WELLFLEET RX PLAN

Student Formulary January 2021

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

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

How to Use the Formulary

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

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

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

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

Benefit Coverage and Limitations

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

The Formulary applies only to outpatient drugs provided to members and does not apply to medications used in inpatient settings. If a member has any specific questions regarding their coverage, they should contact Wellfleet or Wellfleet Rx at the phone numbers listed on their ID card.

Excluded Agents

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

Non-Formulary and Step Therapy Exception Requests

A member (or their appointed representative, prescribing physician, or authorized prescriber) may request a standard/non-urgent or expedited/urgent preservice/prior and current authorization for a drug that is subjected to utilization management tools such as step therapy. To initiate an exception request, contact 800-788-2949 for Wellfleet Rx/KPP (ID Card BIN: 012882) or contact 877-640-7938 for Wellfleet Rx/ESI (ID Card BIN: 003858). Prior authorization guidelines will be made available to the member, member's authorization representative, prescribing physician and other authorized prescriber upon request.

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

1. Generic Substitution

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

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

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

2. Three Tier Benefit

The Formulary may be applied to a three-tier benefit design, where the member shares the cost of prescription drug therapy at three levels of copayment. In most instances, generically available drugs will be covered under the first or lowest copay tier, branded drugs

listed on the Formulary will be covered under the second copay tier, and branded drugs not on the Formulary will be covered under the third or highest copay tier.

3. Medication Synchronization (MedSync)

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

4. Medication Request Process

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

A. Formulary Drugs

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

B. Non-Formulary Drugs

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

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

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

C. Obtaining Coverage

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

- Submitting an ePA request by following the instructions on wellfleetrx.com/electronic-prior-authorization/
- Faxing:
  - Wellfleet Rx/KPP (ID Card BIN: 012882): 858-790-7100 with a completed Medication Request Form
  - Wellfleet Rx/ESI (ID Card BIN: 003858): 877-251-5896 with a completed Prior Authorization Request Form
- Contacting Wellfleet Rx and providing all necessary information requested by calling:
  - Wellfleet Rx/KPP (ID Card BIN: 012882): 800-788-2949
  - Wellfleet Rx/ESI (ID Card BIN: 003858): 877-640-7938

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

6. General Exclusions

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

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

7. Pharmacist and Physician Communication

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

8. Mail-order Option

For Wellfleet Rx/KPP (ID Card BIN: 012882):

If your plan covers medications through mail order, prescriptions can be obtained through the mail via Postal Prescription Services (PPS). Refer to your plan document to determine if your plan covers medications through mail order. To have a current prescription filled with PPS, you may contact your physician and have them send a new prescription to any PPS pharmacy or you are able to have PPS transfer-in any current Prescription by calling them at 800.552.6694 and providing your current pharmacy's information. Online access to patient information and prescription ordering is also available through ppsrx.com.

For Wellfleet Rx/ESI (ID Card BIN: 003858):

If your plan covers medications through mail order, prescriptions can be obtained through the mail via Express Scripts Pharmacy. Refer to your plan document to determine if your plan covers medications through mail order. To have a current prescription filled with Express Scripts Pharmacy, you may contact your physician and have them send a new prescription to Express Scripts Pharmacy. You may also contact Express Scripts Pharmacy at 877-640-7940 if you would prefer Express Scripts Pharmacy to contact your physician for a new prescription. Online access to patient information and prescription ordering is also available through express-scripts.com.

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

[1]State laws in Texas require your plan to cover your medications at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval, these changes will not go into effect until your renewal date.

Zero Cost Generics

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

$0 Copay Generics

Antibiotics	
Amoxicillin Capsules (250mg, 500mg)	Amoxicillin Tablets (875mg)
Azithromycin Tablets (250mg, 500mg)	Cephalexin Capsules (250mg, 500mg)
Sulfamethoxazole-Trimethoprim Tablets (400-80mg, 800-160mg)	

Antianxiety/Antidepressants	
Citalopram HBr Tablets 10mg	Sertraline HCl Tablets (50mg, 100mg)
Paroxetine HCl Tablets (10mg, 20mg, 30mg, 40mg)	

Acne	
Benzoyl Peroxide External Gel (5%, 10%)	Benzoyl Peroxide Wash External Liquid (5%, 10%)
Clindamycin Phosphate External Gel (1%)	Clindamycin Phosphate External Solution (1%)
Clindamycin Phosphate External Swab (1%)	Erythromycin External Solution (2%)
Sulfacetamide Sodium External Lotion (10%)	Sulfacetamide Sodium-Sulfur External Emulsion (10-5%)

Bipolar Disease/Schizophrenia
Olanzapine Tablets (2.5mg, 5mg, 7.5mg, 10mg, 15mg)
Quetiapine Fumarate Tablets (25mg, 50mg, 100mg, 200mg)
Risperidone Tablets (0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg)

Narcotic Antagonists	
Naloxone Injection Auto-Injector	Naloxone Injection Solution
Naloxone Injection Syringe	Narcan Nasal Spray (brand)

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

Drug		Status	Notes
QUZYTTIR INTRAVENOUS SOLUTION 10 MG/ML		Tier 2	
Nasal Antihistamine			
azelastine nasal aerosol,spray 137 mcg (0.1 %)		Tier 1	QL (60 ML per 30 days)
azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)		Tier 1	QL (60 ML per 30 days)
olopatadine nasal spray,non-aerosol 0.6 %	(Patanase)	Tier 2	QL (30.5 GM per 30 days)
Nasal Antihistamine & Anti-Inflam. Steroid Comb.			
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	(Dymista)	Tier 1	ST: Prior prescription for Flunisolide or Fluticasone Propionate in the past 365 days; QL (23 GM per 30 days)
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY		Tier 2	ST: Prior prescription for Flunisolide or Fluticasone Propionate in the past 365 days; QL (23 GM per 30 days)
TICALAST NASAL KIT,SPRAY SUSPENSION AND SPRAY 137 MCG-50 MCG- 0.9 %		Tier 3	ST: Prior prescription for Azelastine/Fluticasone, Flunisolide, or Fluticasone Propionate in the past 365 days
Nasal Anti-Inflammatory Steroids			
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		Tier 1	QL (25 ML per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	Tier 1	QL (16 GM per 30 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Nasonex)	Tier 2	QL (17 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION		Tier 2	QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION		Tier 2	QL (10.6 GM per 30 days)
SINUVA SINUS IMPLANT 1,350 MCG		Tier 3	PA
TICANASE NASAL KIT,SPRAY SUSPENSION AND SPRAY 50 MCG-0.9 %		Tier 3	ST: Prior prescription for Azelastine/Fluticasone, Flunisolide, or Fluticasone Propionate in the past 365 days

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

Drug		Status	Notes
granisetron hcl oral tablet 1 mg		Tier 1	ST: Prior prescription for Ondansetron HCL or Ondansetron in the past 120 days; QL (8 EA per 30 days)
meclizine oral tablet 12.5 mg		Tier 1	
meclizine oral tablet 25 mg	(Dramamine Less Drowsy)	Tier 1	
ondansetron hcl (pf) injection solution 4 mg/2 ml		Tier 1	
ondansetron hcl (pf) injection syringe 4 mg/2 ml		Tier 1	
ondansetron hcl intravenous solution 2 mg/ml		Tier 1	
ondansetron hcl oral solution 4 mg/5 ml		Tier 1	QL (50 ML per 15 days)
ondansetron hcl oral tablet 24 mg		Tier 1	
ondansetron hcl oral tablet 4 mg, 8 mg	(Zofran)	Tier 1	
ondansetron in 0.9 % sod chlor intravenous piggyback 16 mg/100 ml, 16 mg/50 ml, 8 mg/50 ml		Tier 1	
ondansetron oral tablet,disintegrating 4 mg, 8 mg		Tier 1	
palonosetron intravenous solution 0.25 mg/2 ml		Tier 3	
palonosetron intravenous solution 0.25 mg/5 ml	(Aloxi)	Tier 1	
palonosetron intravenous syringe 0.25 mg/5 ml		Tier 1	
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml		Tier 1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	Tier 1	
prochlorperazine rectal suppository 25 mg	(Compro)	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	(Promethegan)	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG		Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR		Tier 3	ST: Prior prescription for Ondansetron HCL or Ondansetron in the past 120 days; QL (1 EA per 7 days)
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	Tier 1	

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

Drug		Status	Notes
albuterol sulfate oral tablet 2 mg, 4 mg		Tier 1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg		Tier 1	
metaproterenol oral syrup 10 mg/5 ml		Tier 1	
terbutaline oral tablet 2.5 mg, 5 mg		Tier 1	
terbutaline subcutaneous solution 1 mg/ml		Tier 1	
Beta-Adrenergic Agents, Inhaled, Short Acting			
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(ProAir HFA)	Tier 1	
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml		Tier 1	
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml	(Xopenex)	Tier 1	
levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml	(Xopenex Concentrate)	Tier 1	
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION 1.25 MG/0.5 ML		Tier 3	
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML		Tier 3	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting			
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG		Tier 3	ST: Prior prescription for Arcapta Neohaler, Perforomist, or Serevent Diskus in the past 120 days; QL (30 EA per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION		Tier 3	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled,Long Acting			
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML		Tier 2	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE		Tier 2	QL (60 EA per 30 days)
Beta-Adrenergic And Anticholinergic Combinations			

Drug	Status	Notes
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Tier 2	QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 2	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	Tier 1	
UTIBRON NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 27.5-15.6 MCG	Tier 3	ST: Prior prescription for Anoro Ellipta or Bevespi Aerosphere in the past 120 days
Beta-Adrenergic And Glucocorticoid Combinations		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	Tier 2	QL (12 GM per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	Tier 3	
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	Tier 3	ST: Prior prescription for Advair HFA, Breo Ellipta, Budesonide/Formoterol Fumarate, Dulera, or Fluticasone Propionate/Salmeterol in the past 120 days
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	Tier 2	QL (60 EA per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 2	QL (13 GM per 30 days)

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

Drug		Status	Notes
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)		Tier 2	QL (1 EA per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	(Pulmicort)	Tier 1	QL (120 ML per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	(Pulmicort)	Tier 1	QL (60 ML per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION		Tier 2	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION		Tier 2	QL (120 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION		Tier 2	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION		Tier 2	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION		Tier 2	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION		Tier 2	QL (1 EA per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION		Tier 2	QL (21.2 GM per 30 days)
Interleukin-4(Il-4) Receptor Alpha Antagonist, Mab			
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML		Tier 2	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML		Tier 2	PA; SP
Interleukin-5(Il-5) Receptor Alpha Antagonist, Mab			
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML		Tier 2	PA; SP

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

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

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

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

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

Drug		Status	Notes
MESTINON ORAL SYRUP 60 MG/5 ML		Tier 3	
neostigmine in sterile water injection syringe 5 mg/5 ml		Tier 1	
neostigmine methylsulfate intravenous solution 0.5 mg/ml, 1 mg/ml	(Bloxiverz)	Tier 1	
neostigmine methylsulfate intravenous syringe 2 mg/2 ml (1 mg/ml), 3 mg/3 ml (1 mg/ml), 4 mg/4 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)		Tier 1	
physostigmine salicylate injection solution 1 mg/ml		Tier 1	
pyridostigmine bromide oral syrup 60 mg/5 ml	(Mestinon)	Tier 1	
pyridostigmine bromide oral tablet 30 mg		Tier 1	
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	Tier 1	
pyridostigmine bromide oral tablet extended release 180 mg	(Mestinon Timespan)	Tier 1	
RAZADYNE ER ORAL CAPSULE,EXT REL. PELLETS 24 HR 16 MG, 24 MG, 8 MG		Tier 3	QL (30 EA per 30 days)
RAZADYNE ORAL TABLET 12 MG, 4 MG, 8 MG		Tier 3	QL (60 EA per 30 days)
REGONOL INJECTION SOLUTION 5 MG/ML		Tier 2	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		Tier 1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr	(Exelon)	Tier 1	QL (30 EA per 30 days)
Behavioral Health - Antidepressants			
Alpha-2 Receptor Antagonist Antidepressants			
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	Tier 1	
mirtazapine oral tablet 45 mg, 7.5 mg		Tier 1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	Tier 1	
Antidepressant - Postpartum Depression (Ppd)			
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML		Tier 3	
Maois - Non-Selective & Irreversible			

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

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

Drug	Status	Notes
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in the past 365 days; QL (1 EA per 1 day)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg (Effexor XR)	Tier 1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 1	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	Tier 2	
Ssri & 5Ht1a Partial Agonist Antidepressant		
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in the past 365 days; QL (1 EA per 1 day)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	Tier 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in the past 365 days; QL (1 EA per 1 day)
Ssri & Serotonin Receptor Modulator Antidepressant		

Drug		Status	Notes
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in the past 365 days; QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combinatns			
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg		Tier 1	
Tricyclic Antidepressant/Phenothiazine Combinatns			
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		Tier 1	
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		Tier 1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		Tier 1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	Tier 2	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	Tier 2	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		Tier 2	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		Tier 1	
doxepin oral concentrate 10 mg/ml		Tier 1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		Tier 1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg		Tier 2	
maprotiline oral tablet 25 mg, 50 mg, 75 mg		Tier 1	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	Tier 1	
nortriptyline oral solution 10 mg/5 ml		Tier 1	
protriptyline oral tablet 10 mg, 5 mg		Tier 2	

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

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

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

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

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

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

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

Drug		Status	Notes
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML		Tier 3	SP
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG		Tier 2	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG		Tier 2	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (60 EA per 30 days)
olanzapine intramuscular recon soln 10 mg	(Zyprexa)	Tier 1	QL (1 EA per 1 day)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	(Zyprexa)	Tier 1	QL (1 EA per 1 day)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	(Zyprexa Zydis)	Tier 1	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	(Invega)	Tier 2	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (1 EA per 1 day)

Drug		Status	Notes
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	Tier 2	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (2 EA per 1 day)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT 120 MG, 90 MG		Tier 3	SP
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	Tier 1	QL (3 EA per 1 day)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(Seroquel XR)	Tier 1	QL (1 EA per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML		Tier 2	SP
risperidone oral solution 1 mg/ml	(Risperdal)	Tier 1	QL (8 ML per 1 day)
risperidone oral tablet 0.25 mg		Tier 1	QL (2 EA per 1 day)
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	Tier 1	QL (2 EA per 1 day)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		Tier 1	QL (2 EA per 1 day)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 3	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (2 EA per 1 day)

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

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

Drug		Status	Notes
HETLIOZ ORAL CAPSULE 20 MG		Tier 3	PA; SP
ramelteon oral tablet 8 mg	(Rozerem)	Tier 1	ST: Prior prescription for Edluar, Eszopiclone, Flurazepam HCL, Temazepam, Zaleplon, Zolpidem Tartrate, or Zolpimist in the past 120 days; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant - Ssris			
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	(Brisdelle)	Tier 1	ST: Prior prescription for Paroxetine HCL or Venlafaxine HCL in the past 120 days; QL (1 EA per 1 day)
Monoamine Oxidase(Mao) Inhibitors			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR		Tier 3	ST: Prior prescription for Rasagiline Mesylate or Selegiline HCL in the past 120 days; QL (1 EA per 1 day)
Narcolepsy And Sleep Disorder Therapy Agents			
armodafinil oral tablet 150 mg, 200 mg, 250 mg	(Nuvigil)	Tier 1	QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	(Nuvigil)	Tier 1	QL (3 EA per 1 day)
modafinil oral tablet 100 mg, 200 mg	(Provigil)	Tier 1	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG		Tier 3	PA
Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist			
WAKIX ORAL TABLET 17.8 MG, 4.45 MG		Tier 3	PA; SP
Narcotic Antagonists			
EVZIO INJECTION AUTO-INJECTOR 2 MG/0.4 ML		Tier 2	
naloxone injection auto-injector 2 mg/0.4 ml		Tier 1	
naloxone injection solution 0.4 mg/ml		Tier 1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml		Tier 1	
naltrexone oral tablet 50 mg		Tier 1	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION		Tier 2	
Pineal Hormone Agents			

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

Drug		Status	Notes
dexmedetomidine intravenous solution 100 mcg/ml	(Precedex)	Tier 1	
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG		Tier 3	ST: Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 120 days
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	Tier 1	QL (1 EA per 1 day)
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG		Tier 1	
PRECEDEX IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 200 MCG/50 ML (4 MCG/ML), 400 MCG/100 ML (4 MCG/ML), 80 MCG/20 ML (4 MCG/ML)		Tier 3	
PRECEDEX INTRAVENOUS SOLUTION 100 MCG/ML		Tier 3	
SILENOR ORAL TABLET 3 MG, 6 MG		Tier 3	ST: Prior prescription for Doxepin HCL, Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 120 days; QL (1 EA per 1 day)
zaleplon oral capsule 10 mg, 5 mg		Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(Ambien CR)	Tier 1	QL (1 EA per 1 day)
zolpidem sublingual tablet 1.75 mg, 3.5 mg	(Intermezzo)	Tier 1	ST: Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 120 days; QL (1 EA per 1 day)
ZOLPIMIST ORAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		Tier 3	ST: Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 120 days
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)			
NUPLAZID ORAL CAPSULE 34 MG		Tier 3	PA; SP
NUPLAZID ORAL TABLET 10 MG		Tier 3	PA; SP
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb			
olanzapine-fluoxetine oral capsule 12-25 mg		Tier 1	QL (1 EA per 1 day)
olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	(Symbyax)	Tier 1	QL (1 EA per 1 day)

Drug		Status	Notes
Tx For Adhd - Selective Alpha-2A Receptor Agonist			
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 capsule,er biphasic 50-50 60 mg		Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	(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	
methylphenidate hcl oral tablet extended release 20 mg	(Metadate ER)	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	(Concerta)	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	(Concerta)	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 72 mg	(Relexxii)	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg		Tier 1	QL (90 EA per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 72 MG		Tier 3	QL (1 EA per 1 day)
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type			

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

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

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

Drug		Status	Notes
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)		Tier 3	
LANOXIN PEDIATRIC INJECTION SOLUTION 100 MCG/ML (0.1 MG/ML)		Tier 2	
Inotropic Drugs			
dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)		Tier 1	
Cardiovascular Disease - Hypertension			
Ace Inhibitor/Calcium Channel Blocker Combination			
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	(Lotrel)	Tier 1	
amlodipine-benazepril oral capsule 2.5-10 mg		Tier 1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG		Tier 3	ST: At least 2 prior prescriptions for Amlodipine Besylate, Amlodipine Besylate/benazepril, or Perindopril Erbumine in the past 120 days
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg		Tier 1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg	(Tarka)	Tier 1	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic			
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	Tier 1	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		Tier 1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg		Tier 1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	Tier 1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		Tier 1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		Tier 1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	Tier 1	

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

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

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

Drug		Status	Notes
DEMSER ORAL CAPSULE 250 MG		Tier 3	
metyrosine oral capsule 250 mg	(Demser)	Tier 1	
NIPRIDE RTU INTRAVENOUS SOLUTION 10 MG/50 ML (0.2 MG/ML), 20 MG/100 ML (0.2 MG/ML), 50 MG/100 ML (0.5 MG/ML)		Tier 3	
NITROPRESS INTRAVENOUS SOLUTION 25 MG/ML		Tier 3	
sodium nitroprusside intravenous solution 25 mg/ml	(Nitropress)	Tier 1	
Antihypertensives, Sympatholytic			
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	(Catapres)	Tier 1	
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	Tier 1	
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	Tier 1	
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	Tier 1	
guanfacine oral tablet 1 mg, 2 mg		Tier 1	
methyldopa oral tablet 250 mg, 500 mg		Tier 1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg		Tier 1	
methyldopate intravenous solution 250 mg/5 ml		Tier 1	
Antihypertensives, Vasodilators			
CORLOPAM INTRAVENOUS SOLUTION 10 MG/ML		Tier 3	
hydralazine injection solution 20 mg/ml		Tier 1	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg		Tier 1	
Beta-Adrenergic Blocking Agents			
acebutolol oral capsule 200 mg, 400 mg		Tier 1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	Tier 1	
betaxolol oral tablet 10 mg, 20 mg		Tier 1	
bisoprolol fumarate oral tablet 10 mg, 5 mg		Tier 1	
BREVIBLOC IN NACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML)		Tier 3	

Drug		Status	Notes
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)		Tier 3	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 2	QL (1 EA per 1 day)
BYSTOLIC ORAL TABLET 20 MG		Tier 2	QL (2 EA per 1 day)
esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)	(Brevibloc in NaCl (iso-osm))	Tier 1	
esmolol in sterile water intravenous parenteral solution 2,000 mg/100 ml (20 mg/ml), 2,500 mg/250 ml (10 mg/ml)		Tier 1	
esmolol intravenous solution 100 mg/10 ml (10 mg/ml)	(Brevibloc)	Tier 1	
esmolol intravenous syringe 100 mg/10 ml (10 mg/ml)		Tier 1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	Tier 1	
metoprolol tartrate intravenous solution 5 mg/5 ml	(Lopressor)	Tier 1	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	Tier 1	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg		Tier 1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	(Corgard)	Tier 1	
pindolol oral tablet 10 mg, 5 mg		Tier 1	
propranolol intravenous solution 1 mg/ml		Tier 1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	Tier 1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)		Tier 1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		Tier 1	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG		Tier 1	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG		Tier 1	
sotalol intravenous solution 150 mg/10 ml (15 mg/ml)		Tier 2	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	(Sorine)	Tier 1	

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

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

Drug		Status	Notes
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	(Adalat CC)	Tier 1	
nimodipine oral capsule 30 mg		Tier 1	
nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg	(Sular)	Tier 1	
nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg		Tier 1	
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML		Tier 3	PA; SP
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG		Tier 1	
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG		Tier 1	
verapamil intravenous solution 2.5 mg/ml		Tier 1	
verapamil intravenous syringe 2.5 mg/ml		Tier 1	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	(Verelan PM)	Tier 1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	(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 injection solution 0.25 mg/ml		Tier 1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	
EDECRIN ORAL TABLET 25 MG		Tier 3	
ethacrynate sodium intravenous recon soln 50 mg	(Sodium Edecrin)	Tier 1	
ethacrynic acid oral tablet 25 mg	(Edecrin)	Tier 1	
furosemide in 0.9 % nacl intravenous piggyback 100 mg/100 ml (1 mg/ml)		Tier 1	
furosemide injection solution 10 mg/ml		Tier 1	
furosemide injection syringe 10 mg/ml		Tier 1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		Tier 1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	Tier 1	

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

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

Drug	Status	Notes
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 2	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 2	PA; SP
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 2	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 2	PA; SP
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	Tier 2	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 3	PA; SP
Renin Inhibitor, Direct		
aliskiren oral tablet 150 mg, 300 mg (Tekturna)	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days; QL (1 EA per 1 day)
TEKTURNA ORAL TABLET 150 MG, 300 MG	Tier 3	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days; QL (1 EA per 1 day)
Renin Inhibitor, Direct/Thiazide Diuretic Comb		
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	Tier 2	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days; QL (1 EA per 1 day)
Thiazide And Related Diuretics		
chlorothiazide oral tablet 500 mg	Tier 1	
chlorothiazide sodium intravenous recon soln 500 mg (Diuril IV)	Tier 1	
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1	
DIURIL IV INTRAVENOUS RECON SOLN 500 MG	Tier 3	

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

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

Drug		Status	Notes
rosuvastatin oral tablet 10 mg, 5 mg	(Crestor)	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin oral tablet 20 mg, 40 mg	(Crestor)	Tier 1	QL (1 EA per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin oral tablet 5 mg		Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin oral tablet 80 mg	(Zocor)	Tier 1	ST: Prior prescription for Ezetimibe/simvastatin in the past 365 days; QL (1 EA per 1 day)
Antihyperlipidemic - Mtp Inhibitor			
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG		Tier 2	PA; SP
Antihyperlipidemic - Pcsk9 Inhibitors			
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML		Tier 2	PA
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		Tier 2	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		Tier 2	PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		Tier 2	PA
Antihyperlipidemic-Acly And Choles Absorp Inhib			
NEXLIZET ORAL TABLET 180-10 MG		Tier 2	PA
Bile Salt Sequestrants			
cholestyramine (with sugar) oral powder 4 gram	(Questran)	Tier 1	
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	Tier 1	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug		Status	Notes
EURAX TOPICAL LOTION 10 %		Tier 3	ST: Prior prescription for Malathion and Permethrin in the past 365 days
lindane topical shampoo 1 %		Tier 1	
malathion topical lotion 0.5 %	(Ovide)	Tier 1	
permethrin topical cream 5 %	(Elimite)	Tier 1	
SKLICE TOPICAL LOTION 0.5 %		Tier 3	
spinosad topical suspension 0.9 %	(Natroba)	Tier 1	
ULESFIA TOPICAL LOTION 5 %		Tier 3	ST: Prior prescription for Malathion and Permethrin in the past 365 days
Topical Antivirals			
acyclovir topical ointment 5 %	(Zovirax)	Tier 2	
ZOVIRAX TOPICAL OINTMENT 5 %		Tier 3	
Topical Sulfonamides			
AVAR-E LS TOPICAL CREAM 10-2 %		Tier 3	
BP 10-1 TOPICAL CLEANSER 10-1 %		Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 %		Tier 1	
mafenide acetate topical packet 50 gram	(Sulfamylon)	Tier 1	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 %		Tier 1	
silver sulfadiazine topical cream 1 %	(SSD)	Tier 1	
SSD TOPICAL CREAM 1 %		Tier 1	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W)		Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 %		Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %	(Avar LS)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	(Avar)	Tier 1	QL (1419 GM per 1 FILL)
sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %	(Plexion)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 9-4 %	(Sumaxin)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 9-4.5 %	(Sumadan)	Tier 1	
sulfacetamide sodium-sulfur topical cream 10-2 %	(Avar-E LS)	Tier 1	
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	(SSS 10-5)	Tier 1	

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

Drug		Status	Notes
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %		Tier 1	
ALA-CORT TOPICAL CREAM 1 %		Tier 1	
ALA-SCALP TOPICAL LOTION 2 %		Tier 2	
alclometasone topical cream 0.05 %		Tier 1	
alclometasone topical ointment 0.05 %		Tier 1	
amcinonide topical cream 0.1 %		Tier 2	ST: At least 2 prior prescriptions for Betamethasone Dipropionate, Betamethasone Valerate, Clobetasol Propionate, Fluocinonide, Halobetasol Propionate, Mometasone Furoate, or Triamcinolone Acetonide in the past 365 days
amcinonide topical lotion 0.1 %		Tier 1	
AQUA GLYCOLIC HC TOPICAL COMBO PACK 2 %		Tier 3	
betamethasone dipropionate topical cream 0.05 %		Tier 1	
betamethasone dipropionate topical lotion 0.05 %		Tier 1	
betamethasone dipropionate topical ointment 0.05 %		Tier 1	
betamethasone valerate topical cream 0.1 %		Tier 1	
betamethasone valerate topical foam 0.12 %	(Luxiq)	Tier 1	
betamethasone valerate topical lotion 0.1 %		Tier 1	
betamethasone valerate topical ointment 0.1 %		Tier 1	
betamethasone, augmented topical cream 0.05 %		Tier 1	
betamethasone, augmented topical gel 0.05 %		Tier 1	
betamethasone, augmented topical lotion 0.05 %		Tier 1	
betamethasone, augmented topical ointment 0.05 %	(Diprolene)	Tier 1	
clobetasol scalp solution 0.05 %		Tier 1	
clobetasol topical cream 0.05 %	(Temovate)	Tier 1	

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

Drug		Status	Notes
fluticasone propionate topical cream 0.05 %	(Cutivate)	Tier 1	
fluticasone propionate topical lotion 0.05 %	(Beser)	Tier 1	
fluticasone propionate topical ointment 0.005 %		Tier 1	
halcinonide topical cream 0.1 %	(Halog)	Tier 2	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 365 days
halobetasol propionate topical cream 0.05 %		Tier 1	
halobetasol propionate topical ointment 0.05 %		Tier 1	
hydrocortisone butyrate topical cream 0.1 %		Tier 2	
hydrocortisone butyrate topical lotion 0.1 %	(Locoid)	Tier 1	
hydrocortisone butyrate topical ointment 0.1 %		Tier 1	
hydrocortisone butyrate topical solution 0.1 %		Tier 1	
hydrocortisone butyr-emollient topical cream 0.1 %	(Locoid Lipocream)	Tier 2	
hydrocortisone topical cream 1 %	(Ala-Cort)	Tier 1	
hydrocortisone topical cream 2.5 %		Tier 1	
hydrocortisone topical cream with perineal applicator 1 %	(Procto-Pak)	Tier 1	
hydrocortisone topical cream with perineal applicator 2.5 %	(Procto-Med HC)	Tier 1	
hydrocortisone topical lotion 2.5 %		Tier 1	
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	Tier 1	
hydrocortisone topical ointment 2.5 %		Tier 1	
hydrocortisone valerate topical cream 0.2 %		Tier 1	
hydrocortisone valerate topical ointment 0.2 %		Tier 2	
mometasone topical cream 0.1 %		Tier 1	
mometasone topical ointment 0.1 %		Tier 1	
mometasone topical solution 0.1 %		Tier 1	
NUCORT TOPICAL LOTION 2 %		Tier 3	
prednicarbate topical cream 0.1 %		Tier 1	
prednicarbate topical ointment 0.1 %		Tier 1	

Drug		Status	Notes
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %		Tier 1	
PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %		Tier 1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %		Tier 1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %		Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %		Tier 3	
SCALACORT TOPICAL LOTION 2 %		Tier 3	
triamcinolone acetonide topical aerosol 0.147 mg/gram	(Kenalog)	Tier 2	
triamcinolone acetonide topical cream 0.025 %		Tier 1	
triamcinolone acetonide topical cream 0.1 %, 0.5 %	(Triderm)	Tier 1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		Tier 1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		Tier 1	
TRIDERM TOPICAL CREAM 0.1 %, 0.5 %		Tier 1	
Topical Anti-Inflammatory, Nsaids			
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	Tier 1	
diclofenac sodium topical drops 1.5 %		Tier 1	QL (600 ML per 1 FILL)
diclofenac sodium topical gel 1 %	(Voltaren)	Tier 1	QL (1500 GM per 1 FILL)
DICLOFONO TOPICAL GEL IN PACKET 1.6 %		Tier 3	ST: Prior prescription for generic Diclofenac 1% gel in the past 365 days
DICLOTREX TOPICAL KIT 1.5-10-4 %		Tier 3	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %		Tier 3	
FROTEK TOPICAL CREAM IN PACKET 10 %		Tier 3	ST: Prior prescription for generic Diclofenac 1% gel in the past 365 days
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %		Tier 3	ST: Prior prescription for Diclofenac Epolamine or Licart in the past 120 days; QL (1 EA per 1 day)
Dermatology - Antipruritic Drugs			
Antipruritics,Topical			

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

Drug		Status	Notes
CEM-UREA TOPICAL GEL 45 %		Tier 1	
DAYLOGIC ACNE TREATMENT TOPICAL GEL 10 %		Tier 1	
PACNEX HP TOPICAL PADS, MEDICATED 7 %		Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %		Tier 3	
PERSA-GEL TOPICAL GEL 10 %		Tier 1	
podofilox topical solution 0.5 %		Tier 1	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %		Tier 1	
salicylic acid er-ceramides topical kit,cleanser and cream er 6 %		Tier 2	
salicylic acid topical cream 6 %	(Salimez)	Tier 1	
salicylic acid topical cream,extended release 6 %		Tier 1	
salicylic acid topical film forming liquid w/appl 27.5 %	(Virasal)	Tier 1	
salicylic acid topical film-forming soln er w/ appl 28.5 %	(UltraSal-ER)	Tier 1	
salicylic acid topical foam 6 %	(Salvax)	Tier 1	
salicylic acid topical gel 6 %	(Keralyt Rx)	Tier 1	
salicylic acid topical liquid 26 %		Tier 1	
salicylic acid topical lotion 6 %		Tier 1	
salicylic acid topical lotion,extended release 6 %		Tier 1	
salicylic acid topical shampoo 6 %	(Salex)	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 %		Tier 3	
SALIMEZ TOPICAL CREAM 6 %		Tier 2	
SALVAX TOPICAL FOAM 6 %		Tier 1	
silver nitrate applicators topical stick 75-25 %		Tier 1	
silver nitrate topical solution 10 %		Tier 1	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %		Tier 3	
UMECTA TOPICAL FOAM 40 %		Tier 1	
UREA NAIL STICK TOPICAL SOLUTION 50 %		Tier 1	
urea topical cream 39 %	(Uredeb)	Tier 1	
urea topical cream 40 %		Tier 1	
urea topical cream 45 %	(Uramaxin)	Tier 1	

Drug		Status	Notes
urea topical cream 47 %	(Keralac)	Tier 1	
urea topical cream 50 %	(Ure-K)	Tier 1	
urea topical foam 35 %	(Hydro 35)	Tier 1	
urea topical gel 45 %	(CEM-Urea)	Tier 1	
urea topical lotion 40 %		Tier 1	
Oxidizing Agents			
HYCLODEX TOPICAL SPRAY,NON-AEROSOL 0.012 %-0.002 % -0.046 %		Tier 3	
hydrogen peroxide solution 3 %		Tier 1	
LEVICYN DERMAL TOPICAL SPRAY,NON-AEROSOL 0.009 %		Tier 3	
Topical Anti-Inflammatory Steroid-Local Anesthetic			
hydrocortisone-pramoxine topical cream 2.5-1 %	(Pramosone)	Tier 1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %		Tier 1	
Topical Antineoplastic & Premalignant Lesion Agnts			
CARAC TOPICAL CREAM 0.5 %		Tier 2	PA
diclofenac sodium topical gel 3 %	(Solaraze)	Tier 1	ST: Prior prescription for generic Diclofenac 1% gel in the past 365 days; QL (100 GM per 1 FILL)
fluorouracil topical cream 0.5 %	(Carac)	Tier 1	PA
fluorouracil topical cream 5 %	(Efudex)	Tier 1	
fluorouracil topical solution 2 %, 5 %		Tier 1	
PANRETIN TOPICAL GEL 0.1 %		Tier 3	SP
PICATO TOPICAL GEL 0.015 %		Tier 2	QL (3 EA per 28 days)
PICATO TOPICAL GEL 0.05 %		Tier 2	QL (2 EA per 28 days)
TARGRETIN TOPICAL GEL 1 %		Tier 2	PA; SP
VALCHLOR TOPICAL GEL 0.016 %		Tier 2	PA; SP
Topical Local Anesthetics			
ANACAINE TOPICAL OINTMENT 10 %		Tier 3	
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %		Tier 3	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC)		Tier 3	
ethyl chloride topical aerosol,spray 100 %		Tier 1	

Drug		Status	Notes
FORAXA TOPICAL GEL 2 %-1 % -1.2 %		Tier 3	ST: Prior prescription for Lidocaine 3% cream or Lidocaine 5% ointment in the past 365 days
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %		Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 %		Tier 1	
lidocaine hcl laryngotracheal solution 4 %	(LTA Pre-Attached)	Tier 1	
lidocaine hcl topical cream 3 %	(Lidopin)	Tier 1	
lidocaine topical adhesive patch,medicated 5 %	(Lidoderm)	Tier 1	
lidocaine topical ointment 5 %		Tier 1	QL (240 GM per 30 days)
lidocaine-prilocaine topical cream 2.5-2.5 %		Tier 1	
lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %	(L.E.T. (lido-epineph-tetra))	Tier 1	
LIDOTREX TOPICAL GEL 2 %-1 % -1.2 %		Tier 3	ST: Prior prescription for Lidocaine 3% cream or Lidocaine 5% ointment in the past 365 days
LTA PRE-ATTACHED LARYNGOTRACHEAL SOLUTION 4 %		Tier 2	
PONTOCAINE TOPICAL SOLUTION 2 %		Tier 3	
VEXASYN TOPICAL GEL 2 %-1 % -1.2 %		Tier 3	ST: Prior prescription for Lidocaine 3% cream or Lidocaine 5% ointment in the past 365 days
Topical/Mucous Membr./Subcut. Enzymes			
AMPHADASE INJECTION SOLUTION 150 UNIT/ML		Tier 3	
HYLENEX INJECTION SOLUTION 150 UNIT/ML		Tier 3	
HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML		Tier 3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM		Tier 2	
VITRASE INJECTION SOLUTION 200 UNIT/ML		Tier 3	
Dermatology - Pigmentation Disorders			

Drug		Status	Notes
Hyperpigmentation Agents, Systemic			
SCENESSE SUBCUTANEOUS IMPLANT 16 MG		Tier 3	PA; SP
Dermatology - Psoriasis/Eczema			
Antipsoriatic Agents,Systemic			
acitretin oral capsule 10 mg, 25 mg	(Soriatane)	Tier 1	
acitretin oral capsule 17.5 mg		Tier 1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML		Tier 2	PA; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML		Tier 2	PA; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML		Tier 2	PA; SP
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML		Tier 2	PA; SP
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML		Tier 3	PA; SP
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	(Oxsoralen Ultra)	Tier 1	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML		Tier 3	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 75 MG/0.83 ML		Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)		Tier 2	PA; SP
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML		Tier 3	PA; SP
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML		Tier 3	PA; SP
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML		Tier 3	PA; SP
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML		Tier 3	PA; SP
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		Tier 2	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML		Tier 2	PA; SP
Antipsoriatics Agents			

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug	Status	Notes
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (2 EA per 1 day)
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb		

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

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

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

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

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

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

Drug	Status	Notes
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Tier 2	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	Tier 2	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	Tier 2	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	Tier 3	
Insulins		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	QL (30 ML per 28 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Tier 3	PA
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60)	Tier 3	PA; QL (180 EA per 28 days)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	ST: Prior prescription for Lantus Solostar, Lantus, Levemir Flextouch, Levemir, Semglee, Toujeo Solostar, Tresiba Flextouch U-100, Tresiba Flextouch U-200, or Tresiba in the past 365 days; QL (30 ML per 28 days)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (12 ML per 28 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Tier 2	QL (40 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 2	QL (30 ML per 28 days)

Drug		Status	Notes
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)		Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)		Tier 2	QL (40 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML		Tier 2	QL (30 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 2	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		Tier 2	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		Tier 2	QL (40 ML per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML		Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML		Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		Tier 2	QL (24 ML per 28 days)
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	(Humalog Mix 75-25 KwikPen)	Tier 1	QL (30 ML per 28 days)
insulin lispro subcutaneous insulin pen 100 unit/ml	(Humalog KwikPen Insulin)	Tier 1	QL (30 ML per 28 days)
insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml	(Humalog Junior KwikPen U-100)	Tier 1	QL (30 ML per 28 days)
insulin lispro subcutaneous solution 100 unit/ml	(Humalog U-100 Insulin)	Tier 1	QL (40 ML per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 2	QL (30 ML per 28 days)

Drug		Status	Notes
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 2	QL (40 ML per 28 days)
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 2	QL (30 ML per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 2	QL (40 ML per 28 days)
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML)		Tier 3	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)		Tier 2	QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)		Tier 2	QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 2	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)		Tier 2	QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 2	QL (40 ML per 28 days)
Ear - General Disorders			
Ear Preparations Anti-Inflammatory			
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	Tier 1	
Ear Preparations, Misc. Anti-Infectives			
acetic acid otic (ear) solution 2 %		Tier 1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %		Tier 1	
Ear Preparations,Antibiotics			
ciprofloxacin hcl otic (ear) dropperette 0.2 %	(Cetraxal)	Tier 1	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		Tier 1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		Tier 1	
ofloxacin otic (ear) drops 0.3 %		Tier 1	

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

Drug		Status	Notes
Electrolyte Depleters			
AURYXIA ORAL TABLET 210 MG IRON		Tier 3	QL (12 EA per 1 day)
calcium acetate(phosphat bind) oral capsule 667 mg		Tier 1	
calcium acetate(phosphat bind) oral tablet 667 mg		Tier 1	
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML		Tier 1	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	(Fosrenol)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		Tier 2	PA
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML		Tier 2	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	Tier 1	
sevelamer carbonate oral tablet 800 mg	(Renvela)	Tier 1	
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML		Tier 1	
sodium polystyrene sulfonate oral powder		Tier 1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML		Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML		Tier 2	
VELPHORO ORAL TABLET,CHEWABLE 500 MG		Tier 2	
Phosphate Replacement			
GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOL/ML		Tier 1	
sodium phosphate in 0.9 % nacl intravenous solution 30 mmol/250 ml		Tier 1	
sodium phosphate in d5w intravenous solution 15 mmol/250 ml		Tier 1	
Potassium Replacement			
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ		Tier 1	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ		Tier 1	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ		Tier 1	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ		Tier 1	

Drug		Status	Notes
potassium acetate intravenous solution 2 meq/ml		Tier 1	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l		Tier 1	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l		Tier 1	
potassium chloride in 0.9%nacl intravenous syringe 20 meq/20 ml (1 meq/ml)		Tier 1	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l		Tier 1	
potassium chloride in water intravenous syringe 10 meq/5 ml (2 meq/ml)		Tier 1	
potassium chloride intravenous solution 2 meq/ml		Tier 1	
potassium chloride oral capsule, extended release 10 meq, 8 meq		Tier 1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		Tier 1	
potassium chloride oral packet 20 meq	(Klor-Con)	Tier 1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	(K-Tab)	Tier 1	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	Tier 1	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	Tier 1	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l		Tier 1	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l		Tier 1	
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l		Tier 1	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l		Tier 1	
potassium cl-lido-0.9 % sodchl intravenous piggyback 10 meq-10 mg /100 ml		Tier 1	
potassium gluconate oral tablet 595 mg (99 mg)		Tier 1	
Endocrine Disorder - Fertility			

Drug		Status	Notes
Drugs To Treat Impotency			
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG		Tier 3	ST: Prior prescription for Sildenafil Citrate or Tadalafil in the past 120 days; QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG		Tier 2	ST: Prior prescription for Sildenafil Citrate or Tadalafil in the past 120 days; QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG		Tier 2	ST: Prior prescription for Sildenafil Citrate or Tadalafil in the past 120 days; QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG		Tier 3	QL: 6 INJECTIONS IN 30 DAYS; ST: Prior prescription for Caverject, Muse, Sildenafil Citrate, or Tadalafil in the past 120 days
EDEX INTRACAVERNOSAL KIT 40 MCG		Tier 3	QL: 6 INJECTIONS IN 30 DAYS; ST: Prior prescription for Caverject or Muse in the past 120 days
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML		Tier 1	
IFE-PG20 INTRACAVERNOSAL SOLUTION 20 MCG/ML		Tier 1	
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 125 MCG, 250 MCG, 500 MCG		Tier 2	QL (1 EA per 5 days)
sildenafil oral tablet 100 mg, 25 mg, 50 mg	(Viagra)	Tier 1	QL (1 EA per 5 days)
tadalafil oral tablet 10 mg, 20 mg	(Cialis)	Tier 1	QL (1 EA per 5 days)
tadalafil oral tablet 2.5 mg, 5 mg	(Cialis)	Tier 1	ST: Prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Tamsulosin HCL, or Terazosin HCL in the past 120 days; QL (1 EA per 1 day)
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG		Tier 3	
Fertility Stimulating Preparations,Non-Fsh			
clomiphene citrate oral tablet 50 mg	(Serophene)	Tier 1	

Drug		Status	Notes
SEROPHENE ORAL TABLET 50 MG		Tier 2	
Follicle Stim./Luteinizing Hormones			
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT		Tier 2	SP
Follicle-Stimulating Hormone (Fsh)			
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML		Tier 2	SP
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT		Tier 2	SP
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT		Tier 2	SP
Human Chorionic Gonadotropin (Hcg)			
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT		Tier 2	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML		Tier 2	
Pregnancy Facilitating/Maintaining Agent,Hormonal			
CRINONE VAGINAL GEL 8 %		Tier 2	
Pregnancy Maintaining Agent,Hormonal			
hydroxyprogest(pf)(preg presv) intramuscular oil 250 mg/ml (1 ml)	(Makena)	Tier 1	PA; SP
hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml	(Makena)	Tier 1	PA; SP
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML		Tier 2	PA; SP
MAKENA INTRAMUSCULAR OIL 250 MG/ML, 250 MG/ML (1 ML)		Tier 3	PA; SP
Endocrine Disorder - Other			
Adrenal Steroid Inhibitors			
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG		Tier 3	PA; SP
Antidiuretic And Vasopressor Hormones			
desmopressin injection solution 4 mcg/ml	(DDAVP)	Tier 1	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)		Tier 1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)		Tier 1	
desmopressin oral tablet 0.1 mg, 0.2 mg	(DDAVP)	Tier 1	

Drug	Status	Notes
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Tier 3	ST: Prior prescription for Desmopressin Acetate in the past 120 days; QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Tier 3	ST: Prior prescription for Desmopressin Acetate in the past 120 days; QL (1 EA per 1 day)
vasopressin in 0.9 % sod chlor intravenous solution 100 unit/100 ml (1 unit/ml), 100 unit/250 ml (0.4 unit/ml), 20 unit/100 ml (0.2 unit/ml), 40 unit/100 ml (0.4 unit/ml), 50 unit/250 ml (0.2 unit/ml), 60 unit/100 ml (0.6 unit/ml)	Tier 1	
vasopressin in dextrose 5 % intravenous solution 100 unit/100 ml (1 unit/ml), 25 unit/250 ml (0.1 unit/ml), 60 unit/100 ml (0.6 unit/ml)	Tier 1	
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML	Tier 3	
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 2	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 2	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 2	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 2	PA; SP
leuprolide subcutaneous kit 1 mg/0.2 ml	Tier 1	PA; SP
leuprolide subcutaneous solution 1 mg/0.2 ml	Tier 1	PA; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	Tier 3	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	Tier 3	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	Tier 3	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	Tier 3	PA; SP

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

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

Drug		Status	Notes
Calcimimetic,Parathyroid Calcium Enhancer			
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	(Sensipar)	Tier 1	PA; SP
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML		Tier 3	PA; SP
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG		Tier 2	PA; SP
Growth Hormone Receptor Antagonists			
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		Tier 2	SP
Growth Hormone Releasing Hormone (Ghrh) & Analogs			
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG		Tier 2	PA; SP
Growth Hormones			
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML		Tier 2	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)		Tier 2	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)		Tier 2	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG		Tier 2	PA; SP
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG		Tier 3	PA; SP
Hyperparathyroid Tx Agents - Vitamin D Analog-Type			
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg		Tier 1	
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	Tier 1	
paricalcitol oral capsule 4 mcg		Tier 1	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG		Tier 3	
Insulin-Like Growth Factor-1 (Igf-1) Hormones			

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

Drug	Status	Notes
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	Tier 2	PA; SP
Pituitary Suppressive Agents		
cabergoline oral tablet 0.5 mg	Tier 1	
danazol oral capsule 100 mg, 200 mg, 50 mg	Tier 1	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
methimazole oral tablet 10 mg, 5 mg (Tapazole)	Tier 1	
propylthiouracil oral tablet 50 mg	Tier 1	
TAPAZOLE ORAL TABLET 10 MG, 5 MG	Tier 3	
Insulin-Like Growth Factor Receptor (Igf-R) Inhib		
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	Tier 3	PA; SP
Iodine Containing Agents		
IODOPEN INTRAVENOUS SOLUTION 100 MCG/ML	Tier 1	
LUGOLS ORAL SOLUTION 5 %	Tier 3	
STRONG IODINE ORAL SOLUTION 5 %	Tier 1	
Thyroid Hormones		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Tier 2	
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	
LEVO-T ORAL TABLET 300 MCG	Tier 3	
levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg	Tier 1	
levothyroxine intravenous solution 100 mcg/ml, 20 mcg/ml, 40 mcg/ml	Tier 1	

Drug		Status	Notes
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Euthyrox)	Tier 1	
levothyroxine oral tablet 300 mcg	(Levo-T)	Tier 1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG		Tier 2	
liothyronine intravenous solution 10 mcg/ml	(Triostat)	Tier 1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	Tier 1	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG		Tier 1	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG		Tier 1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG		Tier 2	
SYNTHROID ORAL TABLET 300 MCG		Tier 3	
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	(NP Thyroid)	Tier 1	
THYROLAR-1 ORAL TABLET 12.5-50 MCG		Tier 3	ST: Prior prescription for Levothyroxine Sodium in the past 120 days
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG		Tier 3	ST: Prior prescription for Levothyroxine Sodium in the past 120 days
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG		Tier 3	ST: Prior prescription for Levothyroxine Sodium in the past 120 days
THYROLAR-2 ORAL TABLET 25-100 MCG		Tier 3	ST: Prior prescription for Levothyroxine Sodium in the past 120 days
THYROLAR-3 ORAL TABLET 37.5-150 MCG		Tier 3	ST: Prior prescription for Levothyroxine Sodium in the past 120 days
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG		Tier 2	

Drug		Status	Notes
UNITHROID ORAL TABLET 300 MCG		Tier 3	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG		Tier 1	
Eye - General Disorders			
Eye Antibiotic, Glucocorticoid And Nsaid Comb.			
prednisol ace-gatiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %		Tier 1	
prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %		Tier 1	
prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %		Tier 1	
prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %		Tier 1	
Eye Antibiotic-Corticoid Combinations			
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	Tier 1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml		Tier 1	
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%		Tier 1	
prednisolone acet-gatifloxacin ophthalmic (eye) drops,suspension 1-0.5 %		Tier 1	
prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %		Tier 1	
prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %		Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %		Tier 2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %		Tier 2	

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

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

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

Drug		Status	Notes
levofloxacin ophthalmic (eye) drops 0.5 %		Tier 1	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %		Tier 3	
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	Tier 1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	(Moxeza)	Tier 1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		Tier 2	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		Tier 1	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G		Tier 1	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	Tier 1	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM		Tier 1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	(Polytrim)	Tier 1	
tobramycin ophthalmic (eye) drops 0.3 %	(Tobrex)	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %		Tier 3	
ZYMAXID OPHTHALMIC (EYE) DROPS 0.5 %		Tier 3	
Ophthalmic Anti-Inflammatory Immunomodulator-Type			
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %		Tier 3	PA
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %		Tier 1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %		Tier 2	PA
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %		Tier 2	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		Tier 2	PA
Ophthalmic Human Nerve Growth Factor (Hngf)			
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %		Tier 3	PA; SP

Drug	Status	Notes
Ophthalmic Mast Cell Stabilizers		
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %	Tier 3	ST: Prior prescription for Cromolyn Sodium in the past 120 days
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 3	ST: Prior prescription for Cromolyn Sodium in the past 120 days
cromolyn ophthalmic (eye) drops 4 %	Tier 1	
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
acetazolamide oral capsule, extended release 500 mg	Tier 1	
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	
acetazolamide sodium injection recon soln 500 mg	Tier 1	
methazolamide oral tablet 25 mg, 50 mg	Tier 1	
Miotics/Other Intraoc. Pressure Reducers		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	ST: Prior prescription for Brimonidine Tartrate in the past 120 days
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	Tier 3	
apraclonidine ophthalmic (eye) drops 0.5 %	Tier 1	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 3	ST: Prior prescription for Alphagan P, Betaxolol HCL, Brimonidine Tartrate, Combigan, Dorzolamide HCL, Dorzolamide HCL/timolol Maleate, or Latanoprost in the past 365 days
betaxolol ophthalmic (eye) drops 0.5 %	Tier 1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	Tier 3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	ST: Prior prescription for generic Betaxolol in the past 120 days
bimatoprost ophthalmic (eye) drops 0.03 %	Tier 1	QL (1 ML per 12 days)
brimonidine ophthalmic (eye) drops 0.15 % (Alphagan P)	Tier 1	

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

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

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

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

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

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

Drug	Status	Notes
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	Tier 2	SP
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 2	SP
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 2	SP
Antiporphyria Factors		
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG	Tier 3	SP
Blood Factors,Miscellaneous		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 2	SP
Citrates As Anticoagulants		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML	Tier 3	
ACD-A SOLUTION	Tier 2	
ACD-A SOLUTION 2.45-2.2 GRAM- 730 MG/100 ML	Tier 3	
anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml	Tier 1	
sodium citrate in 0.9 % nacl solution 0.5 %	Tier 1	
sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (4 ml)	Tier 1	
sodium citrate solution 4 gram /100 ml (4 %)	Tier 1	
TRICITRASOL INJECTION CONCENTRATE 46.7 %	Tier 2	
Coagulants		
protamine intravenous solution 10 mg/ml	Tier 1	

Drug	Status	Notes
Direct Factor Xa Inhibitors		
BEVYXXA ORAL CAPSULE 40 MG, 80 MG	Tier 3	ST: Prior prescription for Eliquis or Xarelto in the past 120 days; QL (43 EA per 42 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 2	QL (74 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 2	QL (2 EA per 1 day)
Drugs To Treat Acute Hepatic Porphyria (Ahp)		
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	Tier 3	PA; SP
Erythroid Maturation Agents		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	Tier 3	PA; SP
Factor Ix Complex (Pcc) Preparations		
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT)	Tier 3	SP
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
Factor Ix Preparations		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 2	SP
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 2	SP
IDELVION INTRAVENOUS RECON SOLN 3,500 (+/-) UNIT	Tier 3	SP

Drug	Status	Notes
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 2	SP
MONONINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	Tier 2	SP
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	SP
Factor X Preparations		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 2	SP
Factor Xiii Preparations		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 2	SP
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 2	SP
Hematinics,Other		
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 2	PA; SP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 2	PA; SP
Hemophilia Treatment Agents,Non-Factor Replacement		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	Tier 3	PA; SP
Hemorrheologic Agents		
pentoxifylline oral tablet extended release 400 mg	Tier 1	
Heparin And Related Preparations		
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML	Tier 3	SP; QL (8 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	Tier 3	SP; QL (5 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 5 MG/0.4 ML	Tier 3	SP; QL (4 ML per 30 days)

Drug		Status	Notes
ARIXTRA SUBCUTANEOUS SYRINGE 7.5 MG/0.6 ML		Tier 3	SP; QL (6 ML per 30 days)
enoxaparin subcutaneous solution 300 mg/3 ml	(Lovenox)	Tier 1	SP; QL (30 ML per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	(Lovenox)	Tier 1	SP; QL (30 ML per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	(Lovenox)	Tier 1	SP; QL (24 ML per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	(Lovenox)	Tier 1	SP; QL (9 ML per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	(Lovenox)	Tier 1	SP; QL (12 ML per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	(Lovenox)	Tier 1	SP; QL (18 ML per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	Tier 1	SP; QL (8 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	Tier 1	SP; QL (5 ML per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	Tier 1	SP; QL (4 ML per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	Tier 1	SP; QL (6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML		Tier 2	SP; QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML		Tier 2	SP; QL (10 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML		Tier 2	SP; QL (5 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML		Tier 2	SP; QL (6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML		Tier 2	SP; QL (7.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML		Tier 2	SP; QL (2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML		Tier 2	SP; QL (3 ML per 30 days)
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML		Tier 1	
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/250 ml (10 unit/ml), 2,500 unit/500 ml (5 unit/ml), 30,000 unit/1,000 ml, 4000 unit/1000 ml (4 unit/ml), 5,000 unit/1,000 ml, 5,000 unit/500 ml (10 unit/ml)		Tier 1	

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

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

Drug		Status	Notes
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG		Tier 0	
ASPIRIN LOW DOSE ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG		Tier 0	
aspirin oral tablet,chewable 81 mg	(Aspirin Childrens)	Tier 0	
aspirin oral tablet,delayed release (dr/ec) 81 mg	(Adult Aspirin Regimen)	Tier 0	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	(Aggrenox)	Tier 1	
BRILINTA ORAL TABLET 60 MG, 90 MG		Tier 2	QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG		Tier 0	
cilostazol oral tablet 100 mg, 50 mg		Tier 1	
clopidogrel oral tablet 300 mg		Tier 1	QL (4 EA per 30 days)
clopidogrel oral tablet 75 mg	(Plavix)	Tier 1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg		Tier 1	
eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml	(Integrilin)	Tier 1	SP
KENGREAL INTRAVENOUS RECON SOLN 50 MG		Tier 3	
LO-DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG		Tier 0	
prasugrel oral tablet 10 mg, 5 mg	(Effient)	Tier 1	QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG		Tier 0	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG		Tier 0	
ZONTIVITY ORAL TABLET 2.08 MG		Tier 3	QL (1 EA per 1 day)
Platelet Reducing Agents			
AGRYLIN ORAL CAPSULE 0.5 MG		Tier 3	SP
anagrelide oral capsule 0.5 mg	(Agrylin)	Tier 1	
anagrelide oral capsule 1 mg		Tier 1	
Protein C Preparations			
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT		Tier 2	SP
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT		Tier 2	SP

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

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

Drug		Status	Notes
EEMT HS ORAL TABLET 0.625-1.25 MG		Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG		Tier 1	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg	(Covaryx H.S.)	Tier 1	
estrogens-methyltestosterone oral tablet 1.25-2.5 mg	(Covaryx)	Tier 1	
Estrogenic Agents			
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG		Tier 1	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR		Tier 3	QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR		Tier 2	QL (2 EA per 7 days)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML		Tier 2	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)		Tier 2	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR		Tier 1	QL (2 EA per 7 days)
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 3	
MIMVEY ORAL TABLET 1-0.5 MG		Tier 1	

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

Drug	Status	Notes
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	Tier 3	PA; SP
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	Tier 2	SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 %	Tier 3	PA; SP
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	Tier 2	SP
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	Tier 2	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 2	PA; SP
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	Tier 2	PA; SP
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 2	PA; SP
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	Tier 3	PA; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	Tier 3	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 2	PA; SP
GAMUNEX-C INJECTION SOLUTION 40 GRAM/400 ML (10 %)	Tier 2	SP
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATR THAN 312 UNIT/ML (5 ML)	Tier 2	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 2	PA; SP
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 2	PA; SP
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	Tier 2	

Drug	Status	Notes
HYPERHEP B S/D INTRAMUSCULAR SYRINGE 220 UNIT/ML	Tier 2	
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	Tier 2	
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	Tier 3	
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	Tier 2	
HYPERRHO S/D INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG), 250 UNIT (50 MCG)	Tier 2	
HYPERTET S/D (PF) INTRAMUSCULAR SYRINGE 250 UNIT	Tier 2	
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 3	PA; SP
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 3	PA; SP
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	Tier 2	
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	Tier 2	
PANZYGA INTRAVENOUS SOLUTION 10 %	Tier 3	PA; SP
PRIVIGEN INTRAVENOUS SOLUTION 10 %	Tier 2	PA; SP
RHOPHYLAC INJECTION SYRINGE 1,500 UNIT (300 MCG)/2 ML	Tier 3	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	Tier 2	
WINRHO SDF INJECTION SOLUTION 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML	Tier 3	SP

Drug	Status	Notes
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 3	PA; SP
Enteric Virus Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	Tier 2	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 2	
Gram (-) Bacilli (Non-Enteric) Vaccines		
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	Tier 0	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	Tier 0	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Tier 0	
Gram Negative Cocci Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	Tier 0	QL (1 ML per 365 days); Age (Min 10 Years and Max 25 Years)
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	Tier 0	QL (0.5 ML per 365 days); Age (Min 11 Years and Max 23 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	Tier 0	QL (1 EA per 365 days); Age (Min 11 Years and Max 23 Years)
MENVEO MENA COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG /0.5 ML (FINAL)	Tier 3	
MENVEO MENCYW-135 COMPNT (PF) INTRAMUSCULAR RECON SOLN 5 MCG X 3/ 0.5 ML (FINAL)	Tier 3	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	Tier 0	QL (1.5 ML per 365 days); Age (Min 10 Years and Max 25 Years)
Gram Positive Cocci Vaccines		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	Tier 0	$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	Tier 0	$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 0	
Influenza Virus Vaccines		

Drug	Status	Notes
AFLURIA QD 2020-21(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 0	QL (0.5 ML per 180 days)
AFLURIA QD 2020-21(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	Tier 0	QL (0.25 ML per 180 days)
AFLURIA QUAD 2020-2021(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 0	QL (0.5 ML per 180 days)
FLUAD 2020-2021 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 0	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUAD QUAD 2020-21(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 0	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUARIX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 0	QL (0.5 ML per 180 days)
FLUBLOK QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	Tier 0	QL (0.5 ML per 180 days); Age (Min 18 Years)
FLUCELVAX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 0	QL (0.5 ML per 180 days)
FLUCELVAX QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 0	QL (0.5 ML per 180 days)
FLULAVAL QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 0	QL (0.5 ML per 180 days)
FLUMIST QUAD 2020-2021 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Tier 0	QL (1 EA per 180 days)
FLUZONE HIGHDOSE QUAD 20-21 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	Tier 0	QL (0.7 ML per 180 days); Age (Min 65 Years)
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 0	QL (0.5 ML per 180 days)
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 0	QL (0.5 ML per 180 days)
FLUZONE QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 0	QL (0.5 ML per 180 days)
Neurotoxic Virus Vaccines		

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

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

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

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

Drug		Status	Notes
cyclosporine intravenous solution 250 mg/5 ml	(Sandimmune)	Tier 1	SP
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	Tier 1	SP
cyclosporine modified oral capsule 50 mg		Tier 1	SP
cyclosporine modified oral solution 100 mg/ml	(Gengraf)	Tier 1	SP
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	Tier 1	SP
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG		Tier 3	SP
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg	(Zortress)	Tier 1	SP
GENGRAF ORAL CAPSULE 100 MG, 25 MG		Tier 1	SP
GENGRAF ORAL SOLUTION 100 MG/ML		Tier 1	SP
IMURAN ORAL TABLET 50 MG		Tier 3	
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	(CellCept Intravenous)	Tier 1	SP
mycophenolate mofetil oral capsule 250 mg	(CellCept)	Tier 1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	Tier 1	
mycophenolate mofetil oral tablet 500 mg	(CellCept)	Tier 1	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	(Myfortic)	Tier 1	
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG		Tier 3	SP
NEORAL ORAL CAPSULE 100 MG, 25 MG		Tier 3	SP
NEORAL ORAL SOLUTION 100 MG/ML		Tier 3	SP
NULOJIX INTRAVENOUS RECON SOLN 250 MG		Tier 2	SP
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML		Tier 3	SP
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG		Tier 2	SP
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG		Tier 3	SP
RAPAMUNE ORAL SOLUTION 1 MG/ML		Tier 3	

Drug		Status	Notes
SANDIMMUNE ORAL SOLUTION 100 MG/ML		Tier 2	SP
sirolimus oral solution 1 mg/ml	(Rapamune)	Tier 1	SP
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	(Rapamune)	Tier 1	SP
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	Tier 1	SP
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG		Tier 2	SP
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG		Tier 3	SP
ZORTRESS ORAL TABLET 1 MG		Tier 2	SP
Infectious Disease - Bacterial			
Absorbable Sulfonamides			
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml		Tier 1	
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			
aztreonam injection recon soln 1 gram, 2 gram	(Azactam)	Tier 1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		Tier 2	PA; SP
Carbapenems (Thienamycins)			
ertapenem injection recon soln 1 gram	(Invanz)	Tier 1	
imipenem-cilastatin intravenous recon soln 250 mg		Tier 1	
imipenem-cilastatin intravenous recon soln 500 mg	(Primaxin IV)	Tier 1	
INVANZ INJECTION RECON SOLN 1 GRAM		Tier 2	
meropenem intravenous recon soln 1 gram, 500 mg	(Merrem)	Tier 1	
meropenem-0.9% sodium chloride intravenous piggyback 1 gram/50 ml, 500 mg/50 ml		Tier 1	
RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM		Tier 3	

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

Drug		Status	Notes
cefotetan in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml		Tier 1	
cefotetan injection recon soln 1 gram, 2 gram	(Cefotan)	Tier 1	
cefotetan intravenous recon soln 10 gram		Tier 1	
cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml		Tier 1	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram		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	
cefuroxime sodium injection recon soln 750 mg		Tier 1	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram		Tier 1	
Cephalosporins - 3Rd Generation			
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM		Tier 2	
cefdinir oral capsule 300 mg		Tier 1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 1	
cefditoren pivoxil oral tablet 200 mg		Tier 1	
cefditoren pivoxil oral tablet 400 mg	(Spectracef)	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	
cefotaxime injection recon soln 1 gram		Tier 1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml		Tier 1	
cefpodoxime oral tablet 100 mg, 200 mg		Tier 1	
ceftazidime in d5w intravenous piggyback 1 gram/50 ml, 2 gram/50 ml		Tier 2	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	(Tazicef)	Tier 1	
ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml		Tier 1	

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

Drug		Status	Notes
URYL ORAL TABLET 81.6-40.8-0.12 MG		Tier 2	
USTELL ORAL CAPSULE 120-0.12 MG		Tier 1	
UTIRA-C ORAL TABLET 81.6-10.8-40.8 MG		Tier 2	
VILAMIT MB ORAL CAPSULE 118-10-40.8-36 MG		Tier 1	
Cyclic Lipopeptides			
daptomycin intravenous recon soln 350 mg		Tier 1	
Macrolides			
azithromycin intravenous recon soln 500 mg	(Zithromax)	Tier 1	
azithromycin oral packet 1 gram	(Zithromax)	Tier 1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Zithromax)	Tier 1	
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	Tier 1	
azithromycin oral tablet 600 mg		Tier 1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 1	
clarithromycin oral tablet 250 mg, 500 mg		Tier 1	
clarithromycin oral tablet extended release 24 hr 500 mg		Tier 1	
DIFICID ORAL TABLET 200 MG		Tier 3	ST: Prior prescription for Metronidazole and Vancomycin HCL in the past 365 days; QL (20 EA per 30 days)
E.E.S. 400 ORAL TABLET 400 MG		Tier 1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG		Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG		Tier 1	
ERYTHROCIN INTRAVENOUS RECON SOLN 1,000 MG, 500 MG		Tier 2	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	Tier 1	
erythromycin ethylsuccinate oral tablet 400 mg	(E.E.S. 400)	Tier 1	

Drug		Status	Notes
erythromycin oral capsule,delayed release(dr/ec) 250 mg		Tier 1	
erythromycin oral tablet 250 mg, 500 mg		Tier 2	
erythromycin oral tablet,delayed release (dr/ec) 250 mg	(Ery-Tab)	Tier 1	
Nitrofuran Derivatives			
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	(Macrodantin)	Tier 1	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	Tier 1	
nitrofurantoin oral suspension 25 mg/5 ml	(Furadantin)	Tier 1	
Oxazolidinones			
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	(Zyvox)	Tier 1	
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	Tier 1	
linezolid oral tablet 600 mg	(Zyvox)	Tier 1	
linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml		Tier 1	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG		Tier 3	
SIVEXTRO ORAL TABLET 200 MG		Tier 3	
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	

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

Drug		Status	Notes
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml		Tier 1	
penicillin g sodium injection recon soln 5 million unit		Tier 1	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml		Tier 1	
penicillin v potassium oral tablet 250 mg, 500 mg		Tier 1	
PFIZERPEN-G INJECTION RECON SOLN 20 MILLION UNIT, 5 MILLION UNIT		Tier 1	
piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram		Tier 1	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML		Tier 2	
Pleuromutilin Derivatives			
XENLETA INTRAVENOUS SOLUTION 150 MG/15 ML		Tier 3	PA
XENLETA ORAL TABLET 600 MG		Tier 3	PA
Quinolones			
AVELOX IN NACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML		Tier 2	
BAXDELA INTRAVENOUS RECON SOLN 300 MG		Tier 2	PA
BAXDELA ORAL TABLET 450 MG		Tier 2	PA
ciprofloxacin hcl oral tablet 100 mg, 750 mg		Tier 1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	(Cipro)	Tier 1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		Tier 1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	(Cipro)	Tier 1	
FACTIVE ORAL TABLET 320 MG		Tier 3	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml		Tier 1	

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

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

Drug		Status	Notes
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg		Tier 1	QL (2 EA per 1 day)
MINOCIN INTRAVENOUS RECON SOLN 100 MG		Tier 2	
minocycline oral capsule 100 mg, 50 mg, 75 mg		Tier 1	
minocycline oral tablet 100 mg, 50 mg, 75 mg		Tier 2	
MONDOXYNE NL ORAL CAPSULE 100 MG		Tier 1	QL (2 EA per 1 day)
MONDOXYNE NL ORAL CAPSULE 75 MG		Tier 1	ST: Prior prescription for generic Doxycycline Monohydrate 75mg tablets in the past 120 days; QL (2 EA per 1 day)
NUZYRA INTRAVENOUS RECON SOLN 100 MG		Tier 3	
NUZYRA ORAL TABLET 150 MG		Tier 3	PA
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG		Tier 2	ST: Prior prescription for Doxycycline Monohydrate 50mg capsules in the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
tetracycline oral capsule 250 mg, 500 mg		Tier 1	
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION 25 MG/5 ML		Tier 3	
XERAVA INTRAVENOUS RECON SOLN 50 MG		Tier 3	
Infectious Disease - Fungal			
Antifungal Agents			
clotrimazole mucous membrane troche 10 mg		Tier 1	
CRESEMBA INTRAVENOUS RECON SOLN 372 MG		Tier 2	
CRESEMBA ORAL CAPSULE 186 MG		Tier 2	
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml		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	

Drug		Status	Notes
itraconazole oral solution 10 mg/ml	(Sporanox)	Tier 1	
ketoconazole oral tablet 200 mg		Tier 1	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML		Tier 2	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)		Tier 2	
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG		Tier 3	
posaconazole oral tablet,delayed release (dr/ec) 100 mg	(Noxafil)	Tier 1	
terbinafine hcl oral tablet 250 mg		Tier 1	
triacetin liquid 100 %		Tier 3	
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)		Tier 3	
VFEND ORAL TABLET 200 MG, 50 MG		Tier 3	
voriconazole intravenous recon soln 200 mg	(Vfend IV)	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 2	
Antifungal Antibiotics			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		Tier 2	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG		Tier 2	
amphotericin b injection recon soln 50 mg		Tier 1	
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG		Tier 2	
caspofungin intravenous recon soln 50 mg, 70 mg	(Cancidas)	Tier 1	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG		Tier 2	
griseofulvin microsize oral suspension 125 mg/5 ml		Tier 1	
griseofulvin microsize oral tablet 500 mg		Tier 2	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		Tier 2	
micafungin intravenous recon soln 100 mg, 50 mg	(Mycamine)	Tier 1	

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

Drug		Status	Notes
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml	(Kitabis Pak)	Tier 1	PA; SP
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML		Tier 3	
Antibacterial Agents,Miscellaneous			
GLYCINE UROLOGIC IRRIGATION SOLUTION 1.5 %		Tier 2	
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; SP; QL (2 EA per 1 day)
Anti-Mycobacterium Agents			
ethambutol oral tablet 100 mg		Tier 1	
ethambutol oral tablet 400 mg	(Myambutol)	Tier 1	
isoniazid injection solution 100 mg/ml		Tier 1	
isoniazid oral solution 50 mg/5 ml		Tier 1	
isoniazid oral tablet 100 mg, 300 mg		Tier 1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM		Tier 3	
pyrazinamide oral tablet 500 mg		Tier 1	
rifabutin oral capsule 150 mg	(Mycobutin)	Tier 1	
TRECATOR ORAL TABLET 250 MG		Tier 3	
Antitubercular Antibiotics			
CAPASTAT INJECTION RECON SOLN 1 GRAM		Tier 2	
cycloserine oral capsule 250 mg		Tier 1	
pretomanid oral tablet 200 mg		Tier 3	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG		Tier 2	
rifampin intravenous recon soln 600 mg	(Rifadin)	Tier 1	
rifampin oral capsule 150 mg, 300 mg	(Rifadin)	Tier 1	
RIFATER ORAL TABLET 50-120-300 MG		Tier 3	
SIRTURO ORAL TABLET 100 MG, 20 MG		Tier 2	PA; SP
Lincosamides			
CLEOCIN INJECTION SOLUTION 150 MG/ML		Tier 3	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	Tier 1	

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

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

Drug		Status	Notes
Amebacides			
paromomycin oral capsule 250 mg		Tier 1	
Anaerobic Antiprotozoal-Antibacterial Agents			
METRO I.V. INTRAVENOUS PIGGYBACK 500 MG/100 ML		Tier 2	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metro I.V.)	Tier 1	
metronidazole oral capsule 375 mg	(Flagyl)	Tier 1	
metronidazole oral tablet 250 mg, 500 mg	(Flagyl)	Tier 1	
Anthelmintics			
albendazole oral tablet 200 mg	(Albenza)	Tier 1	
ALBENZA ORAL TABLET 200 MG		Tier 2	
BILTRICIDE ORAL TABLET 600 MG		Tier 3	
EGATEN ORAL TABLET 250 MG		Tier 2	
EMVERM ORAL TABLET,CHEWABLE 100 MG		Tier 2	PA
ivermectin oral tablet 3 mg	(Stromectol)	Tier 1	
praziquantel oral tablet 600 mg	(Biltricide)	Tier 1	
Antimalarial Drugs			
ARAKODA ORAL TABLET 100 MG		Tier 3	
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, 500 mg		Tier 1	
COARTEM ORAL TABLET 20-120 MG		Tier 2	
DARAPRIM ORAL TABLET 25 MG		Tier 3	PA; SP
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	Tier 1	
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; SP
quinine sulfate oral capsule 324 mg	(Qualaquin)	Tier 1	
Antiparasitics			
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML		Tier 2	
ALINIA ORAL TABLET 500 MG		Tier 2	
Antiprotozoal Drugs,Miscellaneous			

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

Drug		Status	Notes
cidofovir intravenous solution 75 mg/ml		Tier 1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg		Tier 1	
foscarnet intravenous solution 24 mg/ml	(Foscavir)	Tier 1	
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML		Tier 3	
ganciclovir intravenous solution 500 mg/250 ml (2 mg/ml)		Tier 3	
ganciclovir sodium intravenous recon soln 500 mg	(Cytovene)	Tier 1	
ganciclovir sodium intravenous solution 50 mg/ml		Tier 1	
oseltamivir oral capsule 30 mg	(Tamiflu)	Tier 1	QL (40 EA per 180 days)
oseltamivir oral capsule 45 mg, 75 mg	(Tamiflu)	Tier 1	QL (20 EA per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	(Tamiflu)	Tier 1	QL (360 ML per 180 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML		Tier 3	
PREVYMIS ORAL TABLET 240 MG, 480 MG		Tier 3	
RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)		Tier 2	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION		Tier 2	QL (40 EA per 180 days)
ribavirin inhalation recon soln 6 gram	(Virazole)	Tier 1	
rimantadine oral tablet 100 mg	(Flumadine)	Tier 1	
TAMIFLU ORAL CAPSULE 30 MG		Tier 3	QL (40 EA per 180 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG		Tier 3	QL (20 EA per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML		Tier 3	QL (360 ML per 180 days)
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	Tier 1	
valganciclovir oral recon soln 50 mg/ml	(Valcyte)	Tier 1	
valganciclovir oral tablet 450 mg	(Valcyte)	Tier 1	
XOFLUZA ORAL TABLET 20 MG, 40 MG		Tier 3	QL (4 EA per 180 days)
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib			
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML		Tier 2	QL (380 ML per 30 days)
APTIVUS ORAL CAPSULE 250 MG		Tier 2	QL (4 EA per 1 day)

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

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

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

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

Drug		Status	Notes
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.			
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG		Tier 2	PA; SP
HARVONI ORAL TABLET 45-200 MG		Tier 2	PA; SP
ledipasvir-sofosbuvir oral tablet 90-400 mg	(Harvoni)	Tier 1	PA; SP
sofosbuvir-velpatasvir oral tablet 400-100 mg	(Epclusa)	Tier 1	PA; SP
Hepatitis B Treatment Agents			
adefovir oral tablet 10 mg	(Hepsera)	Tier 1	SP; QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML		Tier 2	SP; QL (630 ML per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	Tier 1	SP; QL (1 EA per 1 day)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)		Tier 2	QL (720 ML per 30 days)
EPIVIR HBV ORAL TABLET 100 MG		Tier 3	QL (1 EA per 1 day)
lamivudine oral tablet 100 mg	(Epivir HBV)	Tier 1	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG		Tier 2	SP; QL (1 EA per 1 day)
Hepatitis C Treatment Agents			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		Tier 3	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		Tier 3	PA; SP
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML		Tier 3	PA; SP
ribavirin oral capsule 200 mg		Tier 1	
ribavirin oral tablet 200 mg		Tier 1	
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb			
MAVYRET ORAL TABLET 100-40 MG		Tier 2	PA; SP
Inflammatory Disease			
Anti-Arthritic And Chelating Agents			
DEPEN TITRATABS ORAL TABLET 250 MG		Tier 3	PA; SP
D-PENAMINE ORAL TABLET 125 MG		Tier 1	PA; SP
penicillamine oral capsule 250 mg	(Cuprimine)	Tier 1	PA; SP
penicillamine oral tablet 250 mg	(Depen Titratabs)	Tier 1	PA; SP
Anti-Arthritic, Folate Antagonist Agents			

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

Drug	Status	Notes
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 3	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 3	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 3	PA; SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 2	PA; SP
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 2	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 2	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 2	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 2	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 2	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	Tier 2	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	Tier 2	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 2	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 2	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 2	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 2	PA; SP

Drug	Status	Notes
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	Tier 2	PA; SP
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 3	PA; SP
Anti-Inflammatory, Interleukin-1 Beta Blockers		
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	Tier 2	PA; SP
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
ARAVA ORAL TABLET 10 MG, 20 MG	Tier 3	
leflunomide oral tablet 10 mg, 20 mg (Arava)	Tier 1	
Anti-Inflammatory,Phosphodiesterase-4(Pde4) Inhib.		
OTEZLA ORAL TABLET 30 MG	Tier 2	PA; SP
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	Tier 2	PA; SP
Anti-Inflammatory/Antiarthritics Agents, Misc.		
AZALGIA ORAL CAPSULE 125 MG-37.5 MG- 500 MCG-1.25MG	Tier 3	
COSAMIN AVOCA (WITH BOSWELLIA) ORAL TABLET 500-500-33.3-70 MG	Tier 3	
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML	Tier 3	PA
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)	Tier 2	PA
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML	Tier 3	PA
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML	Tier 3	
glucosam-chondr-vit c-mn-boron oral tablet 750-600-30-1 mg	Tier 1	
glucosamine sulfate oral capsule 500 mg (Genicin)	Tier 1	
glucosamine-chondroitin oral capsule 500-400 mg	Tier 1	
glucosamine-msm-hyaluron acid oral tablet 500-500-1.1 mg	Tier 1	

Drug		Status	Notes
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML		Tier 3	PA
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML		Tier 3	
INVIGOFLEX D ORAL POWDER IN PACKET 1,500 MG		Tier 3	
INVIGOFLEX D ORAL TABLET 750 MG		Tier 3	
INVIGOFLEX GS ORAL TABLET 750-50 MG		Tier 3	
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML		Tier 2	PA
MOVE FREE JOINT HEALTH ORAL TABLET 750 MG-100 MG- 1.65 MG-108 MG		Tier 3	
MOVE FREE PLUS MSM ORAL TABLET 500 MG-66.7 MG- 500 MG-1.1 MG		Tier 3	
MOVE FREE PLUS MSM-VIT D3 ORAL TABLET 750 MG-100 MG- 25 MCG		Tier 3	
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML		Tier 2	PA
sodium hyaluronate (viscosup) intra-articular syringe 10 mg/ml	(Supartz FX)	Tier 3	PA
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML		Tier 3	PA
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML		Tier 3	PA
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML		Tier 3	PA
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML		Tier 3	PA
Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor			
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG		Tier 3	PA; SP
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML		Tier 3	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML		Tier 3	PA; SP
Bradykinin B2 Receptor Antagonists			
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML		Tier 3	PA; SP
icatibant subcutaneous syringe 30 mg/3 ml	(Firazyr)	Tier 1	PA; SP

Drug		Status	Notes
C1 Esterase Inhibitors			
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)		Tier 2	PA; SP
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT		Tier 3	PA; SP
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT		Tier 2	PA; SP
Glucocorticoids			
A-HYDROCORT INJECTION RECON SOLN 100 MG		Tier 1	
BETA-1 INJECTION KIT 6 MG/ML		Tier 3	
BETALOAN SUIK KIT 6 MG/ML		Tier 3	
betameth ac,sod phos(pf)-water injection suspension 6 mg/ml		Tier 1	
betamethasone ace,sod phos-wtr injection suspension 7 mg/ml		Tier 1	
betamethasone acet,sod phos injection suspension 6 mg/ml	(Celestone Soluspan)	Tier 1	
betamethasone sod phosph-water injection solution 6 mg/ml		Tier 1	
budesonide oral capsule,delayed,extend.release 3 mg	(Entocort EC)	Tier 1	
budesonide oral tablet,delayed and ext.release 9 mg	(Uceris)	Tier 1	ST: Prior prescription for Prednisone Intensol, Prednisone, or Rayos in the past 120 days
cortisone oral tablet 25 mg		Tier 1	
DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG		Tier 1	
dexamethasone ac, sod ph-water injection suspension 8 mg- 4 mg/ml		Tier 1	
dexamethasone ace-nacl,iso-osm injection suspension 16 mg/ml, 8 mg/ml		Tier 1	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML		Tier 2	
dexamethasone oral elixir 0.5 mg/5 ml		Tier 1	
dexamethasone oral solution 0.5 mg/5 ml		Tier 1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg	(Decadron)	Tier 1	
dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg		Tier 1	
dexamethasone sodium phos (pf) injection syringe 10 mg/ml		Tier 1	

Drug		Status	Notes
dexamethasone-0.9 % sod. chlor intravenous piggyback 10 mg/50 ml, 20 mg/50 ml		Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 %		Tier 3	
ENTOCORT EC ORAL CAPSULE,DELAYED,EXTEND.RELEASE 3 MG		Tier 3	
HEMADY ORAL TABLET 20 MG		Tier 3	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	Tier 1	
MEDROLOAN II SUIK KIT 40 MG/ML		Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML		Tier 3	
methylpred ac(pf)-nacl,iso-osm injection suspension 40 mg/ml, 80 mg/ml		Tier 1	
methylprednisol ac-bupivac-wat injection suspension 40-5 mg/ml, 80-5 mg/ml		Tier 1	
methylprednisolone acet-water injection suspension 100 mg/ml, 50 mg/ml		Tier 1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Medrol)	Tier 1	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	Tier 1	
MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS), 5 MG (48 TABS)		Tier 2	ST: Prior prescription for Prednisone Intensol, Prednisone, or Rayos in the past 120 days
MILLIPRED ORAL TABLET 5 MG		Tier 2	ST: Prior prescription for Prednisone Intensol, Prednisone, or Rayos in the past 120 days
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG		Tier 3	
P-CARE D40G KIT 40 MG/ML		Tier 3	
P-CARE D80G KIT 40 MG/ML		Tier 3	
P-CARE K40G KIT 40 MG/ML		Tier 3	
P-CARE K80 INJECTION KIT 40 MG/ML		Tier 3	
P-CARE K80G KIT 40 MG/ML		Tier 3	
POD-CARE 100C INJECTION KIT 6 MG/ML		Tier 3	
POD-CARE 100CG KIT 6 MG/ML		Tier 3	
POD-CARE 100KG KIT 40 MG/ML		Tier 3	

Drug		Status	Notes
prednisolone oral solution 15 mg/5 ml		Tier 1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)		Tier 1	
prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)	(Veripred 20)	Tier 1	
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	(Pediapred)	Tier 1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	(Orapred ODT)	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		Tier 2	
prednisone oral solution 5 mg/5 ml		Tier 1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		Tier 1	
prednisone oral tablets,dose pack 10 mg, 5 mg		Tier 1	
PRO-C-DURE 5 INJECTION KIT 40 MG/ML		Tier 3	
PRO-C-DURE 6 INJECTION KIT 40 MG/ML		Tier 3	
READYSHARP BETAMETHASONE INJECTION KIT 6 MG/ML		Tier 1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML		Tier 2	
SOLU-CORTEF INJECTION RECON SOLN 100 MG		Tier 2	
triamcinol ac (pf) in 0.9%nacl injection suspension 40 mg/ml		Tier 1	
triamcinol ace-bupiv-0.9% nacl injection suspension 40-5 mg/ml		Tier 1	
triamcinolone aceton-0.9% nacl injection suspension 50 mg/ml		Tier 1	
triamcinolone acetonide injection suspension 40 mg/ml	(Kenalog)	Tier 1	
triamcinolone dia(pf)-0.9%nacl injection suspension 40 mg/ml		Tier 1	
triamcinolone diacet-0.9% nacl injection suspension 40 mg/ml, 80 mg/ml		Tier 1	
TRILOAN II SUIK KIT 40 MG/ML		Tier 3	
TRILOAN SUIK KIT 40 MG/ML		Tier 3	

Drug	Status	Notes
VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML)	Tier 2	
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS)	Tier 3	
ZILRETTA INTRA-ARTICULAR SUSPENSION,EXTENDED REL RECON 32 MG	Tier 3	
Gold Salts		
RIDAURA ORAL CAPSULE 3 MG	Tier 2	
Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	Tier 2	SP
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 3	PA; SP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 3	PA; SP
Interleukin-6 (Il-6) Receptor Inhibitors		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 2	PA; SP
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	Tier 2	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 2	PA; SP
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 3	
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 3	PA; SP
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 3	PA; SP
Janus Kinase (Jak) Inhibitors		
OLUMIANT ORAL TABLET 1 MG, 2 MG	Tier 3	PA; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	Tier 2	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 2	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 2	PA; SP
Mineralocorticoids		
fludrocortisone oral tablet 0.1 mg	Tier 1	

Drug		Status	Notes
Monoclonal Antibody-Human Interleukin 12/23 Inhib			
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML		Tier 2	PA; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML		Tier 2	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML		Tier 2	PA; SP
Nsaid & Topical Irritant Counter-Irritant Comb.			
COMFORT PAC-IBUPROFEN KIT 800 MG		Tier 3	
COMFORT PAC-MELOXICAM KIT 15 MG		Tier 3	
COMFORT PAC-NAPROXEN KIT 500 MG		Tier 3	
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb			
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	Tier 1	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	Tier 1	
Nsaids, Cyclooxygenase 2 Inhibitor - Type			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	Tier 1	
Nsaids, Cyclooxygenase Inhibitor-Type			
CALDOLOR INTRAVENOUS PIGGYBACK 800 MG/200 ML (4 MG/ML)		Tier 2	
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)		Tier 2	
diclofenac potassium oral tablet 50 mg		Tier 1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	(Voltaren-XR)	Tier 1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg		Tier 1	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG		Tier 1	
etodolac oral capsule 200 mg, 300 mg		Tier 1	
etodolac oral tablet 400 mg	(Lodine)	Tier 1	
etodolac oral tablet 500 mg		Tier 1	

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

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

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

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

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

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

Drug		Status	Notes
CHENODAL ORAL TABLET 250 MG		Tier 2	PA; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG		Tier 2	PA; SP
ursodiol oral capsule 300 mg	(Actigall)	Tier 1	
ursodiol oral tablet 250 mg	(URSO 250)	Tier 1	
ursodiol oral tablet 500 mg	(URSO Forte)	Tier 1	
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog			
OCALIVA ORAL TABLET 10 MG, 5 MG		Tier 2	PA; SP
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type			
alosetron oral tablet 0.5 mg, 1 mg	(Lotronex)	Tier 1	
Laxatives And Cathartics			
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG		Tier 3	QL (2 EA per 1 day)
CLEAR FIBER ORAL POWDER 3 GRAM/4 GRAM		Tier 1	
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML		Tier 3	$0 COPAY IF AGE 50-75 YEARS
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML		Tier 1	
DAILY FIBER (PSYLLIUM-SUCROSE) ORAL POWDER 3 GRAM/7 GRAM		Tier 1	
DAILY FIBER ORAL CAPSULE 0.4 GRAM		Tier 1	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM		Tier 1	$0 COPAY IF AGE 50-75 YEARS
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM		Tier 1	$0 COPAY IF AGE 50-75 YEARS
GAVILYTE-N ORAL RECON SOLN 420 GRAM		Tier 1	$0 COPAY IF AGE 50-75 YEARS
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM		Tier 3	$0 COPAY IF AGE 50-75 YEARS
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM		Tier 3	
lactulose oral packet 10 gram	(Kristalose)	Tier 1	
lactulose oral solution 10 gram/15 ml	(Constulose)	Tier 1	
lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml		Tier 1	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM		Tier 3	
NULYTELY LEMON-LIME ORAL RECON SOLN 420 GRAM		Tier 3	

Drug		Status	Notes
NULYTELY WITH FLAVOR PACKS ORAL RECON SOLN 420 GRAM		Tier 3	
OSMOPREP ORAL TABLET 1.5 GRAM		Tier 3	$0 COPAY IF AGE 50-75 YEARS
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	Tier 1	$0 COPAY IF AGE 50-75 YEARS
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	(MoviPrep)	Tier 1	$0 COPAY IF AGE 50-75 YEARS
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	Tier 1	$0 COPAY IF AGE 50-75 YEARS
PEG-PREP ORAL KIT 5-210 MG-GRAM		Tier 1	$0 COPAY IF AGE 50-75 YEARS
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM		Tier 3	$0 COPAY IF AGE 50-75 YEARS
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM		Tier 2	$0 COPAY IF AGE 50-75 YEARS
REGULOID (ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM		Tier 1	
REGULOID (PSYLLIUM HUSK) ORAL CAPSULE 0.4 GRAM		Tier 1	
REGULOID (PSYLLIUM HUSK) ORAL POWDER 3 GRAM/5.4 GRAM		Tier 1	
REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3 GRAM/12 GRAM		Tier 3	
REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3 GRAM/7 GRAM		Tier 1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM		Tier 2	$0 COPAY IF AGE 50-75 YEARS
TRILYTE WITH FLAVOR PACKETS ORAL RECON SOLN 420 GRAM		Tier 1	$0 COPAY IF AGE 50-75 YEARS
Narcotic Antagonists, Peripherally-Acting			
ENTEREG ORAL CAPSULE 12 MG		Tier 3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG		Tier 2	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML		Tier 2	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML		Tier 2	PA
SYMPROIC ORAL TABLET 0.2 MG		Tier 2	QL (1 EA per 1 day)
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs			
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG		Tier 3	PA; SP

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

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

Drug	Status	Notes
insulin syringe-needle u-100 syringe 0.5 ml 30 gauge x 5/16", 1 ml 30 gauge x 5/16 (TRUEplus Insulin)	Tier 3	
insulin syringe-needle u-100 syringe 1 ml 28 gauge x 1/2" (BD Insulin Syringe)	Tier 2	
INTERLINK LEVER LOCK CANNULA	Tier 3	
KENDALL DISINFECTANT CAP	Tier 3	
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 3	
MINIMED SYRINGE RESERVOIR 1.8 ML, 3 ML	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML, 3 ML, 35 ML, 6 ML, 60 ML	Tier 3	
MONOJECT ENFIT SYRINGE CAP	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 12 ML	Tier 3	
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16"	Tier 3	
MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 28 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	Tier 3	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	Tier 3	
PARADIGM RESERVOIR 1.8 ML, 3 ML	Tier 3	
PISTON SYRINGE WITH ENFIT SYRINGE 60 ML	Tier 3	
Q-CLIQ PEN (FOR NATPARA) SUBCUTANEOUS PEN INJECTOR 71.4 MICROL	Tier 3	
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 2	
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 1	
ULTRA CMFT INS SYR HALF UNIT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	Tier 2	

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

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

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

Drug		Status	Notes
oxaliplatin intravenous recon soln 100 mg, 50 mg		Tier 1	SP
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)		Tier 1	SP
PARAPLATIN INTRAVENOUS SOLUTION 10 MG/ML		Tier 3	
TEMODAR INTRAVENOUS RECON SOLN 100 MG		Tier 2	PA; SP
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG		Tier 3	PA; SP
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	(Temodar)	Tier 1	PA; SP
TEPADINA INJECTION RECON SOLN 100 MG, 15 MG		Tier 3	PA; SP
thiotepa injection recon soln 100 mg, 15 mg	(Tepadina)	Tier 1	PA; SP
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG		Tier 2	SP
YONDELIS INTRAVENOUS RECON SOLN 1 MG		Tier 2	PA; SP
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG		Tier 3	PA; SP
Antiandrogenic Agents			
abiraterone oral tablet 250 mg	(Zytiga)	Tier 1	SP; QL (4 EA per 1 day)
bicalutamide oral tablet 50 mg	(Casodex)	Tier 1	
ERLEADA ORAL TABLET 60 MG		Tier 2	PA; SP
flutamide oral capsule 125 mg		Tier 1	
nilutamide oral tablet 150 mg	(Nilandron)	Tier 1	SP; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG		Tier 2	PA; SP
XTANDI ORAL CAPSULE 40 MG		Tier 2	PA; SP; QL (4 EA per 1 day)
YONSA ORAL TABLET 125 MG		Tier 2	PA; SP
Antibiotic Antineoplastics			
ADRIAMYCIN INTRAVENOUS RECON SOLN 10 MG, 50 MG		Tier 1	
ADRIAMYCIN INTRAVENOUS SOLUTION 10 MG/5 ML, 2 MG/ML, 20 MG/10 ML, 50 MG/25 ML		Tier 1	
bleomycin injection recon soln 15 unit, 30 unit		Tier 1	SP
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG		Tier 3	SP

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

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

Drug	Status	Notes
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 2	PA; SP
mercaptopurine oral tablet 50 mg	Tier 1	
methotrexate sodium (pf) injection recon soln 1 gram	Tier 1	
methotrexate sodium (pf) injection solution 25 mg/ml	Tier 1	
methotrexate sodium injection solution 25 mg/ml	Tier 1	
methotrexate sodium oral tablet 2.5 mg	Tier 1	
NIPENT INTRAVENOUS RECON SOLN 10 MG	Tier 3	SP
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 3	
PURIXAN ORAL SUSPENSION 20 MG/ML	Tier 2	SP; ST: Prior prescription for Mercaptopurine in the past 120 days
TABLOID ORAL TABLET 40 MG	Tier 2	SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 3	
Antineoplast Egf Receptor Blocker Rcmb Mc Antibody		
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	Tier 2	PA; SP
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	Tier 2	PA; SP
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	Tier 3	PA; SP
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 3	PA; SP
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 2	PA; SP
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 3	PA; SP
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	Tier 3	PA; SP
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	Tier 2	PA; SP
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	Tier 3	PA; SP
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	Tier 3	PA; SP

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

Drug	Status	Notes
ZELBORAF ORAL TABLET 240 MG	Tier 2	PA; SP; QL (8 EA per 1 day)
Antineoplastic - Epothilones And Analogs		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	Tier 2	PA; SP
Antineoplastic - Halichondrin B Analogs		
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	Tier 2	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 3	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
ODOMZO ORAL CAPSULE 200 MG	Tier 3	PA; SP
Antineoplastic - Immunotherapy, Therapeutic Vac		
PROVENGE INTRAVENOUS SUSPENSION 50 MILLION CELL/250 ML	Tier 2	SP
Antineoplastic - Immunotherapy, Virus-Based Agents		
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML	Tier 3	PA; SP
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC ORAL TABLET 20 MG	Tier 2	PA; SP; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 2	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 2	PA; SP
MEKTOVI ORAL TABLET 15 MG	Tier 3	PA; SP; QL (6 EA per 1 day)
Antineoplastic - Mtor Kinase Inhibitors		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	Tier 2	PA; SP
AFINITOR ORAL TABLET 10 MG	Tier 2	PA; SP; QL (2 EA per 1 day)

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

Drug	Status	Notes
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	Tier 3	PA; SP
Antineoplastic Comb - Kinase And Aromatase Inhibit		
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	Tier 3	PA; SP
Antineoplastic Immunomodulator Agents		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	PA; SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	Tier 2	PA; SP
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 2	SP; QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 2	SP; QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Tier 2	SP; QL (2 EA per 365 days)
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	Tier 2	PA; SP; QL (240 EA per 30 days)
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	Tier 3	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 90 MG	Tier 3	PA; SP; QL (1 EA per 1 day)
ALUNBRIG ORAL TABLET 30 MG	Tier 3	PA; SP
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 3	PA; SP; QL (1 EA per 1 day)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 2	PA; SP
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 3	PA; SP
bortezomib intravenous recon soln 3.5 mg	Tier 2	PA; SP
BOSULIF ORAL TABLET 100 MG	Tier 2	PA; SP; QL (4 EA per 1 day)

Drug		Status	Notes
BOSULIF ORAL TABLET 400 MG, 500 MG		Tier 2	PA; SP; QL (1 EA per 1 day)
BRUKINSA ORAL CAPSULE 80 MG		Tier 2	PA; SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG		Tier 2	PA; SP
CALQUENCE ORAL CAPSULE 100 MG		Tier 3	PA; SP
CAPRELSA ORAL TABLET 100 MG		Tier 2	PA; SP; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG		Tier 2	PA; SP; QL (1 EA per 1 day)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)		Tier 2	PA; SP; QL (112 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		Tier 3	PA; SP
erlotinib oral tablet 100 mg	(Tarceva)	Tier 1	PA
erlotinib oral tablet 150 mg, 25 mg	(Tarceva)	Tier 1	PA; SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		Tier 2	PA; SP
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		Tier 2	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG		Tier 2	PA; SP
ICLUSIG ORAL TABLET 15 MG		Tier 2	PA; SP; QL (2 EA per 1 day)
ICLUSIG ORAL TABLET 45 MG		Tier 2	PA; SP; QL (1 EA per 1 day)
imatinib oral tablet 100 mg	(Gleevec)	Tier 1	PA; SP; QL (3 EA per 1 day)
imatinib oral tablet 400 mg	(Gleevec)	Tier 1	PA; SP; QL (2 EA per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG		Tier 2	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG		Tier 2	PA; SP
INLYTA ORAL TABLET 1 MG		Tier 2	PA; SP; QL (6 EA per 1 day)
INLYTA ORAL TABLET 5 MG		Tier 2	PA; SP; QL (4 EA per 1 day)
INREBIC ORAL CAPSULE 100 MG		Tier 3	PA; SP
IRESSA ORAL TABLET 250 MG		Tier 2	PA; SP
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)		Tier 3	PA; SP

Drug	Status	Notes
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	Tier 2	PA; SP
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Tier 2	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 2	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
NERLYNX ORAL TABLET 40 MG	Tier 3	PA; SP; QL (6 EA per 1 day)
NEXAVAR ORAL TABLET 200 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 2	PA; SP
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 3	PA; SP
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Tier 3	PA; SP
QINLOCK ORAL TABLET 50 MG	Tier 3	PA; SP
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Tier 3	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 2	PA; SP
RUBRACA ORAL TABLET 200 MG, 300 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
RUBRACA ORAL TABLET 250 MG	Tier 3	SP; QL (4 EA per 1 day)
RYDAPT ORAL CAPSULE 25 MG	Tier 3	PA; SP
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
SPRYCEL ORAL TABLET 20 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
STIVARGA ORAL TABLET 40 MG	Tier 2	PA; SP; QL (3 EA per 1 day)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 3	PA; SP

Drug	Status	Notes
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 2	PA; SP
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	Tier 2	PA; SP
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	Tier 3	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 3	PA; SP
TURALIO ORAL CAPSULE 200 MG	Tier 3	PA; SP
TYKERB ORAL TABLET 250 MG	Tier 2	PA; SP
VELCADE INJECTION RECON SOLN 3.5 MG	Tier 2	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 3	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 3	PA; SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 2	PA; SP
VOTRIENT ORAL TABLET 200 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
XOSPATA ORAL TABLET 40 MG	Tier 3	PA; SP
ZEJULA ORAL CAPSULE 100 MG	Tier 3	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
ZYKADIA ORAL TABLET 150 MG	Tier 2	PA; SP
Antineoplastic,Anti-Programmed Death-1 (Pd-1) Mab		
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	Tier 2	PA; SP
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	Tier 2	PA; SP
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	Tier 3	PA; SP
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 3	PA; SP

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

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

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

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

Drug		Status	Notes
fulvestrant intramuscular syringe 250 mg/5 ml	(Faslodex)	Tier 1	PA; SP
tamoxifen oral tablet 10 mg, 20 mg		Tier 0	
toremifene oral tablet 60 mg	(Fareston)	Tier 1	PA; SP
Selective Retinoid X Receptor Agonists (Rxr)			
bexarotene oral capsule 75 mg	(Targretin)	Tier 1	PA; SP
TARGRETIN ORAL CAPSULE 75 MG		Tier 3	PA; SP
Steroid Antineoplastics			
EMCYT ORAL CAPSULE 140 MG		Tier 2	SP
megestrol oral tablet 20 mg, 40 mg		Tier 1	
Tissue Protective Tx Of Chemotherapy Ext			
TOTECT INTRAVENOUS RECON SOLN 500 MG		Tier 3	
Vinca Alkaloids			
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL		Tier 2	PA; SP
vinblastine intravenous solution 1 mg/ml		Tier 1	SP
VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ML, 2 MG/2 ML		Tier 1	
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml	(Vincasar PFS)	Tier 1	
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	(Navelbine)	Tier 1	SP
Neurological Disease - Miscellaneous			
Agents To Treat Multiple Sclerosis			
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		Tier 2	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		Tier 2	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG		Tier 2	PA; SP
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG		Tier 2	PA; SP
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML		Tier 2	PA; SP
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 240 mg	(Tecfidera)	Tier 1	PA
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG		Tier 2	PA; SP
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	(Glatopa)	Tier 1	PA; SP

Drug	Status	Notes
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	Tier 1	PA; SP
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 3	PA
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	Tier 2	PA; SP
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; SP
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG	Tier 2	PA; SP
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 2	PA; SP
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	Tier 3	PA; SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 2	PA; SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 2	PA; SP
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 2	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 2	PA; SP

Drug		Status	Notes
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG		Tier 2	PA; SP
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG		Tier 3	PA; SP
ZEPOSIA ORAL CAPSULE 0.92 MG		Tier 3	PA; SP
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG		Tier 3	PA; SP
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)-0.46 MG (3)		Tier 3	PA; SP
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr			
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	Tier 1	PA; SP
FIRDAPSE ORAL TABLET 10 MG		Tier 3	PA; SP
RUZURGI ORAL TABLET 10 MG		Tier 3	PA; SP
Amyotrophic Lateral Sclerosis Agents			
RADICAVA INTRAVENOUS PIGGYBACK 30 MG/100 ML		Tier 2	SP
RILUTEK ORAL TABLET 50 MG		Tier 3	
riluzole oral tablet 50 mg	(Rilutek)	Tier 1	
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML		Tier 3	SP
Antineoplastic - Cd19 (B Lymphocyte) Mc Antibody			
MONJUVI INTRAVENOUS RECON SOLN 200 MG		Tier 3	PA; SP
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML		Tier 3	PA; SP
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib			
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		Tier 2	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)		Tier 2	
Leukocyte Adhesion Inhib,Alpha4-Mediat Igg4k Mc Ab			
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML		Tier 3	PA; SP
Metabolic Disease Enzyme Replacement, Batten Disea			

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

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

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

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

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

Drug		Status	Notes
MEGARED KIDS ORAL TABLET,CHEWABLE 35 MG		Tier 3	
MONOGEN ORAL POWDER		Tier 1	
MOVE FREE ULTRA OMEGA JOINT PL ORAL CAPSULE 353 MG		Tier 3	
MOVE FREE ULTRA TRIPLE ACTION ORAL TABLET 40-5-3.3 MG		Tier 3	
MOVE FREE ULTRA-BORATE-K2-D3 ORAL TABLET 20 MCG-180 MCG- 216 MG		Tier 3	
NAN PRO TODDLER DRINK ORAL POWDER 4 GRAM-170 KCAL /33 GRAM		Tier 3	
NOURISH PEPTIDE FORMULA ORAL LIQUID		Tier 3	PA
NUMAQULA OMEGA-3 ORAL CAPSULE 700 MG-8.3 MCG- 3.3 MG-0.7 MG		Tier 3	
OVEEZA ORAL CAPSULE 500 MCG-250 MCG-50 MG-50 MG		Tier 3	
PEDIASURE GROW-GAIN ORAL LIQUID 0.03-1 GRAM-KCAL/ML		Tier 3	
PEDIASURE GROW-GAIN ORGANIC ORAL LIQUID 0.03-1 GRAM-KCAL/ML		Tier 3	
PEDIASURE REDUCED CALORIE ORAL LIQUID 0.03-0.6 GRAM-KCAL/ML		Tier 3	PA
PREDIA ORAL TABLET 56.3 MG-0.04 MG-500 MG		Tier 3	
Q-GEL MEGA ORAL CAPSULE 100-150 MG-UNIT		Tier 1	
XYZMUNE ORAL CAPSULE 500 MG-15 MCG- 1,000 MCG-16 MG		Tier 3	
Drugs To Treat Hereditary Tyrosinemia			
nitisinone oral capsule 10 mg, 2 mg, 5 mg	(Orfadin)	Tier 1	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG		Tier 2	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG		Tier 2	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML		Tier 2	PA; SP
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing			
CERDELGA ORAL CAPSULE 84 MG		Tier 2	PA; SP
miglustat oral capsule 100 mg	(Zavesca)	Tier 1	PA; SP

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

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

Drug		Status	Notes
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML		Tier 2	SP
levocarnitine (with sugar) oral solution 100 mg/ml	(Carnitor)	Tier 1	
levocarnitine oral solution 100 mg/ml	(Carnitor (sugar-free))	Tier 1	
levocarnitine oral tablet 330 mg	(Carnitor)	Tier 1	
Metabolic Disease Enzyme Replace, Hypophosphatasia			
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML		Tier 2	PA; SP
Metabolic Disease Enzyme Replacement, Fabry's Dx			
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG		Tier 2	SP
Metabolic Disease Enzyme Replacement, Gaucher's Dx			
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT		Tier 2	PA; SP
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT		Tier 3	PA; SP
VPRIV INTRAVENOUS RECON SOLN 400 UNIT		Tier 3	PA; SP
Metabolic Disease Enzyme Replacement,Pompe Disease			
LUMIZYME INTRAVENOUS RECON SOLN 50 MG		Tier 2	PA; SP
Metabolic Dx Enzyme Replace, Mucopolysaccharidosis			
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML		Tier 2	SP
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML		Tier 2	SP
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML		Tier 3	SP
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML		Tier 2	SP
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)		Tier 2	PA; SP
Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.			
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)		Tier 3	PA; SP
Metallic Poison,Agents To Treat			
BAL IN OIL INTRAMUSCULAR SOLUTION 100 MG/ML		Tier 2	

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

Drug		Status	Notes
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 "		Tier 3	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"		Tier 2	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"		Tier 2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"		Tier 2	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"		Tier 2	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"		Tier 2	
blunt needle, disposable needle 18 x 1 1/2 "		Tier 3	
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"		Tier 2	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 X 5/8 ", 27 GAUGE X 1/2"		Tier 3	
filter needles needle 19 x 1 "		Tier 3	
filter needles needle 19 x 1 1/2 "	(BD Filter Needle-5 Micron)	Tier 3	
MAGELLAN SAFETY NEEDLE NEEDLE 23 GAUGE X 5/8"		Tier 3	
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1"		Tier 3	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"		Tier 2	
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3"		Tier 2	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"		Tier 2	
NOVOTWIST NEEDLE 32 GAUGE X 1/5"		Tier 2	
PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16"		Tier 3	
PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"		Tier 2	
pen needle, diabetic needle 31 gauge x 1/4"	(Clickfine Pen Needle)	Tier 2	
pen needle, diabetic needle 31 gauge x 5/16"	(BD Ultra-Fine Short Pen Needle)	Tier 2	
pen needle, diabetic needle 32 gauge x 5/32"	(BD Ultra-Fine Nano Pen Needle)	Tier 1	

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

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

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

Drug	Status	Notes
Somatostatic Agents		
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML	Tier 3	PA; SP
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	Tier 3	PA; SP
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml	Tier 1	PA; SP
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml (Sandostatin)	Tier 1	PA; SP
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 1	PA; SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	Tier 3	PA; SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 2	PA; SP
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	Tier 2	SP
Surfactants		
glyceryl monostearate flakes	Tier 3	
IV SOL STABILIZER FOR BLINCYTO INTRAVENOUS SOLUTION	Tier 3	
LUMOXITI IV SOLN STABILIZER INTRAVENOUS SOLUTION	Tier 3	
polysorbate 80 solution	Tier 3	
Thickening Agents, Oral		
THICK AND EASY ORAL POWDER	Tier 3	
THICK AND EASY ORAL POWDER IN PACKET	Tier 3	
Vaccine Adjuvants		
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION	Tier 0	QL (1 ML per 365 days); Age (Min 50 Years)
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
ESBRIET ORAL CAPSULE 267 MG	Tier 2	PA; SP
ESBRIET ORAL TABLET 267 MG, 801 MG	Tier 2	PA; SP
Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator		

Drug	Status	Notes
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	Tier 2	PA; SP
KALYDECO ORAL TABLET 150 MG	Tier 2	PA; SP
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	Tier 2	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 2	PA; SP
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 3	PA; SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	Tier 2	PA; SP
Lung Surfactants		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 3	
SURFAXIN INTRATRACHEAL SUSPENSION 34 MG/ML	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 3	
Mucolytics		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 2	PA; SP
Pulmonary Fibrosis - Systemic Enzyme Inhibitors		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 2	PA; SP
Pain Management - Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		
ALLZITAL ORAL TABLET 25-325 MG	Tier 3	ST: Prior prescription for Butalbital/Acetaminophen in the past 120 days
butalbital-acetaminophen oral capsule 50-300 mg	Tier 1	ST: Prior prescription for Butalbital/Acetaminophen in the past 120 days; QL (6 EA per 1 day)

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

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

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

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

Drug		Status	Notes
hydromorphone in 0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)		Tier 1	
hydromorphone in 0.9 % nacl intravenous pt controlled analgesia syring 15 mg/30 ml (0.5 mg/ml), 5 mg/25 ml (0.2 mg/ml), 6 mg/30 ml (0.2 mg/ml)		Tier 1	
hydromorphone in 0.9 % nacl intravenous solution 0.2 mg/ml, 0.5 mg/50 ml, 1 mg/50 ml, 2 mg/50 ml		Tier 1	
hydromorphone in 0.9 % nacl intravenous syringe 0.5 mg/ml, 1 mg/ml (1 ml), 2 mg/10 ml (0.2 mg/ml)		Tier 1	
hydromorphone in d5w (pf) intravenous pt controlled analgesia syring 3 mg/30 ml (0.1 mg/ml)		Tier 1	
hydromorphone in d5w (pf) intravenous syringe 0.5 mg/5 ml (0.1 mg/ml)		Tier 1	
hydromorphone injection solution 1 mg/ml, 2 mg/ml		Tier 1	
hydromorphone injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml, 4 mg/ml		Tier 1	
hydromorphone oral liquid 1 mg/ml	(Dilaudid)	Tier 1	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	(Dilaudid)	Tier 1	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg		Tier 2	PA; QL (1 EA per 1 day)
hydromorphone oral tablet extended release 24 hr 32 mg		Tier 2	PA; QL (2 EA per 1 day)
hydromorphone rectal suppository 3 mg		Tier 1	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG		Tier 2	QL (1 EA per 1 day)
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML		Tier 3	
levorphanol tartrate oral tablet 2 mg		Tier 1	
meperidine (pf) in 0.9 % nacl intravenous pt controlled analgesia syring 550 mg/55 ml (10 mg/ml)		Tier 1	
meperidine oral tablet 100 mg	(Demerol)	Tier 1	QL (6 EA per 1 day)
meperidine oral tablet 50 mg		Tier 1	QL (6 EA per 1 day)
methadone injection syringe 5 mg/0.5 ml		Tier 1	
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML		Tier 1	QL (4 ML per 1 day)

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

Drug		Status	Notes
morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 150 mg/30 ml (5 mg/ml), 275 mg/55 ml (5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 60 mg/30 ml (2 mg/ml)		Tier 1	
morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 5 mg/ml		Tier 1	
morphine in 0.9 % sodium chlor intravenous syringe 0.5 mg/ml, 1 mg/ml (1 ml), 3 mg/3 ml (1 mg/ml)		Tier 1	
morphine injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml		Tier 1	
morphine injection solution 2 mg/ml		Tier 3	
morphine injection syringe 10 mg/ml		Tier 3	
morphine injection syringe 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml		Tier 1	
morphine intramuscular pen injector 10 mg/0.7 ml		Tier 1	
morphine intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)		Tier 1	
morphine intravenous solution 10 mg/ml, 100 mg/4 ml, 25 mg/ml, 250 mg/10 ml, 4 mg/ml, 50 mg/ml, 8 mg/ml		Tier 1	
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml		Tier 1	
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	(Kadian)	Tier 2	QL (2 EA per 1 day)
morphine oral capsule,extend.release pellets 40 mg	(Kadian)	Tier 1	
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)		Tier 1	
morphine oral tablet 15 mg, 30 mg		Tier 2	
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	(MS Contin)	Tier 1	QL (3 EA per 1 day)
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg		Tier 1	
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG		Tier 3	QL (3 EA per 1 day)
nalbuphine injection solution 10 mg/ml, 20 mg/ml		Tier 1	

Drug		Status	Notes
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG		Tier 2	QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG		Tier 2	QL (6 EA per 1 day)
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG		Tier 2	
oxycodone oral capsule 5 mg		Tier 1	
oxycodone oral concentrate 20 mg/ml		Tier 2	
oxycodone oral solution 5 mg/5 ml		Tier 1	
oxycodone oral tablet 10 mg, 20 mg		Tier 1	
oxycodone oral tablet 15 mg, 30 mg, 5 mg	(Roxicodone)	Tier 1	
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg	(OxyContin)	Tier 1	QL (2 EA per 1 day)
oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg	(OxyContin)	Tier 1	QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG		Tier 2	QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG		Tier 2	QL (4 EA per 1 day)
oxymorphone oral tablet 10 mg, 5 mg		Tier 1	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg		Tier 1	QL (2 EA per 1 day)
oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg		Tier 1	QL (4 EA per 1 day)
pentazocine-naloxone oral tablet 50-0.5 mg		Tier 1	
tramadol oral tablet 50 mg	(Ultram)	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 100 mg		Tier 1	QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg		Tier 1	QL (1 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 100 mg		Tier 1	QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg		Tier 1	QL (1 EA per 1 day); Age (Min 12 Years)

Drug		Status	Notes
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG		Tier 3	ST: Prior prescription for Hydrocodone Bitartrate, Xtampza ER, or Zohydro ER in the past 120 days; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG		Tier 3	ST: Prior prescription for Hydrocodone Bitartrate, Xtampza ER, or Zohydro ER in the past 120 days; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG		Tier 3	ST: Prior prescription for Hydrocodone Bitartrate, Xtampza ER, or Zohydro ER in the past 120 days; QL (8 EA per 1 day)
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG		Tier 3	ST: Prior prescription for Hysingla ER, Morphine Sulfate, Nucynta ER, Oxycodone HCL, or Oxycontin within the past 120 days; QL (2 EA per 1 day)
Antimigraine Preparations			
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML		Tier 2	PA
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML		Tier 2	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML		Tier 2	PA
almotriptan malate oral tablet 12.5 mg, 6.25 mg		Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (8 EA per 30 days)
dihydroergotamine injection solution 1 mg/ml	(D.H.E.45)	Tier 1	QL (15 ML per 14 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	Tier 1	QL (8 ML per 28 days)
eletriptan oral tablet 20 mg, 40 mg	(Relpax)	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (6 EA per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		Tier 2	PA

Drug		Status	Notes
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		Tier 2	PA
ERGOMAR SUBLINGUAL TABLET 2 MG		Tier 3	QL (10 EA per 7 days)
ergotamine-caffeine oral tablet 1-100 mg	(Cafergot)	Tier 1	QL (10 EA per 7 days)
frovatriptan oral tablet 2.5 mg	(Frova)	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (12 EA per 30 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG		Tier 2	QL (5 EA per 7 days)
naratriptan oral tablet 1 mg, 2.5 mg	(Amerge)	Tier 1	QL (8 EA per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG		Tier 3	PA
REYVOW ORAL TABLET 100 MG, 50 MG		Tier 3	PA
rizatriptan oral tablet 10 mg	(Maxalt)	Tier 1	QL (12 EA per 30 days)
rizatriptan oral tablet 5 mg		Tier 1	QL (12 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	Tier 1	QL (12 EA per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		Tier 1	QL (12 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	(Imitrex)	Tier 1	QL (6 EA per 15 days)
sumatriptan succinate oral tablet 100 mg	(Imitrex)	Tier 1	QL (8 EA per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	Tier 1	QL (3 EA per 5 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Refill)	Tier 1	QL (4 ML per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Pen)	Tier 1	QL (4 ML per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	(Imitrex)	Tier 1	QL (5 ML per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml		Tier 1	QL (4 ML per 30 days)
sumatriptan-naproxen oral tablet 85-500 mg	(Treximet)	Tier 2	ST: Prior prescription for Onzetra Xsail, Sumatriptan Succinate, Sumatriptan, Sumavel Dosepro, Tosymra, Zecuity, or Zembrace Symtouch in the past 180 days; QL (1 EA per 3 days)

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

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

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

Drug		Status	Notes
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	(Sinemet)	Tier 1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg		Tier 1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg		Tier 1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg	(Stalevo 50)	Tier 1	
carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg	(Stalevo 75)	Tier 1	
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg	(Stalevo 100)	Tier 1	
carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg	(Stalevo 125)	Tier 1	
carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg	(Stalevo 150)	Tier 1	
carbidopa-levodopa-entacapone oral tablet 50-200-200 mg	(Stalevo 200)	Tier 1	
COMTAN ORAL TABLET 200 MG		Tier 3	
ELDEPRYL ORAL CAPSULE 5 MG		Tier 3	
entacapone oral tablet 200 mg	(Comtan)	Tier 1	
INBRIJA INHALATION CAPSULE 42 MG		Tier 3	PA; SP
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG		Tier 3	PA; SP
KYNMOBI SUBLINGUAL FILM 10 MG, 10-15-20-25-30 MG, 15 MG, 20 MG, 25 MG, 30 MG		Tier 3	PA; SP
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR		Tier 3	ST: Prior prescription for immediate-release Pramipexole or immediate-release Ropinirole in the past 120 days; QL (1 EA per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG		Tier 3	PA
ONGENTYS ORAL CAPSULE 50 MG		Tier 3	
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	(Mirapex)	Tier 1	

Drug		Status	Notes
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	(Mirapex ER)	Tier 1	ST: Prior prescription for immediate-release Pramipexole or immediate-release Ropinirole in the past 120 days; QL (1 EA per 1 day)
rasagiline oral tablet 0.5 mg, 1 mg	(Azilect)	Tier 1	QL (1 EA per 1 day)
ropinirole oral tablet 0.25 mg, 3 mg, 5 mg	(Requip)	Tier 1	
ropinirole oral tablet 0.5 mg, 1 mg, 2 mg, 4 mg		Tier 1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 6 mg	(Requip XL)	Tier 1	ST: Prior prescription for immediate-release Pramipexole or immediate-release Ropinirole in the past 120 days; QL (1 EA per 1 day)
ropinirole oral tablet extended release 24 hr 4 mg, 8 mg		Tier 1	ST: Prior prescription for immediate-release Pramipexole or immediate-release Ropinirole in the past 120 days; QL (1 EA per 1 day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG		Tier 3	ST: Prior prescription for Carbidopa/levodopa in the past 120 days; QL (10 EA per 1 day)
selegiline hcl oral capsule 5 mg		Tier 1	
selegiline hcl oral tablet 5 mg		Tier 1	
TASMAR ORAL TABLET 100 MG		Tier 3	ST: Prior prescription for Entacapone in the past 120 days; QL (3 EA per 1 day)
tolcapone oral tablet 100 mg	(Tasmar)	Tier 1	ST: Prior prescription for Entacapone in the past 120 days; QL (3 EA per 1 day)
Decarboxylase Inhibitors			
carbidopa oral tablet 25 mg	(Lodosyn)	Tier 1	
Seizure Disorder			
Anticonvulsant - Benzodiazepine Type			
clobazam oral suspension 2.5 mg/ml	(Onfi)	Tier 1	ST: Prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 120 days; QL (480 ML per 30 days)

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

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

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

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

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

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

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

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

Drug		Status	Notes
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG		Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (1 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG		Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (4 EA per 1 day)
PEGANONE ORAL TABLET 250 MG		Tier 2	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG		Tier 3	
phenytoin oral suspension 100 mg/4 ml		Tier 1	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	Tier 1	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	Tier 1	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	Tier 1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	Tier 1	
phenytoin sodium intravenous solution 50 mg/ml		Tier 1	
phenytoin sodium intravenous syringe 50 mg/ml		Tier 1	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	(Lyrica)	Tier 1	QL (4 EA per 1 day)
pregabalin oral capsule 200 mg	(Lyrica)	Tier 1	QL (3 EA per 1 day)
pregabalin oral capsule 225 mg, 300 mg	(Lyrica)	Tier 1	QL (2 EA per 1 day)

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

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

Drug	Status	Notes
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	Tier 1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)	Tier 1	
valproic acid oral capsule 250 mg	Tier 1	
vigabatrin oral powder in packet 500 mg (Vigadrone)	Tier 1	SP; ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (6 EA per 1 day)
VIGADRONE ORAL POWDER IN PACKET 500 MG	Tier 1	SP; ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (6 EA per 1 day)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	Tier 2	
VIMPAT ORAL SOLUTION 10 MG/ML	Tier 2	QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	QL (2 EA per 1 day)
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14)	Tier 3	

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

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

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

Drug	Status	Notes
Smoking Deterrent-Nicotinic Recept.Partial Agonist		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	Tier 0	QL (2 EA per 1 day); Age (Min 18 Years)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	Tier 0	QL (2 EA per 1 day); Age (Min 18 Years)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	Tier 0	QL (2 EA per 1 day); Age (Min 18 Years)
Smoking Deterrents, Other		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	Tier 0	QL (2 EA per 1 day); Age (Min 18 Years)
Upper Gastrointestinal Disorders - Digestive		
Gastric Enzymes		
BEANAID ORAL CAPSULE 300 UNIT	Tier 1	
DAIRY DIGESTIVE ORAL TABLET 9,000 UNIT	Tier 1	
DAIRY RELIEF ORAL TABLET 9,000 UNIT	Tier 1	
GAS RELIEF-PREVENTION ORAL CAPSULE 600 UNIT	Tier 1	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 2	PA; SP
Pancreatic Enzymes		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 2	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT	Tier 2	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	Tier 2	
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		

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

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

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

Drug		Status	Notes
esomeprazole magnesium oral granules dr for susp in packet 40 mg	(Nexium Packet)	Tier 1	QL (2 EA per 1 day)
esomeprazole sodium intravenous recon soln 20 mg		Tier 1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Heartburn Treatment 24 Hour)	Tier 1	
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	Tier 1	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG		Tier 3	QL (1 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG		Tier 2	QL (1 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG		Tier 3	QL (2 EA per 1 day)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		Tier 1	
pantoprazole intravenous recon soln 40 mg	(Protonix)	Tier 1	
pantoprazole oral granules dr for susp in packet 40 mg	(Protonix)	Tier 1	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	Tier 1	
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	Tier 1	QL (1 EA per 1 day)
Urinary Tract - Functional Disorders			
Benign Prostatic Hypertrophy/Micturition Agents			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	Tier 1	
dutasteride oral capsule 0.5 mg	(Avodart)	Tier 1	
finasteride oral tablet 5 mg	(Proscar)	Tier 1	
FLOMAX ORAL CAPSULE 0.4 MG		Tier 3	
silodosin oral capsule 4 mg, 8 mg	(Rapaflo)	Tier 1	ST: Prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Tamsulosin HCL, or Terazosin HCL in the past 120 days
tamsulosin oral capsule 0.4 mg	(Flomax)	Tier 1	
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb			

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

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

Drug		Status	Notes
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG		Tier 2	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
trospium oral capsule,extended release 24hr 60 mg		Tier 1	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
trospium oral tablet 20 mg		Tier 1	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
Vaginal Disorders			
Vaginal Antibiotics			
CLEOCIN VAGINAL CREAM 2 %		Tier 3	
clindamycin phosphate vaginal cream 2 %	(Cleocin)	Tier 1	
metronidazole vaginal gel 0.75 %	(Metrogel Vaginal)	Tier 1	
Vaginal Antifungals			
GYNAZOLE-1 VAGINAL CREAM 2 %		Tier 3	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG		Tier 1	
terconazole vaginal cream 0.4 %, 0.8 %		Tier 1	
terconazole vaginal suppository 80 mg		Tier 2	
Vaginal Antiseptics			
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %		Tier 3	
Vaginal Estrogen For Sexual Dysfunction			
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG		Tier 3	QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG		Tier 3	QL (18 EA per 28 days)
Vaginal Estrogen Preparations			
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	Tier 1	
estradiol vaginal tablet 10 mcg	(Yuvafem)	Tier 1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)		Tier 2	QL (1 EA per 90 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG		Tier 1	
Vitamin And/Or Mineral Deficiency			
Calcium Replacement			
calc-d3-magnes-b6-zn-cu-mangan oral tablet 250 mg-400 unit -40 mg-5 mg		Tier 1	

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

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

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

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

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

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

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

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

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

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

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

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