de médicos, farmacéuticos y proveedores de servicios médicos auxiliares, en este proceso dinámico. Exhortamos a los médicos y farmacéuticos a dirigir cualquier sugerencia, comentarios o adiciones a la Lista de medicamentos a:

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

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: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: _____/_____/_____	Member ID:	Is patient transitioning from a facility? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Oral <input type="checkbox"/> IM <input type="checkbox"/> SC <input type="checkbox"/> Transdermal <input type="checkbox"/> IV <input type="checkbox"/> Other			
For physician administered, will this provider be ordering & administering? If no, supply administering provider:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Please check one of the following:				
This is a new medication and/or new health plan for the patient. <input type="checkbox"/> If checked, go to question 1		This is continued therapy previously covered by the patient's current health plan. <input type="checkbox"/> 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? If yes, provide titration schedule: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Is the drug being used for an FDA approved indication?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.(a) If the answer to 2 is No , is its use supported by Official Compendia (AHFS DI®, DRUGDEX ®) ³		<input type="checkbox"/> Yes <input type="checkbox"/> 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:		<input type="checkbox"/> Yes <input type="checkbox"/> 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:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Is this a change in dosage/day for the above medication?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Does the request require an expedited review?* Rationale _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Attach relevant lab results, tests and diagnostic studies performed that support use of therapy. Check if attached <input type="checkbox"/>				
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).				
<input type="checkbox"/> 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 ____/____/____	

Datos informativos para la autorización previa

Después de que revisemos toda la información requerida, el plan de salud se pondrá en contacto con usted.

Al proporcionar información clínica solicitada, se deben considerar los siguientes elementos con los motivos para respaldar su solicitud de necesidad médica:

- *Altura/peso*
- *Ingredientes compuestos*
- *Consideración específica de la forma de dosificación*
- *Medicamentos u otras alergias relacionadas*

Considere proporcionar la siguiente información cuando proceda y según corresponda:

- *Sistema de Codificación de Procedimientos Comunes de Atención Médica (HCPCS) ⁴*
- *Información sobre la transición de centros de atención hospitalaria o tratamiento residencial (contacto, número de teléfono, duración de la hospitalización)*
- *Información sobre situaciones cotidianas como transición de acogida temporal, desamparo, abuso de varias sustancias y antecedentes de cumplimiento deficiente con los medicamentos*
- *Información del paciente (dirección, número de teléfono)*
- *Información del proveedor (información de contacto electrónico directo: dirección de correo electrónico, etc.)*

*Se considerará una revisión acelerada cuando exista una afección que ponga en grave peligro la salud o seguridad de la persona afectada con dicha afección o de otra(s) persona(s). Una revisión acelerada se define como una determinación y notificación que no supere los tres (3) días hábiles desde la fecha de la solicitud. Es posible que el proveedor solicite un suministro de emergencia de 72 horas (suministro de 5 días de medicamentos para tratar trastornos por abuso de sustancias) cuando exista una afección de emergencia como se define a continuación.

https://www.health.ny.gov/health_care/managed_care/docs/medicaid_managed_care_fhp_hiv-snp_model_contract.pdf

El médico que prescribe debe firmar este formulario, pero también puede completarlo el encargado de realizar prescripciones o el agente autorizado. *Un agente autorizado es un empleado del médico que prescribe los medicamentos y tiene acceso a las historias clínicas del paciente (es decir, enfermero, asistente médico).* El formulario de fax completado y todos los documentos de respaldo deben enviarse por fax al plan de salud adecuado.

Definiciones útiles

¹NPI: Un Identificador Nacional de Proveedores (NPI) es un número único de identificación de diez dígitos requerido por la Ley de Portabilidad y Responsabilidad del Seguro de Salud (HIPAA) para todos los proveedores de atención médica de los Estados Unidos. <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/index.html>

²ICD-10: La Clasificación Internacional de Enfermedades (ICD) está destinada a fomentar la comparabilidad internacional en la recopilación, el procesamiento, la clasificación y presentación de estadísticas de mortalidad <http://www.cdc.gov/nchs/icd.htm>

³AHFS Drug Information® (AHFS DI®) proporciona una evaluación basada en la evidencia de datos clínicos pertinentes sobre medicamentos, con un enfoque en la apreciación de las ventajas y desventajas de diferentes terapias, incluida la interpretación de diversos reclamos de eficacia de medicamentos. <http://www.ahfsdruginformation.com/>

Sistema DRUGDEX® con el producto de Micromedex que proporciona información sobre medicamentos basada en la evidencia, revisada por pares, que incluye los medicamentos de investigación y sin receta. <http://www.micromedex.com/>

⁴El HCPCS se divide en dos subsistemas principales, denominados Nivel I y Nivel II del HCPCS:

- El Nivel I del HCPCS está compuesto por Terminología Actualizada de Procedimientos Médicos (CPT), un sistema de codificación numérica mantenido por la Asociación Médica Estadounidense (AMA). La CPT es un sistema uniforme codificado que consiste en términos descriptivos y códigos de identificación que se usan principalmente para identificar servicios y procedimientos médicos suministrados por médicos y otros profesionales de atención médica.
- El Nivel II del HCPCS es un sistema codificado estandarizado que se usa principalmente para identificar productos, suministros y servicios que no se incluyen en los códigos de la CPT, como servicios de ambulancia y equipo médico duradero, prótesis, órtesis y suministros (DMEPOS) cuando se usan fuera de un consultorio médico.

NOTICE OF NON-DISCRIMINATION

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

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 **SelectHealth** at 1-866-469-7774. For TTY/TDD services, call 711.

If you believe that **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 **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

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

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 **SelectHealth** al 1-866-469-7774. Para obtener los servicios de TTY/TDD, llame al 711.

Si usted considera que **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 **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
لمحوظة: إذا لقيت تحديث الفهرس اللغة فإن خدمات المساعدة اللفوية تتوفر لك قبل املجان. نصل لبق رقم 1-866-469-7774, TTY/TDD 711 (> رقم هاتف الصم واللك. 1-866-469-7774	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-866-469-7774, TTY/TDD 711.번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-469-7774 (телетайп: TTY/TDD 711).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-469-7774, TTY/TDD 711.	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-469-7774, TTY/TDD 711.	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-469-7774, TTY/TDD 711.	French Creole
אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט < 1-866-469-7774, 711 TTY/TDD	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-469-7774, TTY/TDD 711.	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-469-7774, TTY/TDD 711.	Tagalog
লক্ষ্যকরুনঃ যদি আপদন বা াংলা, কথা বলতে পাতেন, োহতল দনঃখেচায় ভাষা সহায়ো পদেতষবা উপলব্ধ আতে ফ ান করুন ১-1-866-469-7774, TTY/T 711.	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-866-469-7774, TTY/TDD 711.	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-469-7774, TTY/TDD 711.	Greek
ضرردار: گزر آپ اردو بولتے رہیں تو آپکو زبان کی مددکی خدمات فہت میں سے ابھیوں کالکیوں 1-866-469-7774, TTY/TDD 711.	Urdu

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	
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i> (All Day Allergy-D)	Tier 5	
<i>fexofenadine-pseudoephedrine oral tablet extended release 24 hr 180-240 mg</i> (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
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Tier 2	PA

Drug	Status	Notes
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 LIQUID 12.5 MG/5 ML	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	
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	

Drug	Status	Notes
BANOPHEN ORAL TABLET 25 MG	Tier 4	
BENADRYL ALLERGY ORAL TABLET 25 MG	Tier 4	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 4	Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	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	
<i>chlorpheniramine maleate oral tablet 4 mg</i> (Aller-Chlor)	Tier 4	
CHLORTABS ORAL TABLET 4 MG	Tier 4	
<i>clemastine oral tablet 2.68 mg</i>	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	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	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	
<i>diphenhydramine hcl oral capsule 25 mg</i> (Aler-Cap)	Tier 4	
<i>diphenhydramine hcl oral capsule 50 mg</i> (Banophen)	Tier 4	
<i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i> (Allergy)	Tier 4	
<i>diphenhydramine hcl oral syrup 12.5 mg/5 ml</i>	Tier 4	
<i>diphenhydramine hcl oral tablet 25 mg</i> (Alka-Seltzer Plus Allergy)	Tier 4	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 4	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 4	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	Tier 4	

Drug	Status	Notes
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril)	Tier 4	
M-DRYL ORAL LIQUID 12.5 MG/5 ML	Tier 4	
MICLARA LQ ORAL SYRUP 1.25 MG/5 ML	Tier 1	
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	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	Tier 4	
<i>promethazine injection syringe 25 mg/ml</i>	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
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	
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	
<i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))	Tier 1	
<i>cetirizine oral solution 5 mg/5 ml</i>	Tier 5	

Drug	Status	Notes
<i>cetirizine oral tablet 10 mg</i> (All Day Allergy (cetirizine))	Tier 5	
<i>cetirizine oral tablet 5 mg</i>	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 WAL-ZYR ORAL SOLUTION 1 MG/ML	Tier 1	
CHILD'S ALL DAY ALLERGY(CETIR) ORAL SOLUTION 1 MG/ML	Tier 1	
<i>desloratadine oral tablet 5 mg</i> (Clarinx)	Tier 1	QL (1 EA per 1 day)
<i>fexofenadine oral suspension 30 mg/5 ml</i> (Children's Allegra Allergy)	Tier 5	QL (10 ML per 1 day)
<i>fexofenadine oral tablet 180 mg</i> (Aller-ease)	Tier 5	
<i>fexofenadine oral tablet 60 mg</i> (Allegra Allergy)	Tier 5	
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	Tier 1	ST: Prior prescription for Desloratadine or Levocetirizine tablets in 120 days; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	Tier 5	
<i>loratadine oral solution 5 mg/5 ml</i> (Allergy Relief (loratadine))	Tier 5	
<i>loratadine oral tablet 10 mg</i> (Allergy Relief (loratadine))	Tier 5	
WAL-ZYR (CETIRIZINE) ORAL SOLUTION 1 MG/ML	Tier 1	
Nasal Antihistamine		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	Tier 1	QL (60 ML per 30 days)
<i>olopatadine nasal spray,non-aerosol 0.6 %</i> (Patanase)	Tier 1	QL (30.5 GM per 30 days)
Nasal Anti-Inflammatory Steroids		
<i>budesonide nasal spray,non-aerosol 32 mcg/actuation</i> (Rhinocort Allergy)	Tier 5	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier 1	QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	Tier 1	QL (16 GM per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Nasonex)	Tier 1	QL (17 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 2	ST: Prior prescription for Flunisolide or Fluticasone Propionate in 120 days; QL (6.8 GM per 30 days)

Drug	Status	Notes
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		
<i>cromolyn nasal spray, non-aerosol 5.2 mg/spray (4 %)</i> (Nasal Allergy Symptom Control)	Tier 5	
Antiemesis/Antivertigo		
Antiemetic, Cannabinoid-Type		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (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)
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i> (Emend)	Tier 1	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	Tier 1	QL (2 EA per 21 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	Tier 1	QL (3 EA per 21 days)
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 1	
DRAMAMINE LESS DROWSY ORAL TABLET 25 MG	Tier 1	
DRIMINATE ORAL TABLET 50 MG	Tier 5	
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST: Prior prescription for Ondansetron tablets or ODT in 120 days; QL (8 EA per 30 days)
<i>meclizine oral tablet 25 mg</i> (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	

Drug	Status	Notes
MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET 25 MG	Tier 1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 24 mg</i>	Tier 1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i> (Zofran)	Tier 1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	Tier 1	
<i>trimethobenzamide oral capsule 300 mg</i> (Tigan)	Tier 1	
VERTICALM ORAL TABLET 25 MG	Tier 1	
WAL-DRAM 2 ORAL TABLET 25 MG	Tier 1	
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)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
Anticholinergics, Orally Inhaled Long Acting		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic Agents		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	
Beta-Adrenergic Agents, Inhaled, Short Acting		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (ProAir HFA)	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/3 ml</i> (Xopenex)	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i> (Xopenex Concentrate)	Tier 1	

Drug	Status	Notes
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	Tier 1	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	Tier 2	
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.63 MG/3 ML	Tier 2	
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		
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	Tier 2	QL (120 ML per 30 days)
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	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
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)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i> (AirDuo RespiClick)	Tier 1	QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub)	Tier 1	QL (60 EA per 30 days)

Drug	Status	Notes
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)
ARNUIITY 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)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	Tier 1	QL (60 ML per 30 days)
FLOVENT 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		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	Tier 1	
<i>montelukast oral tablet 10 mg</i> (Singulair)	Tier 1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	Tier 1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	Tier 1	
Mast Cell Stabilizers		
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	Tier 1	
Mast Cell Stabilizers, Orally Inhaled		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
Phosphodiesterase-4 (Pde4) Inhibitors		

Drug	Status	Notes
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Tier 2	ST: Prior prescription for Breo Ellipta, Fluticasone Propionate/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,L MSK SPACER	Tier 1	
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	

Drug	Status	Notes
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	
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	

Drug	Status	Notes
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	
FLEXICHAMBER-SM CHILD MASK DEVICE	Tier 1	
FLYP NEBULIZER	Tier 1	
HEALTHMIST	Tier 1	
HOME NEBULIZER PLUS SIDESTREAM DEVICE	Tier 1	
<i>humidifiers</i> (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	
INTELLIGENT MESH NEBULIZER	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	

Drug	Status	Notes
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	
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 COMP-AIR COMPRES NEB 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	

Drug	Status	Notes
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	
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 NEBULIZER 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	
SOOTHENE COMPRESSOR NEBULIZER DEVICE	Tier 1	
SOOTHENE MESH NEBULIZER	Tier 1	
SPACE CHAMBER PLUS SPACER	Tier 1	
SPACE CHAMBER SPACER	Tier 1	
SPACE CHAMBER WITH LARGE MASK SPACER	Tier 1	
SPACE CHAMBER WITH MEDIUM MASK SPACER	Tier 1	

Drug	Status	Notes
SPACE CHAMBER WITH SMALL MASK 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	
<i>vaporizers</i> (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		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Tier 2	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 300 MG	Tier 1	
<i>theophylline oral elixir 80 mg/15 ml</i> (Elixophyllin)	Tier 1	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	
Autonomic Nervous System Disorders		
Alzheimer's Therapy, Nmda Receptor Antagonists		
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	Tier 1	QL (30 EA per 30 days)
<i>memantine oral solution 2 mg/ml</i>	Tier 1	QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	Tier 1	QL (60 EA per 30 days)
<i>memantine oral tablets,dose pack 5-10 mg</i> (Namenda Titration Pak)	Tier 1	QL (49 EA per 28 days)

Drug	Status	Notes
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		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	Tier 1	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 1	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> (Razadyne ER)	Tier 1	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> (Razadyne)	Tier 1	QL (60 EA per 30 days)
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	Tier 1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	Tier 1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i> (Exelon)	Tier 1	QL (30 EA per 30 days)
Behavioral Health - Antidepressants		
Alpha-2 Receptor Antagonist Antidepressants		
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	Tier 4	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	Tier 4	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	Tier 4	
Maois - Non-Selective & Irreversible		
MARPLAN ORAL TABLET 10 MG	Tier 4	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	Tier 4	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	Tier 4	
Norepinephrine And Dopamine Reuptake Inhib (Ndris)		

Drug	Status	Notes
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)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 4	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	Tier 4	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	Tier 4	
Selective Serotonin Reuptake Inhibitor (Ssrís)		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 4	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	Tier 4	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 4	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	Tier 4	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	Tier 4	
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	Tier 4	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 4	
<i>fluoxetine oral tablet 10 mg, 20 mg</i> (Sarafem)	Tier 4	
<i>fluoxetine oral tablet 60 mg</i>	Tier 4	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	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)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 4	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	Tier 4	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	Tier 4	
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)
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	Tier 4	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	Tier 4	
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		

Drug	Status	Notes
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 4	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 4	
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	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)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	Tier 4	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (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)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)	Tier 4	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 4	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 4	
Ssri & 5Ht1a Partial Agonist Antidepressant		

Drug	Status	Notes
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)
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 Combinations		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 4	
Tricyclic Antidepressant/Phenothiazine Combinations		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 4	
Tricyclic Antidepressants & Rel. Non- Sel. Ru-Inhib		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 4	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 4	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	Tier 4	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	Tier 4	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 4	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 4	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 4	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 4	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 4	

Drug	Status	Notes
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	
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 (Zenedi)	Tier 1	QL (180 EA per 30 days)
dextroamphetamine oral tablet 5 mg (Zenedi)	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	

Drug	Status	Notes
Anti-Anxiety - Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 4	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	Tier 4	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	Tier 4	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 4	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 4	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	Tier 4	
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	Tier 4	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 4	
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	Tier 4	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 4	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	Tier 4	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 4	
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	Tier 4	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	Tier 4	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 4	
Anti-Anxiety Drugs		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 4	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 4	
Anti-Mania Drugs		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 4	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 4	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 4	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	Tier 4	
<i>lithium carbonate oral tablet extended release 450 mg</i>	Tier 4	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 4	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Tier 4	
Antipsych, Dopamine Antag., Diphenylbutylpiperidines		

Drug	Status	Notes
<i>pimozide oral tablet 1 mg, 2 mg</i>	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)
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
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 4	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in 365 days; QL (30 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	Tier 4	QL (1 EA per 1 day)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	Tier 4	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in 365 days; QL (3 EA per 1 day)

Drug	Status	Notes
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	Tier 4	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in 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	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 4	
Antipsychotics, Atypical, Dopamine, & Serotonin Antag		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	Tier 4	QL (3 EA per 1 day)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 4	ST: At least 2 prior prescriptions for Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL in 365 days; QL (3 EA per 1 day)

Drug	Status	Notes
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 4	ST: At least 2 prior prescriptions for Aripiprazole, 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 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)
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 Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL in 365 days; QL (30 EA per 30 days)

Drug	Status	Notes
LATUDA ORAL TABLET 80 MG	Tier 4	ST: At least 2 prior prescriptions for Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL in 365 days; QL (60 EA per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	Tier 4	QL (1 EA per 1 day)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	Tier 4	QL (1 EA per 1 day)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	Tier 4	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i> (Invega)	Tier 4	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (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)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	Tier 4	QL (3 EA per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	Tier 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	QL (1 EA per 14 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	Tier 4	QL (8 ML per 1 day)
<i>risperidone oral tablet 0.25 mg</i>	Tier 4	QL (2 EA per 1 day)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	Tier 4	QL (2 EA per 1 day)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 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 Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL in 365 days; QL (2 EA per 1 day)

Drug	Status	Notes
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 4	ST: At least 2 prior prescriptions for Aripiprazole, Clozapine, Olanzapine, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL in 365 days; QL (18 ML per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	Tier 4	QL (2 EA per 1 day)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	Tier 4	
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		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 4	
Antipsychotics,Dopamine Antagonists,Butyrophenones		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate)	Tier 4	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 4	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 4	
Anti-Psychotics,Phenothiazines		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 4	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Tier 4	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 4	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 4	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 4	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 4	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 4	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 4	
Barbiturates		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 4	

Drug	Status	Notes
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 4	
SECONAL SODIUM ORAL CAPSULE 100 MG	Tier 4	
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists		
HETLIOZ ORAL CAPSULE 20 MG	Tier 4	PA
<i>ramelteon oral tablet 8 mg</i> (Rozerem)	Tier 4	ST: Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant - Ssris		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i> (Brisdelle)	Tier 4	ST: Prior prescription for Paroxetine HCL, Paxil, or Venlafaxine HCL 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	ST: Prior prescription for Marplan, Phenelzine Sulfate, or Tranylcypromine Sulfate in 120 days; QL (1 EA per 1 day)
Narcolepsy And Sleep Disorder Therapy Agents		
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	Tier 1	QL (2 EA per 1 day)
Narcotic Antagonists		
<i>naloxone injection solution 0.4 mg/ml</i>	Tier 1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 1	
<i>naltrexone oral tablet 50 mg</i>	Tier 1	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	Tier 2	QL (4 EA per 30 days)
Sedative-Hypnotics - Benzodiazepines		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 4	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 4	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 1	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)	Tier 4	
<i>triazolam oral tablet 0.125 mg</i>	Tier 4	
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	Tier 4	
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)

Drug	Status	Notes
COMPOZ ORAL TABLET 25 MG	Tier 4	
<i>doxepin oral tablet 3 mg, 6 mg</i> (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)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (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	
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	
SOMINEX ORAL TABLET 25 MG	Tier 4	
WAL-SLEEP Z ORAL CAPSULE 25 MG	Tier 4	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 4	QL (1 EA per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	Tier 4	QL (1 EA per 1 day)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	Tier 4	QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i> (Intermezzo)	Tier 4	QL (1 EA per 1 day)
Z-SLEEP ORAL CAPSULE 25 MG	Tier 4	
Ssri		
&Antipsych,Atyp,Dopamine&Serotonin		
Antag Comb		
<i>olanzapine-fluoxetine oral capsule 12-25 mg</i>	Tier 4	QL (1 EA per 1 day)
<i>olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i> (Symbyax)	Tier 4	QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist		

Drug	Status	Notes
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)
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	120mL BOTTLE; ST: Prior prescription for Methylphenidate HCL or Ritalin La in 120 days; QL (8 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		

Drug	Status	Notes
Antiarrhythmics		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	Tier 1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	Tier 1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG	Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	Tier 1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> (Rythmol SR)	Tier 1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
Cardiovascular Disease - Cardiac Stimulant		
Adrenergic Agents, Catecholamines		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	
Digitalis Glycosides		
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 1	
DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	Tier 1	
Cardiovascular Disease - Hypertension		
Ace Inhibitor/Calcium Channel Blocker Combination		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> (Lotrel)	Tier 1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	Tier 1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg</i>	Tier 1	

Drug	Status	Notes
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg</i> (Tarka)	Tier 1	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	Tier 1	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	Tier 1	
Alpha/Beta-Adrenergic Blocking Agents		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	Tier 1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	Tier 1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
Alpha-Adrenergic Blocking Agents		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	Tier 1	
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzyline)	Tier 1	PA
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	Tier 1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb		
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	Tier 1	
Angiotensin Receptor Antag./Thiazide Diuretic Comb		
<i>HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG</i>	Tier 2	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	Tier 1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	Tier 1	

Drug	Status	Notes
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	
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	
methyl dopa oral tablet 250 mg, 500 mg	Tier 1	

Drug	Status	Notes
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	
Antihypertensives, Vasodilators		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	Tier 1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	Tier 1	
<i>metoprolol tartrate oral tablet 25 mg</i>	Tier 1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	Tier 1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	Tier 1	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (Sorine)	Tier 1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
Beta-Adrenergic Blocking Agents/Thiazide & Related		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	Tier 1	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> (Ziac)	Tier 1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i> (Lopressor HCT)	Tier 1	

Drug	Status	Notes
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	Tier 1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	
Calcium Channel Blocking Agents		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	Tier 1	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	Tier 1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (Taztia XT)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiadylt ER)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i> (Cardizem CD)	Tier 1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	Tier 1	
<i>diltiazem hcl oral tablet 90 mg</i>	Tier 1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	Tier 1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 1	
<i>nifedipine oral capsule 10 mg</i> (Procardia)	Tier 1	
<i>nifedipine oral capsule 20 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	Tier 1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> (Adalat CC)	Tier 1	
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 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	

Drug	Status	Notes
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	
torseamide 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	
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

Drug	Status	Notes
LETAIRIS ORAL TABLET 10 MG, 5 MG	Tier 2	PA
OPSUMIT ORAL TABLET 10 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
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (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
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		
<i>chlorothiazide oral tablet 500 mg</i>	Tier 1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
Vasodilators, Combination		
BIDIL ORAL TABLET 20-37.5 MG	Tier 2	
Cardiovascular Disease - Lipid Irregularity		
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>pravastatin oral tablet 20 mg, 40 mg</i> (Pravachol)	Tier 1	QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	Tier 1	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	Tier 1	QL (1 EA per 1 day)
<i>simvastatin oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i> (Zocor)	Tier 1	ST: Prior prescription for Ezetimibe/Simvastatin or Simvastatin in 365 days; QL (1 EA per 1 day)
Antihyperlipidemic - Mtp Inhibitor		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	Tier 2	PA
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		
<i>cholestyramine (with sugar) oral powder 4 gram</i> (Questran)	Tier 1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	Tier 1	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	Tier 1	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	Tier 1	
<i>colestipol oral granules 5 gram</i> (Colestid)	Tier 1	
<i>colestipol oral packet 5 gram</i> (Colestid)	Tier 1	
<i>colestipol oral tablet 1 gram</i> (Colestid)	Tier 1	
PREVALITE ORAL POWDER 4 GRAM	Tier 1	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	Tier 1	
Lipotropics		
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	Tier 1	QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	Tier 1	

Drug	Status	Notes
<i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)	Tier 1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	Tier 1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibracor)	Tier 1	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	Tier 1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release)	Tier 1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	Tier 1	QL (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		
<i>niacin oral capsule, extended release 500 mg</i>	Tier 5	
<i>niacin oral tablet 500 mg</i> (Niacor)	Tier 5	
Cardiovascular Disease - Miscellaneous Agents		
Adrenergic Vasopressor Agents		
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	Tier 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		
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i> (Ranexa)	Tier 1	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i> (Ranexa)	Tier 1	QL (120 EA per 30 days)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	Tier 1	QL (1 EA per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	Tier 1	QL (1 EA per 1 day)
Cardiovascular Disease - Vasodilation		
Vasodilators, Coronary		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	Tier 1	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	Tier 1	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i> (ISOCHRON)	Tier 1	

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

Drug	Status	Notes
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	
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)

Drug	Status	Notes
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	Tier 4	
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	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	
CRYSSELLE (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	
<i>desog-e.estradiol/e.estradiol oral tablet</i> (Azurette (28)) 0.15-0.02 mgx21 /0.01 mg x 5	Tier 4	
<i>desogestrel-ethinyl estradiol oral tablet</i> (Apri) 0.15-0.03 mg	Tier 4	
<i>drospirenone-e.estradiol-lm.fa oral tablet</i> (Beyaz) 3-0.02-0.451 mg (24) (4)	Tier 4	
<i>drospirenone-e.estradiol-lm.fa oral tablet</i> (Tydemy) 3-0.03-0.451 mg (21) (7)	Tier 4	
<i>drospirenone-ethinyl estradiol oral tablet</i> (Gianvi (28)) 3-0.02 mg	Tier 4	
<i>drospirenone-ethinyl estradiol oral tablet</i> (Ocella) 3-0.03 mg	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	

Drug	Status	Notes
ERRIN ORAL TABLET 0.35 MG	Tier 4	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	Tier 4	
<i>ethynodiol diac-eth estradiol oral tablet</i> (Kelnor 1/35 (28)) 1-35 mg-mcg	Tier 4	
<i>ethynodiol diac-eth estradiol oral tablet</i> (Kelnor 1-50) 1-50 mg-mcg	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 FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 4	
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	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	
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 4	QL (91 EA per 84 days)
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	
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	

Drug	Status	Notes
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	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	(Amethia Lo) Tier 4	QL (91 EA per 84 days)
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(Fayosim) Tier 4	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(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	
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	
<i>levonorgestrel oral tablet 1.5 mg</i>	(Aftera) Tier 4	QL (6 EA per 365 days)
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	(Afirmelle) Tier 4	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Altavera (28)) Tier 4	
<i>levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg (28)</i>	(Amethyst (28)) Tier 4	

Drug	Status	Notes
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Introvale)	Tier 4	QL (91 EA per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (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	
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	Tier 4	QL (91 EA per 84 days)
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	
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)

Drug	Status	Notes
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) (Charlotte 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	
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	

Drug	Status	Notes
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	
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	

Drug	Status	Notes
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	
VOLNEA (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	
Contraceptives, Transdermal		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	Tier 4	QL (3 EA per 28 days)
Diaphragms/Cervical Cap		
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 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	

Drug	Status	Notes
Oxytocics		
<i>methylergonovine oral tablet 0.2 mg</i> (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	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i> (Promethazine VC)	Tier 1	
Antitussives, Non-Narcotic		
<i>benzonatate oral capsule 100 mg</i> (Tessalon Perles)	Tier 1	
<i>benzonatate oral capsule 200 mg</i>	Tier 1	
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	
<i>dextromethorphan polistirex oral suspension, extended rel 12 hr 30 mg/5 ml</i> (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		
CHEST CONGESTION RELIEF ORAL TABLET 400 MG	Tier 5	
MUCUS RELIEF ER ORAL TABLET EXTENDED RELEASE 12HR 1,200 MG, 600 MG	Tier 5	
MUCUS RELIEF ORAL TABLET 400 MG	Tier 5	
MUCUS-ER MAX ORAL TABLET EXTENDED RELEASE 12HR 1,200 MG	Tier 5	

Drug	Status	Notes
ROBAFEN ORAL LIQUID 100 MG/5 ML	Tier 5	
SILTUSSIN SA ORAL LIQUID 100 MG/5 ML	Tier 5	
TUSSIN MUCUS-CHEST CONGESTION ORAL LIQUID 100 MG/5 ML	Tier 5	
Non-Narc Antituss-1St Gen. Antihistamine-Decongest		
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	Tier 1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i> (Bromfed DM)	Tier 1	
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	
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	
Non-Narcotic Antitussive And Expectorant Comb.		
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	
COUGH SYRUP DM ORAL SYRUP 10-100 MG/5 ML	Tier 5	
MUCINEX DM ORAL TABLET EXTENDED RELEASE 12 HR 60-1,200 MG	Tier 5	
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	

Drug	Status	Notes
MUCUS RELIEF DM COUGH 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 ORAL LIQUID 10-100 MG/5 ML	Tier 5	
TUSSIN DM ORAL SYRUP 10-100 MG/5 ML	Tier 5	
Nose Preparations, Vasoconstrictors(Otc)		
NASAL DECONGESTANT (OXYMETAZL) NASAL SPRAY, NON-AEROSOL 0.05 %	Tier 5	
NASAL SPRAY 12HR(OXYMETAZOLINE NASAL SPRAY, NON-AEROSOL 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	
<i>pseudoephedrine hcl oral tablet 30 mg</i> (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	
<i>isotretinoin oral capsule 10 mg, 20 mg, 40 mg</i> (Amnesteem)	Tier 1	
<i>isotretinoin oral capsule 30 mg</i> (Claravis)	Tier 1	
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	

Drug	Status	Notes
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
Acne Agents, Topical		
<i>clindamycin-benzoyl peroxide topical gel</i> (Neuac) 1.2 %(1 % base) -5 %	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel</i> (Benzacilin) 1-5 %	Tier 1	
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	Tier 1	
Rosacea Agents, Topical		
<i>metronidazole topical cream</i> 0.75 % (Rosadan)	Tier 1	
<i>metronidazole topical gel</i> 0.75 % (Rosadan)	Tier 1	
<i>metronidazole topical gel</i> 1 % (Metrogel)	Tier 1	
<i>metronidazole topical gel with pump</i> 1 %	Tier 1	
<i>metronidazole topical lotion</i> 0.75 % (MetroLotion)	Tier 1	
ROSDAN TOPICAL CREAM 0.75 %	Tier 1	
Topical Preparations, Antibacterials		
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	
<i>silver nitrate topical solution</i> 0.5 %	Tier 1	
Vitamin A Derivatives		
<i>adapalene topical cream</i> 0.1 % (Differin)	Tier 1	Age (Max 25 Years)
<i>adapalene topical gel</i> 0.1 % (Efficlar Adapalene)	Tier 1	Age (Max 25 Years)
<i>adapalene topical gel</i> 0.3 % (Differin)	Tier 1	Age (Max 25 Years)
<i>adapalene topical gel with pump</i> 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)
EFFACLAR ADAPALENE TOPICAL GEL 0.1 %	Tier 1	Age (Max 25 Years)
<i>tretinoin microspheres topical gel</i> 0.04 %, 0.1 % (Retin-A Micro)	Tier 1	Age (Max 25 Years)
<i>tretinoin microspheres topical gel with pump</i> 0.04 %, 0.1 % (Retin-A Micro Pump)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical cream</i> 0.025 % (Avita)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical cream</i> 0.05 %, 0.1 % (Retin-A)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel</i> 0.01 % (Retin-A)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel</i> 0.025 % (Avita)	Tier 1	Age (Max 25 Years)
Dermatology - Antiinfective		
Insect Repellants		

Drug	Status	Notes
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	
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	
<i>bacitracin topical ointment 500 unit/gram</i> (Bacitraycin Plus)	Tier 5	
<i>bacitracin zinc topical ointment 500 unit/gram</i> (Antibiotic (bacitracin zinc))	Tier 5	
<i>clindamycin phosphate topical foam 1 %</i> (Evoclin)	Tier 1	

Drug	Status	Notes
<i>clindamycin phosphate topical gel 1 %</i> (Cleocin T)	Tier 1	
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	Tier 1	
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	Tier 1	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	Tier 1	
ERY PADS TOPICAL SWAB 2 %	Tier 1	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	Tier 1	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	Tier 1	
<i>gentamicin topical cream 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	
<i>mupirocin calcium topical cream 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i> (Centany)	Tier 1	
TRIPLE ANTIBIOTIC TOPICAL OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Tier 5	
Topical Antifungal/Anti-inflammatory, Steroid Agent		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
Topical Antifungals		
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	
ATHLETIC FOOT CREAM TOPICAL CREAM 1 %	Tier 1	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	Tier 1	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel 0.77 %</i>	Tier 1	
<i>ciclopirox topical shampoo 1 %</i> (Loprox)	Tier 1	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	Tier 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	Tier 1	QL (180 ML per 1 FILL)

Drug	Status	Notes
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> (Ciclodan Kit)	Tier 1	QL (19.8 ML per 1 FILL)
CLOTRIMAZOLE AF TOPICAL CREAM 1 %	Tier 1	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	Tier 1	
<i>clotrimazole topical solution 1 %</i>	Tier 1	
<i>econazole topical cream 1 %</i>	Tier 1	QL (170 GM per 1 FILL)
ITCH RELIEF (CLOTRIMAZOLE) TOPICAL CREAM 1 %	Tier 1	
JOCK ITCH (CLOTRIMAZOLE) TOPICAL CREAM 1 %	Tier 1	
<i>ketoconazole topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ketoconazole topical shampoo 2 %</i> (Nizoral)	Tier 1	QL (360 ML per 1 FILL)
<i>miconazole nitrate topical cream 2 %</i> (Antifungal Cream (miconazole))	Tier 5	
<i>naftifine topical cream 1 %</i>	Tier 1	
<i>naftifine topical cream 2 %</i> (Naftin)	Tier 1	QL (180 GM per 1 FILL)
<i>naftifine topical gel 1 %</i> (Naftin)	Tier 1	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	Tier 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	Tier 1	
RINGWORM TOPICAL CREAM 1 %	Tier 1	
<i>terbinafine hcl topical cream 1 %</i> (Athlete's Foot (terbinafine))	Tier 5	
<i>tolnaftate topical cream 1 %</i> (Antifungal (tolnaftate))	Tier 5	
<i>tolnaftate topical powder 1 %</i> (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	
LICE TREATMENT TOPICAL SHAMPOO 0.33-4 %	Tier 5	
<i>lindane topical shampoo 1 %</i>	Tier 1	

Drug	Status	Notes
NATRAPEL TOPICAL AEROSOL, SPRAY 20 %	Tier 5	
<i>permethrin topical cream 5 %</i> (Elimite)	Tier 1	
SKLICE TOPICAL LOTION 0.5 %	Tier 2	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	Tier 1	
VANALICE TOPICAL GEL 0.3-3.5 %	Tier 5	
Topical Antivirals		
<i>acyclovir topical ointment 5 %</i> (Zovirax)	Tier 1	
Topical Sulfonamides		
<i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)	Tier 1	
<i>silver sulfadiazine topical cream 1 %</i> (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	
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	
<i>amcinonide topical cream 0.1 %</i>	Tier 1	
<i>amcinonide topical lotion 0.1 %</i>	Tier 1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene)	Tier 1	

Drug	Status	Notes
<i>clobetasol scalp solution 0.05 %</i>	Tier 1	
<i>clobetasol topical cream 0.05 %</i> (Temovate)	Tier 1	
<i>clobetasol topical foam 0.05 %</i> (Olux)	Tier 1	
<i>clobetasol topical gel 0.05 %</i>	Tier 1	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	Tier 1	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	Tier 1	
<i>clocortolone pivalate topical cream 0.1 %</i> (Cloderm)	Tier 1	
<i>desonide topical ointment 0.05 %</i>	Tier 1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	Tier 1	
<i>fluocinolone and shower cap scalp oil 0.01 %</i> (Derma-Smoothe/FS Scalp Oil)	Tier 1	
<i>fluocinolone topical cream 0.01 %</i>	Tier 1	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	Tier 1	
<i>fluocinolone topical oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)	Tier 1	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	Tier 1	
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	Tier 1	
<i>fluocinonide topical cream 0.05 %</i>	Tier 1	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	Tier 1	
<i>fluocinonide topical gel 0.05 %</i>	Tier 1	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	Tier 1	
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	Tier 1	
<i>flurandrenolide topical cream 0.05 %</i> (Cordran)	Tier 1	
<i>flurandrenolide topical lotion 0.05 %</i> (Cordran)	Tier 1	
<i>flurandrenolide topical ointment 0.05 %</i> (Cordran)	Tier 1	
<i>fluticasone propionate topical cream 0.05 %</i> (Cutivate)	Tier 1	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1	
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 1	
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 1	
<i>hydrocortisone acetate topical ointment 1 %</i>	Tier 5	

Drug	Status	Notes
<i>hydrocortisone butyrate topical cream</i> 0.1 %	Tier 1	
<i>hydrocortisone butyrate topical ointment</i> 0.1 %	Tier 1	
<i>hydrocortisone butyrate topical solution</i> 0.1 %	Tier 1	
<i>hydrocortisone topical cream</i> 1 % (Ala-Cort)	Tier 5	
<i>hydrocortisone topical cream</i> 2.5 %	Tier 1	
<i>hydrocortisone topical lotion</i> 2.5 %	Tier 1	
<i>hydrocortisone topical ointment</i> 1 % (Anti-Itch (HC))	Tier 5	
<i>hydrocortisone topical ointment</i> 2.5 %	Tier 1	
<i>hydrocortisone valerate topical cream</i> 0.2 %	Tier 1	
<i>hydrocortisone valerate topical ointment</i> 0.2 %	Tier 1	
<i>mometasone topical cream</i> 0.1 %	Tier 1	
<i>mometasone topical ointment</i> 0.1 %	Tier 1	
<i>mometasone topical solution</i> 0.1 %	Tier 1	
PANDEL TOPICAL CREAM 0.1 %	Tier 2	
<i>prednicarbate topical cream</i> 0.1 %	Tier 1	
<i>prednicarbate topical ointment</i> 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	
<i>triamcinolone acetonide topical aerosol</i> 0.147 mg/gram (Kenalog)	Tier 1	
<i>triamcinolone acetonide topical cream</i> 0.025 %	Tier 1	
<i>triamcinolone acetonide topical cream</i> 0.1 %, 0.5 % (Triderm)	Tier 1	
<i>triamcinolone acetonide topical lotion</i> 0.025 %, 0.1 %	Tier 1	
<i>triamcinolone acetonide topical ointment</i> 0.025 %, 0.1 %, 0.5 %	Tier 1	
<i>triamcinolone acetonide topical ointment</i> 0.05 % (Trianex)	Tier 1	
TRIANEX TOPICAL OINTMENT 0.05 %	Tier 1	
Topical Anti-Inflammatory, Nsaids		
<i>diclofenac sodium topical drops</i> 1.5 %	Tier 1	
<i>diclofenac sodium topical gel</i> 1 % (Voltaren)	Tier 1	
Dermatology - Miscellaneous		
Antiperspirants		
XERAC AC TOPICAL SOLUTION 6.25 %	Tier 5	

Drug	Status	Notes
Antiseptics, General		
ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 5	
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 5	
<i>alcohol swabs topical pads, medicated</i> (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	
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	
<i>glutaraldehyde solution 25 %</i>	Tier 1	
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	

Drug	Status	Notes
<i>ammonium lactate topical cream 12 %</i> (Geri-Hydrolac)	Tier 1	
<i>ammonium lactate topical lotion 12 %</i> (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	
WOUND GEL TOPICAL GEL	Tier 1	
WOUND GEL TOPICAL SPRAY, NON-AEROSOL	Tier 1	
Iodine Antiseptics		
ANTISEPTIC TOPICAL SOLUTION 10 %	Tier 1	
FIRST AID ANTISEPTIC TOPICAL SOLUTION 10 %	Tier 1	
<i>povidone-iodine topical liquid in packet 10 %</i>	Tier 1	
<i>povidone-iodine topical pads, medicated 10 %</i>	Tier 1	
<i>povidone-iodine topical solution 10 %</i> (Antiseptic)	Tier 1	
<i>povidone-iodine topical solution 7.5 %</i> (Betadine Surgical Scrub)	Tier 1	
<i>povidone-iodine topical spray, non-aerosol 10 %</i>	Tier 1	
SCRUB CARE POVIDONE IODINE TOPICAL SOLUTION 10 %	Tier 1	
Irrigants		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	

Drug	Status	Notes
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 1	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 1	
<i>ringer's irrigation solution</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i> (Aqua Care Sodium Chloride)	Tier 1	
<i>sorbitol irrigation solution 3 %, 3.3 %</i>	Tier 1	
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	Tier 1	
<i>water for irrigation, sterile irrigation solution</i> (Aqua Care Sterile Water)	Tier 1	
Irritants/Counter-Irritants		
ARTHRITIS PAIN RELIEF(CAPSAIC) TOPICAL CREAM 0.075 %, 0.1 %	Tier 5	
<i>capsaicin topical adhesive patch,medicated 0.025 %</i> (Capsicum)	Tier 5	
<i>capsaicin topical cream 0.025 %</i>	Tier 5	
<i>capsaicin topical cream 0.1 %</i> (Arthritis Pain Relief(capsaic))	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	
MEDICATED HEAT PATCH TOPICAL ADHESIVE PATCH,MEDICATED 0.025 %	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	
<i>benzoyl peroxide topical gel 10 %</i> (Acne Medication)	Tier 5	
CONDYLOX TOPICAL GEL 0.5 %	Tier 2	ST: Prior prescription for Podofilox 0.5% solution in 120 days
<i>podofilox topical solution 0.5 %</i>	Tier 1	
Oxidizing Agents		
<i>hydrogen peroxide solution 3 %</i>	Tier 1	
Protectives		

Drug	Status	Notes
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	
<i>white petrolatum topical ointment</i> (Cloverine)	Tier 1	
<i>white petrolatum topical ointment in packet</i> (Vaseline White Petroleum)	Tier 1	
<i>zinc oxide topical ointment 20 %</i>	Tier 5	
Topical Anti-Inflammatory Steroid- Local Anesthetic		
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	Tier 1	
Topical Antineoplastic & Premalignant Lesion Agnts		
<i>diclofenac sodium topical gel 3 %</i> (Solaraze)	Tier 1	QL (100 GM per 1 FILL)
<i>fluorouracil topical cream 5 %</i> (Efudex)	Tier 1	
<i>fluorouracil topical solution 2 %, 5 %</i>	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	
BLUE TUBE TOPICAL CREAM 4 %	Tier 5	
BLUE-EMU LIDOCAINE PATCH TOPICAL ADHESIVE PATCH,MEDICATED 4 %	Tier 5	
LIDO KING TOPICAL ADHESIVE PATCH,MEDICATED 4 %	Tier 5	
<i>lidocaine hcl laryngotracheal solution 4 %</i> (LTA Pre-Attached)	Tier 1	
<i>lidocaine hcl topical cream 3 %</i> (Lidopin)	Tier 1	

Drug	Status	Notes
<i>lidocaine hcl topical cream 4 %</i> (Pain Relief (lidocaine))	Tier 5	
LIDOCAINE PAIN RELIEF TOPICAL ADHESIVE PATCH,MEDICATED 4 %	Tier 5	
<i>lidocaine topical adhesive patch,medicated 4 %</i> (Aspercreme (lidocaine))	Tier 5	
<i>lidocaine topical adhesive patch,medicated 5 %</i> (Lidoderm)	Tier 1	QL (3 EA per 1 day)
<i>lidocaine topical cream 3 %</i>	Tier 5	
<i>lidocaine topical cream 4 %</i> (Anecream)	Tier 5	
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	
LIDOCARE TOPICAL ADHESIVE PATCH,MEDICATED 4 %	Tier 5	
LIQUID BANDAGE TOPICAL SOLUTION 0.75-0.2 %	Tier 1	
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	Tier 1	
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		
<i>acitretin oral capsule 10 mg, 25 mg</i> (Soriatane)	Tier 1	
<i>acitretin oral capsule 17.5 mg</i>	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

Drug	Status	Notes
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 2	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 2	PA
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> (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
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 2	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	Tier 2	PA
Antipsoriatics Agents		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in 120 days
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in 120 days
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in 120 days
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in 120 days
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	Tier 1	
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		
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in 120 days

Drug	Status	Notes
Topical Vit D Analog/Anti-inflammatory, Steroidal		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i> (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)
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)
Antihyperglycemic-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)		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	Tier 1	
Antihyperglycemic, Amylin Analog-Type		

Drug	Status	Notes
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)
Antihyperglycemic, Insulin-Release Stimulant Type		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> (Amaryl)	Tier 1	
<i>glipizide oral tablet 10 mg, 5 mg</i> (Glucotrol)	Tier 1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> (Glucotrol XL)	Tier 1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	Tier 1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>nateglinide oral tablet 120 mg, 60 mg</i> (Starlix)	Tier 1	
<i>repaglinide oral tablet 0.5 mg</i>	Tier 1	
<i>repaglinide oral tablet 1 mg, 2 mg</i> (Prandin)	Tier 1	
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	Tier 1	
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2	QL (1 EA per 1 day)
Antihyperglycemic, Biguanide Type (Non-Sulfonylurea)		
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	Tier 1	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i> (Glucophage)	Tier 1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i> (Glucophage XR)	Tier 1	
Antihyperglycemic, Insulin & Glp-1 Receptor Agonist		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 2	ST: Prior prescription for Basaglar Kwikpen U-100, Ozempic, Rybelsus, Tresiba Flextouch U-100, Tresiba Flextouch U-200, Tresiba, Trulicity, or Victoza in 120 days; QL (30 ML per 28 days)
Antihyperglycemic, Insulin-Rel Stim. & Biguanide Cmb		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	

Drug	Status	Notes
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	Tier 1	
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)
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb		
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i> (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 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	

Drug	Status	Notes
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	
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	

Drug	Status	Notes
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	
<i>blood glucose contrl hi,normal solution</i> (2Tek Control (High-Normal))	Tier 5	
<i>blood glucose control, normal solution</i> (Accu-Chek SmartView Contrl Sol)	Tier 5	
<i>blood glucose ctl high,nml,low solution</i> (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	
CEQR SIMPLICITY DEVICE 2 UNIT	Tier 1	
CEQR SIMPLICITY INSERTER	Tier 5	
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	

Drug	Status	Notes
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	
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	

Drug	Status	Notes
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	
EASY TRAK II CTRL SOLN-NORMAL SOLUTION	Tier 5	
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	

Drug	Status	Notes
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	
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	
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION	Tier 5	
GOJJI KETONE CONTROL SOLN-L1 SOLUTION	Tier 1	
GOJJI LANCING DEVICE	Tier 5	

Drug	Status	Notes
GOJJI MULTI-FUNCTIONAL METER DEVICE	Tier 5	
GOJJI MULTI-FUNCTIONAL METER KIT	Tier 5	
GUARDIAN RT CHARGER	Tier 5	
GUARDIAN RT MONITOR SYSTEM	Tier 5	
GUARDIAN RT TEST PLUG DEVICE	Tier 5	
GUARDIAN RT TRANSMITTER TAPE	Tier 5	
HARMONY CONTROL L1,L3 SOLUTION	Tier 5	
HEALTHPRO HIGH-LOW CONTROL SOLUTION	Tier 5	
HEALTHY ACCENTS AUTOLET	Tier 5	
HYPOLANCE AST LANCING KIT	Tier 5	
INCONTROL LANCING DEVICE	Tier 5	
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	
<i>lancing device</i>	(Adjustable Lancing Device)	Tier 5
LANCING DEVICE WITH LANCETS	Tier 5	
<i>lancing device with lancets kit</i>	(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	

Drug	Status	Notes
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	
MINIMED 670G INSULIN PUMP	Tier 1	PA
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 MIO 18" INFUSION SET	Tier 5	
MINIMED MIO 23" INFUSION SET	Tier 5	
MINIMED MIO 32" INFUSION SET	Tier 5	
MINIMED MIO ADVANCE INF SET23" INFUSION SET	Tier 5	
MINIMED QUICK SET 18" INFUSION SET	Tier 5	
MINIMED QUICK SET 23" INFUSION SET	Tier 5	
MINIMED QUICK SET 32" INFUSION SET	Tier 5	
MINIMED QUICK SET 43" INFUSION SET	Tier 5	
MINIMED QUICK-SERTER-MMT 305	Tier 5	
MINIMED QUICK-SERTER-MMT 395	Tier 5	
MINIMED SILHOUETTE 18" INFUSION SET	Tier 5	
MINIMED SILHOUETTE 23" INFUSION SET	Tier 5	
MINIMED SILHOUETTE 32" INFUSION SET	Tier 5	
MINIMED SILHOUETTE 43" INFUSION SET	Tier 5	

Drug	Status	Notes
MINIMED SURE T 18" INFUSION SET	Tier 5	
MINIMED SURE T 23" INFUSION SET	Tier 5	
MINIMED SURE T 32" INFUSION SET	Tier 5	
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	PA
OMNIPOD INSULIN MANAGEMENT	Tier 1	PA
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 REMOTE CONTROL	Tier 5	
PRECISION GLUCOSE CONTROL SOLN COMBO PACK	Tier 5	
PRECISION GLUCOSE/KETONE CONTR COMBO PACK	Tier 5	
PRECISION XTRA KETONE-GLUCOSE KIT	Tier 5	
PRECISION XTRA MONITOR	Tier 5	
PRODIGY CONTROL SOLUTION, LOW SOLUTION	Tier 5	

Drug	Status	Notes
PRODIGY CONTROL SOLUTION,HIGH SOLUTION	Tier 5	
PRODIGY LANCING DEVICE	Tier 5	
QUICK-SET PARADIGM 43" INFUSION SET	Tier 5	
QUICK-SET PARADIGM INFUSION SET	Tier 5	
REFUAH PLUS GLUCOSE CONTROL SOLUTION	Tier 5	
RELIAMED MINI LANCING DEVICE	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	
SIL-SERTER	Tier 1	
SMARTDIABETES VANTAGE	Tier 5	
SMARTEST CONTROL SOLUTION	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	
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	

Drug	Status	Notes
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	PA
T:SLIM X2 CONTROL-IQ	Tier 1	PA
T:SLIM X2 INSULIN PUMP	Tier 1	PA
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	
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	

Drug	Status	Notes
VARISOFT INFUSION SET 43" INFUSION SET	Tier 5	
VERASENS CONTROL SOLN-LEVEL 1 SOLUTION	Tier 5	
V-GO 20 DEVICE	Tier 1	PA
V-GO 30 DEVICE	Tier 1	PA
V-GO 40 DEVICE	Tier 1	PA
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	Tier 5	
VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION	Tier 5	
VIVAGUARD INO CTRL SOLN-L2 SOLUTION	Tier 5	
VIVAGUARD LANCING DEVICE	Tier 5	
WAVESENSE CONTROL SOLUTION SOLUTION	Tier 5	
Diabetic Ulcer Preparations, Topical		
REGGRANEX TOPICAL GEL 0.01 %	Tier 1	
Hyperglycemics		
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2	QL (4 EA per 1 FILL)
<i>glucose oral tablet, chewable 4 gram</i> (Dex4 Glucose)	Tier 5	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
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)	
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	(Novolog Mix 70- 30FlexPen U-100)	Tier 1	QL (30 ML per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70- 30)</i>	(Novolog Mix 70-30 U-100 Insuln)	Tier 1	QL (40 ML per 28 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	(Humalog Mix 75-25 KwikPen)	Tier 1	QL (30 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 or Humulin R U-500 in 120 days; QL (40 ML per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	QL (30 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		
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	Tier 1	
Ear Preparations, Misc. Anti-Infectives		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	
Ear Preparations,Antibiotics		
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)	Tier 1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	
Otic Preparations,Anti-Inflammatory-Antibiotics		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i> (Ciprodex)	Tier 1	
Electrolyte Regulation		
Arginine Vasopressin (Avp) Receptor Antagonists		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 2	PA

Drug	Status	Notes
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	Tier 2	PA
Electrolyte Depleters		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML	Tier 1	
MAGNEBIND 400 ORAL TABLET 400-200-1 MG	Tier 5	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	Tier 1	
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML	Tier 1	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1	
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	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 1	
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	Tier 1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> (K-Tab)	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	Tier 1	
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	
Endocrine Disorder - Fertility		
Drugs To Treat Impotency		
tadalafil oral tablet 2.5 mg, 5 mg (Cialis)	Tier 1	PA; 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)	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
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 2	PA
leuprolide subcutaneous kit 1 mg/0.2 ml	Tier 1	PA

Drug	Status	Notes
<i>leuprolide subcutaneous solution 1 mg/0.2 ml</i>	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		
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 1	QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	Tier 1	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	Tier 1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 1	
<i>etidronate disodium oral tablet 200 mg</i>	Tier 1	
<i>ibandronate oral tablet 150 mg</i> (Boniva)	Tier 1	
<i>raloxifene oral tablet 60 mg</i> (Evista)	Tier 1	PA; QL (1 EA per 1 day)
Calcimimetic, Parathyroid Calcium Enhancer		
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	Tier 1	QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	Tier 1	QL (4 EA per 1 day)
Growth Hormone Receptor Antagonists		

Drug	Status	Notes
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		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	Tier 1	
<i>paricalcitol oral capsule 4 mcg</i>	Tier 1	
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		
ORLISSA ORAL TABLET 150 MG, 200 MG	Tier 2	PA
Lhrh(Gnrh) Agnst Pit. Sup-Central Precocious Puberty		
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	Tier 2	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	Tier 2	PA
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

Drug	Status	Notes
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	Tier 2	PA
Pituitary Suppressive Agents		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	Tier 1	
<i>propylthiouracil oral tablet 50 mg</i>	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	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	Tier 1	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	Tier 1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	Tier 1	
NP THYROID ORAL TABLET 15 MG, 30 MG, 60 MG, 90 MG	Tier 1	
<i>thyroid (pork) oral tablet 15 mg, 30 mg, 60 mg, 90 mg</i> (NP Thyroid)	Tier 1	
Eye - General Disorders		
Eye Antibiotic-Corticoid Combinations		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg- unit/g-1%</i> (Neo-Polycin HC)	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g- 10,000 unit/g-0.1 %</i> (Maxitrol)	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg- unit-mg/ml</i>	Tier 1	
NEO-POLYICIN 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	

Drug	Status	Notes
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> (TobraDex)	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 2	
Eye Antihistamines		
ALAWAY OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %)	Tier 5	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	
CHILDREN'S ALAWAY OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %)	Tier 5	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Pataday)	Tier 1	
Eye Antiinflammatory Agents		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	Tier 2	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	Tier 1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 2	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	Tier 2	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 2	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	Tier 1	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	Tier 2	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 2	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 2	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)	Tier 1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 2	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 2	

Drug	Status	Notes
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	
Eye Antivirals		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 2	
Eye Local Anesthetics		
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	Tier 1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i> (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	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> (Bleph-10)	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
Eye Vasoconstrictors (Rx Only)		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
Ophthalmic Antibiotics		
AK-POLY-BAC OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	Tier 1	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i> (Baciguent)	Tier 1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (AK-Poly-Bac)	Tier 1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> (Ciloxan)	Tier 1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> (Zymaxid)	Tier 1	

Drug	Status	Notes
GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)	Tier 1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i> (Moxeza)	Tier 1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1	
NEO-POLYCYN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	Tier 1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	Tier 1	
POLYCYN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> (Polytrim)	Tier 1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i> (Tobrex)	Tier 1	
TOBEX 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		
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	Tier 2	
ALOMIDOPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	
Ophthalmic Preparations, Miscellaneous		
MURO 128 OPHTHALMIC (EYE) DROPS 2 %, 5 %	Tier 5	
MURO 128 OPHTHALMIC (EYE) OINTMENT 5 %	Tier 5	
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
Miotics/Other Intraoc. Pressure Reducers		

Drug	Status	Notes
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 2	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 1	QL (1 ML per 12 days)
<i>brimonidine ophthalmic (eye) drops 0.15 %</i> (Alphagan P)	Tier 1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	Tier 2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i> (Trusopt)	Tier 1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	Tier 1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	Tier 1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 2	QL (2.5 ML per 25 days)
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> (Isopto Carpine)	Tier 1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 2	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> (Timoptic)	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i> (Timoptic-XE)	Tier 1	
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	Tier 1	QL (2.5 ML per 25 days)
Mydriatics		
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	Tier 1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 1	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)	Tier 1	
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydracil)	Tier 1	
Eye - Miscellaneous		
Artificial Tears		
DRY EYE RELIEF OPHTHALMIC (EYE) DROPS 1-0.2-0.2 %	Tier 5	

Drug	Status	Notes
FRESHKOTE OPHTHALMIC (EYE) DROPS 2.7-2 %	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 SEVERE GEL OPHTHALMIC (EYE) GEL 0.3 %	Tier 5	
LUBRICANT EYE (PG-PEG 400) OPHTHALMIC (EYE) DROPS 0.4-0.3 %	Tier 5	
LUBRICATING PLUS OPHTHALMIC (EYE) DROPPERETTE 0.5 %	Tier 5	
REFRESH CLASSIC (PF) OPHTHALMIC (EYE) DROPPERETTE 1.4-0.6 %	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 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) DROPS 0.25 %	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)		
CLEANSING EYELID TOPICAL PADS, MEDICATED	Tier 1	
EYELID WIPES (WITH CHAMOMILE) TOPICAL TOWELETTE	Tier 1	
REFRESH LACRI-LUBE OPHTHALMIC (EYE) OINTMENT 56.8-42.5 %	Tier 5	
Ophthalmic Cystine Depleting Agents		
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 2	PA
Gout And Related Diseases		
Colchicine		
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	Tier 1	QL (2 EA per 1 day)
Hyperuricemia Tx - Purine Inhibitors		

Drug	Status	Notes
<i>allopurinol oral tablet 100 mg, 300 mg</i> (Zyloprim)	Tier 1	
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	Tier 1	ST: Prior prescription for Allopurinol in 120 days; QL (30 EA per 30 days)
Uricosuric Agents		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	
Hematological Disorders		
Agents To Tx Thrombotic Thrombocytopenic Purpura		
CABLIVI INJECTION KIT 11 MG	Tier 2	PA
CABLIVI INJECTION RECON SOLN 11 MG	Tier 2	PA
Anticoagulants, Coumarin Type		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	Tier 1	
Antifibrinolytic Agents		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar)	Tier 1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> (Amicar)	Tier 1	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	Tier 1	
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	
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	

Drug	Status	Notes
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	
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	

Drug	Status	Notes
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		
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	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 DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 2	QL (2 EA per 1 day)
Factor Ix Complex (Pcc) Preparations		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	
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	

Drug	Status	Notes
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
Hemorrhologic Agents		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
Heparin And Related Preparations		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	Tier 1	QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox)	Tier 1	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	Tier 1	QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	Tier 1	QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	Tier 1	QL (12 ML per 30 days)

Drug	Status	Notes
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (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	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 1	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous syringe 100 unit/ml</i>	Tier 1	
HEPARIN LOCK FLUSH INTRAVENOUS SYRINGE 10 UNIT/ML	Tier 1	
HEPARIN LOCK INTRAVENOUS SOLUTION 100 UNIT/ML	Tier 1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i> (Heparin LockFlush(Porcine)(PF))	Tier 1	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 1	
Leukocyte (Wbc) Stimulants		

Drug	Status	Notes
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)
<i>aspirin oral tablet, chewable 81 mg</i> (Children's Aspirin)	Tier 5	QL (100 EA per 1 FILL)
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i> (Adult Aspirin Regimen)	Tier 5	QL (100 EA per 1 FILL)
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)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>clopidogrel oral tablet 300 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	Tier 1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	Tier 1	QL (1 EA per 1 day)
Platelet Reducing Agents		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	Tier 1	
<i>anagrelide oral capsule 1 mg</i>	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

Drug	Status	Notes
SIKLOS ORAL TABLET 100 MG	Tier 2	QL (2 EA per 1 day)
Thrombopoietin Receptor Agonists		
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 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		
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> (Vitamin K1)	Tier 1	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i> (Mephyton)	Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML	Tier 1	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML	Tier 1	
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
<i>methyltestosterone oral capsule 10 mg</i> (Android)	Tier 1	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	Tier 1	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	Tier 1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i> (Fortesta)	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	Tier 1	PA

Drug	Status	Notes
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	
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	
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	

Drug	Status	Notes
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		
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	Tier 1	
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	Tier 1	
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
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 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		

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

Drug	Status	Notes
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
<i>imiquimod topical cream in packet 5 %</i> (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
Immunosuppressives		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Tier 2	
<i>azathioprine oral tablet 50 mg</i> (Imuran)	Tier 1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	Tier 1	
<i>cyclosporine modified oral capsule 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	Tier 1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	Tier 1	
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i> (Zortress)	Tier 1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 1	
GENGRAF ORAL SOLUTION 100 MG/ML	Tier 1	
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	Tier 1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	Tier 1	
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	Tier 1	
<i>mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg</i> (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	
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	Tier 1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	Tier 1	
ZORTRESS ORAL TABLET 1 MG	Tier 2	

Drug	Status	Notes
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	
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	
cefepodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	Tier 1	
cefepodoxime oral tablet 100 mg, 200 mg	Tier 1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 2	

Drug	Status	Notes
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	
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	Tier 1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	Tier 1	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i> (Urogesic-Blue)	Tier 1	
<i>trimethoprim oral tablet 100 mg</i>	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	
USTELL ORAL CAPSULE 120-0.12 MG	Tier 1	
Macrolides		
<i>azithromycin oral packet 1 gram</i> (Zithromax)	Tier 1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	Tier 1	
<i>azithromycin oral tablet 600 mg</i>	Tier 1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 1	
DIFICID ORAL TABLET 200 MG	Tier 2	ST: 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	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	Tier 1	

Drug	Status	Notes
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	
Nitrofurantoin Derivatives		
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg (Macrochantin)	Tier 1	
nitrofurantoin macrocrystal oral capsule 25 mg (Macrochantin)	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	

Drug	Status	Notes
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)
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	Tier 2	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
Quinolones		
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	Tier 2	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	Tier 1	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	Tier 1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	

Drug	Status	Notes
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, 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	
isoniazid oral tablet 100 mg, 300 mg	Tier 4	

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

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)
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	
pyrimethamine oral tablet 25 mg (Daraprim)	Tier 1	PA
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 Nrti 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.		
SYM TUZA 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		
VEKLURY (EUA) INTRAVENOUS RECON SOLN 100 MG	Tier 1	
VEKLURY (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	

Drug	Status	Notes
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	Tier 1	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 2	
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	Tier 1	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	Tier 1	
TAMIFLU ORAL CAPSULE 30 MG, 75 MG	Tier 1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	Tier 1	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	Tier 1	
XOFLUZA ORAL TABLET 20 MG, 40 MG	Tier 2	QL (4 EA per 180 days)
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		
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	Tier 1	QL (1 EA per 1 day)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	Tier 1	QL (2 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (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, Cd4 Attachment Inhibitor		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 2	PA
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)
<i>efavirenz oral capsule 200 mg, 50 mg</i> (Sustiva)	Tier 1	
<i>efavirenz oral tablet 600 mg</i> (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)
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	Tier 1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i> (Viramune)	Tier 1	QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i> (Viramune XR)	Tier 1	QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG	Tier 2	QL (2 EA per 1 day)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	Tier 2	
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	Tier 1	QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i> (Ziagen)	Tier 1	QL (2 EA per 1 day)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	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)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	Tier 1	QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i> (Epivir)	Tier 1	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	Tier 1	QL (1 EA per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	Tier 1	QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	Tier 1	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleotide Analog, Rti		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	Tier 1	QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 2	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
Antivirals, Hiv-Specific, Protease Inhibitor Comb		
KALETRA ORAL TABLET 100-25 MG	Tier 2	QL (10 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG	Tier 2	QL (4 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	Tier 1	QL (480 ML per 30 days)
Antivirals, Hiv-Specific, Protease Inhibitors		
<i>atazanavir oral capsule 150 mg, 200 mg</i> (Reyataz)	Tier 1	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	Tier 1	QL (1 EA per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Tier 2	
EVOTAZ ORAL TABLET 300-150 MG	Tier 2	QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	Tier 1	QL (4 EA per 1 day)
INVIRASE ORAL TABLET 500 MG	Tier 2	QL (4 EA per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 2	QL (1800 ML per 30 days)
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)
<i>ritonavir oral tablet 100 mg</i> (Norvir)	Tier 1	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 2	
Antivirals, Hiv-1 Integrase Strand Transfer Inhibtr		
ISENTRESS HD ORAL TABLET 600 MG	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	Tier 2	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 2	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 2	QL (6 EA per 1 day)
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)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	QL (1 EA per 1 day)
<i>efavirenz/lamivu/tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i> (SYMFILLO)	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
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 PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 2	PA
HARVONI ORAL TABLET 45-200 MG	Tier 2	PA
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i> (Harvoni)	Tier 1	PA
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> (Epclusa)	Tier 1	PA
Hepatitis B Treatment Agents		
<i>adefovir oral tablet 10 mg</i> (Hepsera)	Tier 1	QL (1 EA per 1 day)
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	Tier 2	QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (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)
<i>lamivudine oral tablet 100 mg</i> (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
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb		
MAVYRET ORAL TABLET 100-40 MG	Tier 2	PA
Inflammatory Disease		
Anti-Arthritic And Chelating Agents		
D-PENAMINE ORAL TABLET 125 MG	Tier 1	PA
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	Tier 1	PA
Anti-Arthritic, Folate Antagonist Agents		

Drug	Status	Notes
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
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 2	PA

Drug	Status	Notes
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		
<i>leflunomide oral tablet 10 mg, 20 mg</i> (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		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (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		
<i>budesonide oral</i> (Entocort EC) <i>capsule, delayed, extend. release 3 mg</i>	Tier 1	
<i>cortisone oral tablet 25 mg</i>	Tier 1	
DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG	Tier 1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i> (Decadron)	Tier 1	

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

Drug	Status	Notes
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		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	
Nsaids, Cyclooxygenase 2 Inhibitor - Type		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (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	
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> (Voltaren-XR)	Tier 1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG	Tier 1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg</i> (Lodine)	Tier 1	
<i>etodolac oral tablet 500 mg</i>	Tier 1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Tier 1	
IBU-200 ORAL TABLET 200 MG	Tier 5	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Profen IB)	Tier 1	
<i>ibuprofen oral tablet 200 mg</i> (IBU-200)	Tier 5	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	Tier 1	
INDOCIN ORAL SUSPENSION 25 MG/5 ML	Tier 2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	Tier 1	
<i>ketorolac injection cartridge 15 mg/ml, 30 mg/ml</i>	Tier 1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	Tier 1	

Drug	Status	Notes
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	Tier 1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 1	
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)	Tier 1	
<i>nabumetone oral tablet 500 mg, 750 mg</i> (Relafen)	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	Tier 1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	Tier 1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> (EC-Naproxen)	Tier 1	
<i>naproxen sodium oral tablet 275 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	Tier 1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 500 mg</i> (Naprelan CR)	Tier 1	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	Tier 1	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	Tier 1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
<i>tolmetin oral capsule 400 mg</i>	Tier 1	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	Tier 1	
Local Anesthesia		
Local Anesthetics		
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %	Tier 1	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	Tier 1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	Tier 1	
Lower Gastrointestinal Disorders - Bowel Inflammation		
Bowel Antiinflammatory Agents		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
Chronic Inflammation. Colon Disease, 5-Aminosalicylates, Rectal Treatment		
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	Tier 1	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	Tier 1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i> (Rowasa)	Tier 1	
Drug Treatment-Chronic Inflammation. Colon Disease, 5-Aminosalicylates		
<i>balsalazide oral capsule 750 mg</i> (Colazal)	Tier 1	

Drug	Status	Notes
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	
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	
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/Lower Bowel Prep.,Glucocort. (Non-Hemorr)		
hydrocortisone rectal enema 100 mg/60 ml (Cortenema)	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	
lactulose oral solution 10 gram/15 ml (Constulose)	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 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	

Drug	Status	Notes
BISMATROL ORAL TABLET,CHEWABLE 262 MG	Tier 5	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	Tier 1	
<i>loperamide oral liquid 1 mg/7.5 ml</i> (Anti-Diarrheal (loperamide))	Tier 5	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	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		
<i>ursodiol oral capsule 300 mg</i> (Actigall)	Tier 1	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	Tier 1	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	Tier 1	
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog		
OCALIVA ORAL TABLET 10 MG, 5 MG	Tier 2	PA
Laxatives And Cathartics		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	Tier 2	QL (2 EA per 1 day)
<i>bisacodyl oral tablet, delayed release (dr/ec) 5 mg</i> (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 1	
CLEARLAX ORAL POWDER IN PACKET 17 GRAM	Tier 1	
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	
<i>docusate sodium oral capsule 100 mg</i> (DOK)	Tier 5	
DOK ORAL CAPSULE 100 MG	Tier 5	
DOK ORAL TABLET 100 MG	Tier 5	
FIBER (CALCIUM POLYCARBOPHIL) ORAL TABLET 625 MG	Tier 5	

Drug	Status	Notes
FIBER (PSYLLIUM HUSK/SUGAR) ORAL POWDER 3.4 GRAM/12 GRAM	Tier 5	
FIBER LAXATIVE (CA POLYCARBO) ORAL TABLET 625 MG	Tier 5	
FIBER LAXATIVE (METHYLCELLULO) ORAL TABLET 500 MG	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	
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 1	
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
KONSYL SUGAR-FREE ORAL POWDER 6 GRAM/6 GRAM	Tier 5	
KONSYL SUGAR-FREE ORAL POWDER IN PACKET 6 GRAM	Tier 5	
KRISTALOSE ORAL PACKET 10 GRAM	Tier 2	ST: Prior prescription for generic Lactulose solution in 120 days; QL (3 EA per 1 day)
KRISTALOSE ORAL PACKET 20 GRAM	Tier 2	ST: Prior prescription for generic Lactulose solution in 120 days; QL (2 EA per 1 day)
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	Tier 1	
LAXACLEAR ORAL POWDER 17 GRAM/DOSE	Tier 1	
LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG	Tier 5	

Drug	Status	Notes
LAXATIVE (SENNOSIDES) ORAL TABLET 25 MG	Tier 5	
LAXATIVE PEG 3350 ORAL POWDER 17 GRAM/DOSE	Tier 1	
<i>magnesium citrate oral solution</i> (Citrate of Magnesia)	Tier 5	
<i>magnesium hydroxide oral suspension 400 mg/5 ml</i> (Milk of Magnesia)	Tier 5	
MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5 ML	Tier 5	
NATURAL FIBER LAXATIVE (SUGAR) ORAL POWDER	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	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	Tier 1	
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	Tier 1	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i> (ClearLax)	Tier 5	
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i> (ClearLax)	Tier 1	
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	
PURELAX ORAL POWDER 17 GRAM/DOSE	Tier 1	
PURELAX ORAL POWDER IN PACKET 17 GRAM	Tier 1	
SENNALAX ORAL TABLET 8.6 MG	Tier 5	
SENNALAXATIVE ORAL TABLET 8.6 MG	Tier 5	
SENNALAX ORAL TABLET 8.6 MG	Tier 5	
SENNALAX PLUS ORAL TABLET 8.6-50 MG	Tier 5	
SENNALAX-S ORAL TABLET 8.6-50 MG	Tier 5	
<i>sennosides-docusate sodium oral tablet 8.6-50 mg</i> (Senna Plus)	Tier 5	
SILACE ORAL LIQUID 50 MG/5 ML	Tier 5	
SMOOTHLAX ORAL POWDER 17 GRAM/DOSE	Tier 1	
SMOOTHLAX ORAL POWDER IN PACKET 17 GRAM	Tier 1	

Drug	Status	Notes
STOOL SOFTENER ORAL CAPSULE 100 MG	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	
Laxatives, Local/Rectal		
<i>bisacodyl rectal suppository 10 mg</i> (Dulcolax (bisacodyl))	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	
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		
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	Tier 1	QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (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		

Drug	Status	Notes
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
<i>guanidine oral tablet 125 mg</i>	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	Tier 1	
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		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Tier 1	
LEUKERAN ORAL TABLET 2 MG	Tier 2	
<i>melphalan oral tablet 2 mg</i> (Alkeran)	Tier 1	
MYLERAN ORAL TABLET 2 MG	Tier 2	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i> (Temodar)	Tier 1	PA
Antiandrogenic Agents		
<i>abiraterone oral tablet 250 mg</i> (Zytiga)	Tier 1	PA
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	Tier 1	
ERLEADA ORAL TABLET 60 MG	Tier 2	PA
<i>flutamide oral capsule 125 mg</i>	Tier 1	
<i>nilutamide oral tablet 150 mg</i> (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		
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	Tier 1	PA
INQOVI ORAL TABLET 35-100 MG	Tier 2	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 2	PA
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	

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		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	Tier 1	
<i>exemestane oral tablet 25 mg</i> (Aromasin)	Tier 1	
<i>letrozole oral tablet 2.5 mg</i> (Femara)	Tier 1	PA
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	Tier 2	PA
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)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 2	PA
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
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor)	Tier 1	PA
Antineoplastic - Protein Methyltransferase Inhibit		
TAZVERIK ORAL TABLET 200 MG	Tier 2	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	PA
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)
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i> (Tarceva)	Tier 1	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 2	PA
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 2	PA

Drug	Status	Notes
IBRANCE ORAL TABLET 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)
<i>imatinib oral tablet 100 mg</i> (Gleevec)	Tier 1	PA; QL (3 EA per 1 day)
<i>imatinib oral tablet 400 mg</i> (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, 5 MG	Tier 2	PA
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 X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Tier 2	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 2	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 2	PA
NERLYNX ORAL TABLET 40 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
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 2	PA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X 1-50 MG X 1), 300 MG/DAY (150 MG X 2)	Tier 2	PA
QINLOCK ORAL TABLET 50 MG	Tier 2	PA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	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)

Drug	Status	Notes
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 2	PA
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 2	PA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	Tier 2	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 2	PA; QL (4 EA per 1 day)
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 2	PA
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		
<i>etoposide oral capsule 50 mg</i>	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
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 1	

Drug	Status	Notes
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (80 MG/WEEK), 60 MG/WEEK (20 MG X 3), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (20 MG X 4), 80MG TWICE WEEK (160 MG/WEEK)	Tier 2	PA
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	
Radioactive Therapeutic Agents		
<i>sodium iodide-123 oral capsule 7.4 mbq (200 microci)</i>	Tier 1	
Selective Estrogen Receptor Modulators (Serm)		
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 2	PA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 1	PA
<i>toremifene oral tablet 60 mg</i> (Fareston)	Tier 1	PA
Selective Retinoid X Receptor Agonists (Rxr)		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Tier 1	PA
Steroid Antineoplastics		
EMCYT ORAL CAPSULE 140 MG	Tier 2	
<i>megestrol oral tablet 20 mg, 40 mg</i>	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
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	Tier 2	PA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i> (Tecfidera)	Tier 1	PA
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	Tier 2	PA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (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

Drug	Status	Notes
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		
<i>riluzole oral tablet 50 mg</i> (Rilutek)	Tier 1	
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)		
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	Tier 1	PA
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	Tier 1	
ORALONE DENTAL PASTE 0.1 %	Tier 1	
Q-CARE RX Q2 KIT 0.12 %	Tier 1	
Q-CARE RX Q4 KIT 0.12 %	Tier 1	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	Tier 1	
Nose Preparations, Miscellaneous (Rx)		
<i>ipratropium bromide nasal spray,non- aerosol 0.03 %, 42 mcg (0.06 %)</i>	Tier 1	
Periodontal Collagenase Inhibitors		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
Other Drugs		
Appetite Stim. For Anorexia,Cachexia,Wasting Synd.		
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	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	

Drug	Status	Notes
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	
FORA GTEL KETONE TEST STRIP STRIP	Tier 5	
GOJJI BLOOD KETONE TEST STRIP STRIP	Tier 5	
PRECISION XTRA B-KETONE STRIP	Tier 5	QL (200 EA per 30 days)
Bulk Chemicals		
<i>hydrogen peroxide (bulk) solution 30 %</i>	Tier 1	
<i>silica gel, amorp syn mc (bulk) powder 100 %</i>	Tier 5	
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	

Drug	Status	Notes
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		
<i>covid-19 test specimen collect</i> (Pixel Covid19 HOME Collect Kit)	Tier 4	
ID NOW COVID-19 TEST KIT KIT	Tier 4	
PIXEL COVID19 HOME COLLECT KIT	Tier 4	
SOFIA SARS ANTIGEN FIA KIT	Tier 4	
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

Drug	Status	Notes
COMPLEAT PEDIATRIC PEPTIDE 1.5 ORAL LIQUID	Tier 1	PA
COMPLEAT PEDIATRIC REDUCED CAL ORAL LIQUID 0.03-0.6 GRAM-KCAL/ML	Tier 1	PA
COMPLEAT PEPTIDE 1.5 ORAL LIQUID	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
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

Drug	Status	Notes
IMPACT 1 CAL ORAL LIQUID 0.06-1 GRAM-KCAL/ML	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
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

Drug	Status	Notes
ORGANIC PEDIASPART 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
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 1.0 ORAL LIQUID	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

Drug	Status	Notes
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
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
<i>protein oral powder</i> (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

Drug	Status	Notes
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
SALMON-OATS-SQUASH ORAL LIQUID	Tier 1	PA
SIMILAC LAMEHADRIDIN 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 1.4 ORAL LIQUID	Tier 1	PA
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		
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> (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
<i>miglustat oral capsule 100 mg</i> (Zavesca)	Tier 1	PA
General Anesthetics,Inhalant		
<i>isoflurane inhalation liquid 99.9 %</i> (Terrell)	Tier 1	
<i>sevoflurane inhalation liquid</i> (Ultane)	Tier 1	
TERRELL INHALATION LIQUID 99.9 %	Tier 1	
General Inhalation Agents		
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>	Tier 1	
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	Tier 1	
<i>sodium chloride inhalation solution for nebulization 7 %</i> (Hyper-Sal)	Tier 1	
Hearing Aids And Related Devices		
HEARING AID BATTERIES	Tier 1	
Infant Formulas		

Drug	Status	Notes
ADVANTAGE WITH IRON NON-GMO ORAL POWDER 2.07-5.6 GRAM/100 KCAL	Tier 1	PA
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
ENFAMIL A.R. ORAL POWDER 2.5-5.1-11.3 GRAM/100 KCAL	Tier 1	PA
GERBER GOOD START GENTLE NOGMO ORAL POWDER 2.1-5.1-11.4 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 LAMEHADRIIN 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

Drug	Status	Notes
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
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	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	Tier 1	PA
<i>levocarnitine oral tablet 330 mg</i> (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		
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	Tier 1	PA
<i>deferoxamine injection recon soln 2 gram, 500 mg</i> (Desferal)	Tier 1	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG	Tier 2	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	

Drug	Status	Notes
NASAL MOISTURIZING NASAL AEROSOL, SPRAY 0.65 %	Tier 5	
SALINE MIST NASAL AEROSOL, SPRAY 0.65 %	Tier 5	
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
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		

Drug	Status	Notes
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
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 THERAPEUTIC 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
EQUACARE JR ORAL POWDER 14.3 GRAM-469 KCAL/100 GRAM	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

Drug	Status	Notes
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
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
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
VITAL PEPTIDE 1.5 CAL ORAL LIQUID 0.07 GRAM- 1.5 KCAL/ML	Tier 1	PA

Drug	Status	Notes
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	
<i>petrolatum, yellow (bulk) gel 100 %</i>	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	
<i>white petrolatum topical gel</i> (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	
<i>ovulation prediction test kit</i> (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	
EARLY PREGNANCY TEST KIT	Tier 1	

Drug	Status	Notes
EARLY RESULT PREGNANCY TEST KIT	Tier 1	
ONE STEP PREGNANCY TEST KIT	Tier 1	
<i>pregnancy test kit</i> (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	
<i>ear syringe</i> (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	
<i>rectal syringe (reusable) syringe,reusable</i> (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	
<i>isopropyl alcohol solution 70 %</i> (Alcohol, Rubbing)	Tier 1	
<i>isopropyl alcohol solution 91 %, 99 %</i>	Tier 1	
Somatostatic Agents		
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	Tier 1	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	Tier 1	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	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		
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	
CHEMSTRIP 10/SG STRIP	Tier 5	

Drug	Status	Notes
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		
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	
<i>simple syrup oral syrup</i>	Tier 5	
Wound Healing Agents, Local		
<i>balsam peru-castor oil topical ointment</i> (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		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	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.		
<i>butalbital-acetaminophen oral tablet 50- 325 mg</i> (Tencon)	Tier 1	
Analgesic, Salicylate, Barbiturate,& Xanthine Cmb		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> (Fiorinal)	Tier 1	
<i>butalbital-aspirin-caffeine oral tablet 50- 325-40 mg</i>	Tier 1	
Analgesic, Non- Salicylate, Barbiturate, & Xanthine Cmb		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	Tier 1	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Zebutal)	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	Tier 1	
FIORICET ORAL CAPSULE 50-300-40 MG	Tier 1	
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	
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	Tier 5	QL (100 EA per 1 FILL)
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Aspir-Trin)	Tier 5	QL (100 EA per 1 FILL)

Drug	Status	Notes
<i>aspirin rectal suppository 300 mg, 600 mg</i>	Tier 5	
BACK AND BODY PAIN RELIEVER ORAL TABLET 500-32.5 MG	Tier 5	
<i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
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	
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	Tier 1	
Analgesic/Antipyretics,Non-Salicylate		
7T GUMMY ES ORAL TABLET,CHEWABLE 500 MG	Tier 5	
<i>acetaminophen oral capsule 325 mg</i> (Tylenol)	Tier 5	
<i>acetaminophen oral capsule 500 mg</i> (Mapap (acetaminophen))	Tier 5	
<i>acetaminophen oral liquid 160 mg/5 ml</i> (Children's Acetaminophen)	Tier 5	
<i>acetaminophen oral liquid 500 mg/15 ml</i> (Mapap (acetaminophen))	Tier 5	
<i>acetaminophen oral solution 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml</i>	Tier 5	
<i>acetaminophen oral suspension 160 mg/5 ml</i> (BetaTemp)	Tier 5	
<i>acetaminophen oral suspension 160 mg/5 ml (5 ml)</i> (Children's Acetaminophen)	Tier 5	
<i>acetaminophen oral suspension 325 mg/10.15 ml, 650 mg/20.3 ml</i>	Tier 5	
<i>acetaminophen oral tablet 500 mg</i> (Non-Aspirin Pain Relief)	Tier 5	
<i>acetaminophen oral tablet,disintegrating 160 mg</i> (Children's Pain-Fever Relief)	Tier 5	
<i>acetaminophen oral tablet,disintegrating 80 mg</i> (Children's Acetaminophen)	Tier 5	

Drug	Status	Notes
acetaminophen rectal suppository 120 mg (Child Pain Rel-Fever Reducer)	Tier 5	
acetaminophen rectal suppository 650 mg (Feverall)	Tier 5	
ARTHRITIS PAIN RELIEF (ACETAM) ORAL TABLET EXTENDED RELEASE 650 MG	Tier 5	
BETATEMP ORAL SUSPENSION 160 MG/5 ML	Tier 5	
CHILD FEVER REDUCER-PAIN RELVR ORAL SUSPENSION 160 MG/5 ML	Tier 5	
CHILD PAIN REL-FEVER REDUCER RECTAL SUPPOSITORY 120 MG	Tier 5	
CHILDREN'S ACETAMINOPHEN ORAL LIQUID 160 MG/5 ML	Tier 5	
CHILDREN'S ACETAMINOPHEN ORAL SUSPENSION 160 MG/5 ML, 160 MG/5 ML (5 ML)	Tier 5	
CHILDREN'S ACETAMINOPHEN ORAL TABLET,CHEWABLE 160 MG	Tier 5	
CHILDREN'S ACETAMINOPHEN ORAL TABLET,DISINTEGRATING 80 MG	Tier 5	
CHILDREN'S AUOPHEN PAIN-FEVER ORAL SUSPENSION 160 MG/5 ML	Tier 5	
CHILDREN'S EASY-MELTS ORAL TABLET,DISINTEGRATING 80 MG	Tier 5	
CHILDREN'S FEVER REDUCING RECTAL SUPPOSITORY 120 MG	Tier 5	
CHILDREN'S MAPAP ORAL TABLET,CHEWABLE 160 MG, 80 MG	Tier 5	
CHILDREN'S NON-ASPIRIN ORAL SUSPENSION 160 MG/5 ML	Tier 5	
CHILDREN'S PAIN RELIEF ORAL SUSPENSION 160 MG/5 ML	Tier 5	
CHILDREN'S PAIN RELIEF ORAL TABLET,CHEWABLE 160 MG	Tier 5	
CHILDREN'S PAIN RELIEVER ORAL SUSPENSION 160 MG/5 ML	Tier 5	
CHILDREN'S PAIN-FEVER RELIEF ORAL SUSPENSION 160 MG/5 ML	Tier 5	
CHILDREN'S PAIN-FEVER RELIEF ORAL TABLET,CHEWABLE 160 MG	Tier 5	
CHILDREN'S PAIN-FEVER RELIEF ORAL TABLET,DISINTEGRATING 160 MG	Tier 5	
CHILDREN'S SILAPAP ORAL LIQUID 160 MG/5 ML	Tier 5	
CHILDREN'S TACTINAL ORAL TABLET,CHEWABLE 80 MG	Tier 5	
CHILDREN'S TYLENOL ORAL TABLET,CHEWABLE 160 MG	Tier 5	

Drug	Status	Notes
ED-APAP ORAL LIQUID 160 MG/5 ML	Tier 5	
FEVER REDUCER RECTAL SUPPOSITORY 120 MG	Tier 5	
FEVERALL RECTAL SUPPOSITORY 120 MG, 325 MG, 650 MG, 80 MG	Tier 5	
INFANT FEVER REDUCER-PAIN RELF ORAL SUSPENSION 160 MG/5 ML	Tier 5	
INFANT PAIN RELIEVER ORAL SUSPENSION 160 MG/5 ML	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	
INFANT'S PAIN RELIEF ORAL SUSPENSION 160 MG/5 ML	Tier 5	
INFANT'S PAIN RELIEVER ORAL DROPS,SUSPENSION 80 MG/0.8 ML	Tier 5	
JR. ACETAMINOPHEN ORAL TABLET,DISINTEGRATING 160 MG	Tier 5	
JR. STR NON-ASPIRIN PAIN ORAL TABLET,DISINTEGRATING 160 MG	Tier 5	
JR. STRENGTH PAIN RELIEVER ORAL TABLET,DISINTEGRATING 160 MG	Tier 5	
LITTLE REMEDIES FEVER AND PAIN ORAL LIQUID 160 MG/5 ML	Tier 5	
MAPAP (ACETAMINOPHEN) ORAL CAPSULE 500 MG	Tier 5	
MAPAP (ACETAMINOPHEN) ORAL LIQUID 500 MG/15 ML	Tier 5	
M-PAP ORAL LIQUID 160 MG/5 ML	Tier 5	
NON-ASPIRIN CHILDRENS ORAL DROPS 100 MG/ML	Tier 5	
NON-ASPIRIN EXTRA STRENGTH ORAL LIQUID 500 MG/15 ML	Tier 5	
NON-ASPIRIN ORAL ELIXIR 160 MG/5 ML	Tier 5	
NON-ASPIRIN ORAL SUSPENSION 160 MG/5 ML	Tier 5	
NON-ASPIRIN ORAL TABLET,CHEWABLE 80 MG	Tier 5	
NON-ASPIRIN PAIN RELIEF ORAL TABLET 500 MG	Tier 5	
NORTEMP ORAL DROPS 80 MG/0.8 ML	Tier 5	
NORTEMP ORAL SUSPENSION 160 MG/5 ML	Tier 5	

Drug	Status	Notes
PAIN RELIEF (ACETAMINOPHEN) ORAL TABLET EXTENDED RELEASE 650 MG	Tier 5	
PAIN RELIEF ADULT ORAL LIQUID 500 MG/15 ML	Tier 5	
PAIN RELIEVER EXTRA STRENGTH ORAL TABLET 500 MG	Tier 5	
PAIN RELIEVER JR STRENGTH ORAL TABLET,CHEWABLE 160 MG	Tier 5	
PEDIACARE FEVER REDUCER ORAL SUSPENSION 160 MG/5 ML	Tier 5	
TENSION HEADACHE ORAL TABLET 500-65 MG	Tier 5	
TYLENOL 8 HOUR ORAL TABLET EXTENDED RELEASE 650 MG	Tier 5	
TYLENOL ARTHRITIS PAIN ORAL TABLET EXTENDED RELEASE 650 MG	Tier 5	
TYLENOL EXTRA STRENGTH ORAL TABLET 500 MG	Tier 5	
TYLENOL ORAL TABLET 325 MG	Tier 5	
TYLOPHEN ORAL CAPSULE 500 MG	Tier 5	
Analgesics, Narcotic Agonist And Nsaid Combination		
<i>hydrocodone-ibuprofen oral tablet 10- 200 mg</i> (Ibudone)	Tier 1	
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	Tier 1	
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	Tier 1	
Analgesics,Narcotics		
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 1	
<i>buprenorphine hcl injection solution 0.3 mg/ml</i> (Buprenex)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	Tier 1	

Drug	Status	Notes
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Actiq)	Tier 1	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> (Duragesic)	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 3 days)
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>hydromorphone rectal suppository 3 mg</i>	Tier 1	
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>meperidine injection cartridge 10 mg/ml</i>	Tier 1	
<i>methadone oral tablet 10 mg, 5 mg</i> (Dolophine)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)

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

Drug	Status	Notes
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
<i>tramadol oral tablet 50 mg</i> (Ultram)	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
Antimigraine Preparations		
<i>dihydroergotamine injection solution 1 mg/ml</i> (D.H.E.45)	Tier 1	QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	Tier 1	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (8 ML per 28 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i> (Imitrex)	Tier 1	QL (6 EA per 15 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	Tier 1	QL (9 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	Tier 1	QL (3 EA per 5 days)

Drug	Status	Notes
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	Tier 1	QL (1 ML per 14 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	Tier 1	QL (1 ML per 14 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	Tier 1	QL (5 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	QL (4 ML per 28 days)
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		
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic & Salicylate Analgesics, Barb. & Xanthine		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i> (Lorcet HD)	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i> (Lorcet (hydrocodone))	Tier 1	QL (12 EA per 1 day)

Drug	Status	Notes
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i> (Norco)	Tier 1	QL (12 EA per 1 day)
LORCET (HYDROCODONE) ORAL TABLET 5-325 MG	Tier 1	QL (12 EA per 1 day)
LORCET HD ORAL TABLET 10-325 MG	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)	Tier 1	QL (12 EA per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Narcotic And Salicylate Analgesic Combination		
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	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)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 1	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	Tier 2	QL (3 EA per 1 day)
Skeletal Muscle Relaxant,Salicylate,Narc Analgesic		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Parkinsons Disease		
Antiparkinsonism Drugs,Anticholinergic		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 4	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 4	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 4	
Antiparkinsonism Drugs,Other		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	Tier 1	PA
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	Tier 1	PA
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> (Sinemet)	Tier 1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	

Drug	Status	Notes
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	Tier 1	
<i>entacapone oral tablet 200 mg</i> (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)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	Tier 1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	Tier 1	QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 3 mg, 5 mg</i> (Requip)	Tier 1	
<i>ropinirole oral tablet 0.5 mg, 1 mg, 2 mg, 4 mg</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 6 mg</i> (Requip XL)	Tier 1	ST: Prior prescription for immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
<i>ropinirole oral tablet extended release 24 hr 4 mg, 8 mg</i>	Tier 1	ST: Prior prescription for immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	
Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	Tier 1	
Seizure Disorder		
Anticonvulsant - Benzodiazepine Type		
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	Tier 4	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	Tier 4	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	Tier 4	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 4	

Drug	Status	Notes
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)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	Tier 4	QL (1 EA per 1 FILL)
<i>diazepam rectal kit 2.5 mg</i> (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
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	Tier 4	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 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, Gabapentin, Gralise, 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 XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid in 120 days; QL (80 ML per 1 day)

Drug	Status	Notes
BANZEL ORAL TABLET 200 MG	Tier 4	ST: Prior prescription for Divalproex Sodium, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid in 120 days; QL (16 EA per 1 day)
BANZEL ORAL TABLET 400 MG	Tier 4	ST: Prior prescription for Divalproex Sodium, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid in 120 days; QL (8 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg</i> (Carbatrol)	Tier 1	
<i>carbamazepine oral capsule, er multiphase 12 hr 300 mg</i> (Carbatrol)	Tier 4	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	Tier 4	
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	Tier 4	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	Tier 4	
<i>carbamazepine oral tablet, chewable 100 mg</i>	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	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	Tier 4	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	Tier 4	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg</i> (Depakote)	Tier 4	
EPITOL ORAL TABLET 200 MG	Tier 4	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	Tier 4	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	Tier 4	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	Tier 4	ST: Prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in 120 days; QL (30 ML per 1 day)

Drug	Status	Notes
<i>felbamate oral tablet 400 mg</i> (Felbatol)	Tier 4	ST: Prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in 120 days; QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i> (Felbatol)	Tier 4	ST: Prior prescription for 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, Gabapentin, Gralise, 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, Gabapentin, Gralise, 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, Gabapentin, Gralise, 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)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	Tier 4	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	Tier 4	
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	Tier 4	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (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, Gabapentin, Gralise, 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)
GABITRIL ORAL TABLET 16 MG	Tier 4	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 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	

Drug	Status	Notes
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	
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
<i>lamotrigine oral tablet 100 mg, 150 mg,</i> (Lamictal) <i>200 mg, 25 mg</i>	Tier 4	

Drug		Status	Notes
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i>	(Lamictal ODT Starter (Blue))	Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	(Lamictal ODT Starter (Orange))	Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i>	(Lamictal ODT Starter (Green))	Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days
<i>lamotrigine oral tablet extended release 24hr 100 mg</i>	(Lamictal XR)	Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days; QL (3 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i>	(Lamictal XR)	Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days; QL (2 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i>	(Lamictal XR)	Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	(Lamictal)	Tier 4	
<i>lamotrigine oral tablet, disintegrating 100 mg</i>	(Lamictal ODT)	Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days; QL (3 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 200 mg</i>	(Lamictal ODT)	Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days; QL (2 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 25 mg, 50 mg</i>	(Lamictal ODT)	Tier 4	ST: Prior prescription for immediate-release Lamotrigine in 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablets, dose pack 25 mg (35)</i>	(Lamictal Starter (Blue) Kit)	Tier 4	
<i>lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7)</i>	(Lamictal Starter (Orange) Kit)	Tier 4	
<i>lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)</i>	(Lamictal Starter (Green) Kit)	Tier 4	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	(Keppra XR)	Tier 4	
MYSOLINE ORAL TABLET 250 MG, 50 MG		Tier 4	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	(Trileptal)	Tier 4	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	(Trileptal)	Tier 4	

Drug	Status	Notes
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, Gabapentin, Gralise, 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)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	Tier 4	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (4 EA per 1 day)
PEGANONE ORAL TABLET 250 MG	Tier 4	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 4	
<i>phenytoin oral suspension 100 mg/4 ml</i>	Tier 4	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	Tier 4	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	Tier 4	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	Tier 4	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	Tier 4	
<i>pregabalin oral solution 20 mg/ml</i> (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	

Drug	Status	Notes
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	
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	
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i> (Gabitril)	Tier 4	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i> (Gabitril)	Tier 4	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 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	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	Tier 4	

Drug	Status	Notes
<i>topiramate oral capsule, sprinkle, er 24hr</i> (Qudexy XR) 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)
<i>topiramate oral capsule, sprinkle, er 24hr</i> (Qudexy XR) 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)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (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)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	Tier 4	
<i>valproic acid oral capsule 250 mg</i>	Tier 4	
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	Tier 4	QL (6 EA per 1 day)
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	Tier 4	QL (6 EA per 1 day)
VIGADRONE ORAL POWDER IN PACKET 500 MG	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, Gabapentin, Gralise, 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, Gabapentin, Gralise, 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	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	Tier 4	
<i>zonisamide oral capsule 50 mg</i>	Tier 4	
Skeletal Muscle Disorder		
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh		
KEVEYIS ORAL TABLET 50 MG	Tier 2	PA
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	Tier 1	QL (4 EA per 1 day)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	Tier 1	
<i>dantrolene oral capsule 100 mg</i>	Tier 1	
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	Tier 1	
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	
<i>methocarbamol oral tablet 750 mg</i> (Robaxin-750)	Tier 1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	
<i>tizanidine oral tablet 2 mg</i>	Tier 1	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	Tier 1	
Smoking Cessation		
Smoking Deterrent Agents (Ganglionic Stim,Others)		
<i>nicotine (polacrilex) buccal gum 2 mg</i> (Nicorelief)	Tier 5	
<i>nicotine (polacrilex) buccal gum 4 mg</i> (Nicorette)	Tier 5	
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i> (Nicorette)	Tier 5	

Drug	Status	Notes
<i>nicotine (polacrilex) buccal mini lozenge</i> (Nicorette) 2 mg, 4 mg	Tier 5	
<i>nicotine transdermal patch 24 hour</i> 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		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	Tier 4	
Upper Gastrointestinal Disorders - Digestive		
Antiflatulents		
GAS RELIEF (SIMETHICONE) ORAL TABLET, CHEWABLE 80 MG	Tier 5	
GAS RELIEF EXTRA STRENGTH ORAL TABLET, CHEWABLE 125 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	
<i>simethicone oral tablet, chewable 125 mg</i> (Gas Relief Extra 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	
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		
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	

Drug	Status	Notes
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
Belladonna Alkaloids		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	Tier 1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i> (Hyosyne)	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> (Hyosyne)	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Oscimin SR)	Tier 1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i> (Ed-Spaz)	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML	Tier 1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	Tier 1	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	Tier 1	
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-2 ORAL SUSPENSION 400-400-40 MG/5 ML	Tier 5	
<i>aluminum hydroxide gel oral suspension 320 mg/5 ml</i>	Tier 5	
ANTACID (CALCIUM CARBONATE) ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG)	Tier 5	
ANTACID ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5 ML, 400-400-40 MG/5 ML	Tier 5	
ANTACID EXTRA-STRENGTH ORAL SUSPENSION 200-200-20 MG/5 ML	Tier 5	
ANTACID MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML	Tier 5	

Drug	Status	Notes
ANTACID ORAL SUSPENSION 200-200-20 MG/5 ML	Tier 5	
ANTACID PLUS ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5 ML	Tier 5	
ANTACID REGULAR STRENGTH ORAL SUSPENSION 200-200-20 MG/5 ML	Tier 5	
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)	Tier 5	
CALCIUM ANTACID ULTRA MAX ST ORAL TABLET,CHEWABLE 400 MG CALCIUM (1,000 MG)	Tier 5	
CAL-GEST ANTACID ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG)	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	
<i>magnesium oxide oral tablet 400 mg (241.3 mg magnesium)</i> (MagOx)	Tier 5	
MI-ACID ORAL SUSPENSION 400-400-40 MG/5 ML	Tier 5	
<i>sodium bicarbonate oral tablet 650 mg</i>	Tier 5	
Anticholinergics,Quaternary Ammonium		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>propantheline oral tablet 15 mg</i>	Tier 1	
Anti-Ulcer Preparations		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	Tier 1	
<i>sucralfate oral suspension 100 mg/ml</i> (Carafate)	Tier 1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	Tier 1	
Anti-Ulcer-H.Pylori Agents		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 1	QL (112 EA per 10 days)
Histamine H2-Receptor Inhibitors		
ACID REDUCER (CIMETIDINE) ORAL TABLET 200 MG	Tier 5	
ACID REDUCER (FAMOTIDINE) ORAL TABLET 10 MG, 20 MG	Tier 5	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 1	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	Tier 5	

Drug	Status	Notes
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>famotidine oral tablet 10 mg</i> (Acid Reducer (famotidine))	Tier 5	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	Tier 1	
HEARTBURN RELIEF (FAMOTIDINE) ORAL TABLET 10 MG, 20 MG	Tier 5	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	
<i>nizatidine oral solution 150 mg/10 ml</i>	Tier 1	
Intestinal Motility Stimulants		
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	Tier 1	
Proton-Pump Inhibitors		
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Nexium)	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)	Tier 1	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	Tier 1	ST: Prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium in 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	Tier 1	ST: Prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium in 120 days; QL (2 EA per 1 day)
HEARTBURN TREATMENT 24 HOUR ORAL CAPSULE, DELAYED RELEASE(DR/EC) 15 MG	Tier 5	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Heartburn Treatment 24 Hour)	Tier 1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	Tier 1	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i> (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 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)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	Tier 1	

Drug	Status	Notes
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	Tier 1	QL (1 EA per 1 day)
Urinary Tract - Functional Disorders		
Benign Prostatic Hypertrophy/Micturition Agents		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	Tier 1	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	Tier 1	
<i>finasteride oral tablet 5 mg</i> (Proscar)	Tier 1	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	Tier 1	
Bph Agents, 5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (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
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		
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	Tier 1	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	Tier 1	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	Tier 1	
<i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i> (Cytra-K)	Tier 5	
<i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i> (Cytra-2)	Tier 5	
Urinary Tract Analgesic Agents		
ELMIRON ORAL CAPSULE 100 MG	Tier 2	PA
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Tier 1	
Urinary Tract Antispasmodic, M(3) Selective Antag.		

Drug	Status	Notes
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	Tier 1	ST: Prior prescription for Oxybutynin (IR, XR) in 120 days
Urinary Tract		
Antispasmodic/Antiincontinence Agent		
<i>flavoxate oral tablet 100 mg</i>	Tier 1	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	Tier 1	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (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		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	Tier 1	
<i>metronidazole vaginal gel 0.75 %</i> (Metrogel Vaginal)	Tier 1	
Vaginal Antifungals		
<i>clotrimazole vaginal cream 1 %</i> (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	
<i>miconazole nitrate vaginal cream 2 %</i> (Miconazole 7)	Tier 5	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
Vaginal Estrogen Preparations		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)	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		
<i>calcium carbonate oral tablet 500 mg calcium (1,250 mg)</i> (Oyster Shell Calcium 500)	Tier 5	
<i>calcium carbonate oral tablet 600 mg calcium (1,500 mg)</i> (Calcium 600)	Tier 5	

Drug	Status	Notes
<i>calcium carbonate-vitamin d3 oral tablet 600 mg(1,500mg) -400 unit</i> (Calcium 600 + D(3))	Tier 5	
OYSCO 500/D ORAL TABLET 500 MG(1,250MG) -200 UNIT	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	
<i>fluoride (sodium) dental cream 1.1 %</i> (Denta 5000 Plus)	Tier 1	
<i>fluoride (sodium) dental gel 1.1 %</i> (DentaGel)	Tier 1	
<i>fluoride (sodium) dental paste 1.1 %</i> (Clinpro 5000)	Tier 1	
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride)</i> (Ludent Fluoride)	Tier 5	TIER 4 IF AGE 6-72 MONTHS
<i>fluoride (sodium) oral tablet,chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> (Fluoritab)	Tier 5	TIER 4 IF AGE 6-72 MONTHS
SF 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
SF DENTAL GEL 1.1 %	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Fluoridex Sensitivity Relief)	Tier 1	
Folic Acid Preparations		
<i>folic acid injection solution 5 mg/ml</i>	Tier 1	
<i>folic acid oral tablet 1 mg</i>	Tier 5	
<i>folic acid oral tablet 400 mcg</i>	Tier 5	TIER 4 IF FEMALE 55 YEARS OF AGE OR YOUNGER; QL (100 EA per 1 FILL)
Geriatric Vitamin Preparations		
CERTAVITE SENIOR-ANTIOXIDANT ORAL TABLET 0.4-300-250 MG-MCG-MCG	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	TIER 4 IF 1 YEAR OF AGE OR YOUNGER

Drug	Status	Notes
FERRAPLUS 90 ORAL TABLET 90-1-12-120-50 MG-MG-MCG-MG-MG	Tier 1	
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	TIER 4 IF 1 YEAR OF AGE OR YOUNGER
<i>ferrous gluconate oral tablet 324 mg (37.5 mg iron), 324 mg (38 mg iron)</i>	Tier 5	
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i> (Children's Iron)	Tier 5	TIER 4 IF 1 YEAR OF AGE OR YOUNGER
<i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i>	Tier 5	TIER 4 IF 1 YEAR OF AGE OR YOUNGER
<i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i> (FeroSul)	Tier 5	TIER 4 IF 1 YEAR OF AGE OR YOUNGER
<i>ferrous sulfate oral tablet, delayed release (dr/ec) 324 mg (65 mg iron), 325 mg (65 mg iron)</i>	Tier 5	TIER 4 IF 1 YEAR OF AGE OR YOUNGER
FERROUSUL ORAL TABLET 325 MG (65 MG IRON)	Tier 5	TIER 4 IF 1 YEAR OF AGE OR YOUNGER
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	
VITAFOL ORAL TABLET 65-1 MG	Tier 5	
Magnesium Salts Replacement		
MAG 64 ORAL TABLET, DELAYED RELEASE (DR/EC) 64 MG	Tier 5	
<i>magnesium oxide oral tablet 420 mg</i>	Tier 5	
<i>magnesium oxide oral tablet 500 mg</i> (Phillips)	Tier 5	
Mineral Replacement, Miscellaneous		
PROVIMIN ORAL POWDER	Tier 1	
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	

Drug	Status	Notes
ICAPS MV ORAL TABLET,DELAYED RELEASE (DR/EC) 100-1.66-0.83 MCG-MG-MG	Tier 5	
O-CAL F.A. ORAL TABLET 27 MG IRON- 1 MG	Tier 5	
ONCOVITE ORAL TABLET	Tier 5	
PROSIGHT ORAL TABLET 5,000-60-30 UNIT-MG-UNIT	Tier 5	
TAB-A-VITE ORAL TABLET	Tier 5	
TAB-A-VITE/IRON ORAL TABLET	Tier 5	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG	Tier 1	
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	
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), 1 MG FLUORIDE (2.2 MG)	Tier 5	
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML	Tier 1	
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	

Drug	Status	Notes
POLY-VI-SOL WITH IRON ORAL DROPS 11 MG IRON/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 250 MCG-50 MG- 10 MCG/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	
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 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	

Drug	Status	Notes
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 1	
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG	Tier 1	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG	Tier 1	
PRENATABS FA ORAL TABLET 29-1 MG	Tier 1	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	Tier 1	
PRENATAL 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	
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	

Drug	Status	Notes
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	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	Tier 5	
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	

Drug	Status	Notes
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	
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 1	
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG	Tier 5	
Vitamin A Preparations		
<i>vitamin a oral capsule 10,000 unit</i>	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	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 1	
<i>biotin oral capsule 5 mg</i> (Meribin)	Tier 5	
<i>biotin oral tablet 5 mg</i>	Tier 5	
NEPHPLEX RX ORAL TABLET 1-60-300-12.5 MG-MG-MCG-MG	Tier 5	
<i>vitamin b complex oral capsule</i> (Vitamins B Complex)	Tier 5	
VITAMINS B COMPLEX ORAL CAPSULE	Tier 5	
Vitamin B1 Preparations		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 1	
VITAMIN B-1 ORAL TABLET 100 MG	Tier 5	
Vitamin B12 Preparations		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg</i> (Vitamin B-12)	Tier 5	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	Tier 1	
VITAMIN B-12 ORAL TABLET 1,000 MCG, 500 MCG	Tier 5	
Vitamin B6 Preparations		

Drug	Status	Notes
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 1	
<i>pyridoxine (vitamin b6) oral tablet 100 mg, 50 mg</i> (Vitamin B-6)	Tier 5	
VITAMIN B-6 ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 5	
Vitamin C Preparations		
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 1	
VITAMIN C ORAL TABLET 500 MG	Tier 5	
VITAMIN C ORAL TABLET,CHEWABLE 250 MG, 500 MG	Tier 5	
Vitamin D Preparations		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	Tier 1	
<i>cholecalciferol (vitamin d3) oral capsule 50 mcg (2,000 unit)</i> (D3-2000)	Tier 5	
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml)</i> (D-Vi-Sol)	Tier 5	
<i>cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)</i> (Vitamin D3)	Tier 5	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> (Vitamin D2)	Tier 1	
<i>ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)</i> (Calcidol)	Tier 5	
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	Tier 1	
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		
<i>zinc sulfate oral capsule 220 (50) mg</i> (Zinc-220)	Tier 1	
ZINC-220 ORAL CAPSULE 220 (50) MG	Tier 1	

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